


2016

A Policy Analysis of California Veterans Treatment Court Legislation

Larisa Elisabeth Owen
Walden University

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Walden University

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Larisa Owen

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Walden University
2016

Abstract

A Policy Analysis of California Veterans Treatment Court Legislation

by

Larisa Elisabeth Owen

MBA, University of Phoenix, 2006

BS, University of LaVerne, 1993

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy and Administration

Walden University

December 2016

Abstract

Veterans treatment courts (VTCs) and agencies that work with veterans experiencing posttraumatic stress and substance use disorders have been unable to provide evidence-based treatment that includes veterans' families in recovery and treatment. This limitation has resulted in treatment gaps that appear to have had an adverse impact on veterans and their families. The purpose of this qualitative content analysis was to examine the formulation of AB 2371, a 2012 legislative amendment to California code PC 1170.9, and evaluate whether lawmakers considered family-oriented treatment in passing the amendment. Schneider and Ingram's theory of social construction of target populations constituted the theoretical foundation. The focus of the central research question was on the consideration given during the formulation and implementation of AB 2371 that resulted in exclusion of families from eligibility for treatment in VTCs. Data consisted of publicly available documents from 4 years before and 2 years after enactment of AB 2371. Data were collected and analyzed in a manner consistent with Dunn's policy analysis framework. Data were analyzed through selective coding using a continuous, iterative process and were critically evaluated to determine whether legislative and administrative considerations may have affected the social construct of care for veterans and their families. Findings show that children and families were not considered in the initial policy inputs related to the formulation of AB 2371. A recommendation stemming from this study includes advising policy makers, VTCs, and service providers to support the inclusion of families and children in the VTC service matrix, which may result in positive social change by improving recovery and treatment for veterans.

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Dedication

I dedicate this study to those who served in the military and for those who supported those who served.

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Chapter 1: Introduction to the Study

Families of veterans affected by their service are just as important as the veterans themselves. More than 2.2 million members of the U.S. military have served in combat zones since the terrorist attacks of September 11, 2001 (Herzog, Everson, & Whitworth, 2011). Of these service members, 1.48 million have separated from service and are no longer able to access U.S. Department of Defense (DOD) (2012) services for their families. Separated veterans are eligible, in some cases, for services from the Department of Veterans Affairs (VA), which exists primarily to support the veteran, not his or her family, except in cases of serious disability (Meyer, 2011), even though those families have been directly affected by the visible and invisible effects of deployment. Those affected include the estimated 1.18 million children of these service-separated veterans (Herzog et al., 2011).

Until recently, the appropriate concern for military families on the part of national, state, local leaders, and individual citizens has been largely focused on veterans in active service (Meyer, 2011). On average, those who deployed since the events of September 11, 2001, were older and were more often married than veterans of earlier conflicts. In one study, 43% of active duty military service members had two children (Clever & Segal, 2013; DOD, 2007, 2012). Children of veterans are affected by their parents' deployment, trauma, and substance abuse (Mueser & Glynn, 1999). An estimated 30–35% of U.S. veterans of recent conflicts are affected by overlapping trauma, including posttraumatic stress disorder (PTSD) and substance abuse, which is a figure that aggregates the estimates of those who served in recent conflicts and who are

affected by posttraumatic stress disorder (PTSD), other forms of trauma, and substance use or abuse disorders (Meyer, 2011). Experts consider the combination of trauma, mental illness, and addiction to be family diseases, which directly affect other members of the family (Lander, 2013). Galvonski and Lyons (2004) found evidence of secondary trauma affecting the entire family of returning veterans, along with a higher frequency of family stress and violence by these veterans. Forty-four percent of the 2.5 million troops who have been deployed to Iraq or Afghanistan since 2001 are parents (U.S. Department of Defense [DOD], 2012).

Since the terrorist attacks of September 11, 2001, child-substantiated maltreatment in military families doubled to a rate that is 22% higher than in civilian families (Rentz et al., 2007). Families that include a member with PTSD have a higher risk of child maltreatment (Prigerson, Maciejewski, & Rosencheck, 2002; Rentz et al., 2006), and those families in which child neglect or emotional abuse occur also have a higher percentage of substance abuse (Gibbs et al., 2008). According to Kaufman and Zigler (1987), 30% of children who are maltreated go on to maltreat their own children. If a parent experiences mental health issues such as PTSD, then his or her children are more likely to experience those issues (Al-Turkait & Ohaeri, 2008). In addition, those children will likely encounter relationship issues and secondary trauma (Galovski & Lyons, 2004).

Innovative studies of the needs of family members of returning service members and veterans have been undertaken by the DOD (2007, 2012), the U.S. Department of Veterans Affairs ([VA] n.d.a, n.d.b), the RAND Corporation (Tanielian & Jaycox, 2008),

the Institute of Medicine ([IOM] 2010), and numerous universities and researchers.

Active duty military have access to some family treatment services (IOM, 2011). Unlike active duty troops, veterans do not have access to support programs, such as family advocacy programs, that treat the family and veterans' children as a whole family unit (IOM, 2011). Separated veterans are eligible, in some cases, for services from the VA, but the Department exists primarily to provide treatment to veterans, not their families, for medical issues (Meyer, 2011). Despite major efforts by the federal government to address the needs of military families, the emphasis by government to date has been on active duty families, not those of personnel who have left service and who represent more than 60% of all recent military service members (Diaz & Petersen, 2014; Meyer, 2011).

Veterans Treatment Court is a drug court model for veterans who suffers from substance abuse or mental health disorders (Hawkins, 2009). Family members served alongside the veterans as their core support, but they have not been included in veterans' treatment or counseling in veterans treatment courts ([VTCs]), even though they are as much in need of services as veterans (Meyer, 2011). There is a dearth of literature on the outcomes of VTCs, as discussed further in Chapter 2, and, based on my review of the literature, no studies have been published on outcomes for veterans' children. I believe there is a need for research on how VTCs can serve children and deliver benefits to treat the whole family.

My purpose in conducting this study was to examine lawmakers' decision-making in their drafting of California legislation and its amendments regarding justice-involved veterans and the inclusion of their families in treatment. The findings on secondary

trauma from studies conducted by the DOD, the VA, the RAND Corporation, and the IOM are based on my review of the available literature focused on children of veterans, as well as I assessed the factors leading to exclusion of families as a part of the VTC by conducting research on these issues. I also studied the implementation of California VTCs. These factors include consideration of costs and long-term benefits, the criminal justice system, and behavioral health system. The question that was addressed involves the policy problem in proposed amendments to California VTC legislation.

California veteran-serving agencies that focus on veterans' children and families could be used by VTCs to fill the gap in information within these agencies regarding family composition and family impact. Study findings may benefit an existing network of veteran-serving agencies, with potential relevance to more than 100 nationwide VTCs. More knowledge about the needs of the children and families of veterans and the services available to them may result in positive social change. PTSD victims frequently self-medicate with substance abuse, typically with alcohol (Meyer, 2011). Data are available on veterans who were referred to and satisfactorily completed treatment for alcohol abuse.

To conduct this study, the researcher reviewed the formulation and implementation of California VTC legislation with the exclusion of any services to veteran families or any mention of veteran families. This study assessed the factors leading to exclusion of families as a part of the VTC, including consideration of costs and long-term benefits, the criminal justice system, and behavioral health system. The question that was addressed involves the policy problem in proposed amendments to

California VTC legislation. Because data indicate that 50% of veterans have children and the average veteran who has children has two children (Clever & Segal, 2013; DOD, 2007, 2012), this problem might affect as many as 600,000 children. Schneider and Ingram's (2005) theory of social construction of target populations guided an understanding of the discussion of the literature in chapter 2.

Background

Several researchers have found that family treatment is effective for addressing substance abuse issues in the general population. Herzog et al. (2011) examined the relationships between separated veterans' trauma and the mental health needs of their children. A report by the National Council for Behavioral Health (2013) shows that family members are part of the key to successful treatment of PTSD. Glynn et al. (1999) and Boland (2009) highlighted the connection between family treatment and veterans with PTSD. Holbrook and Anderson (2011) indicated the effectiveness of treatment for veterans who are referred to VTC, but the researchers included no information on the impact of veterans' difficulties on the family.

A study conducted by the National Association of State Alcohol and Drug Abuse Directors (2009) indicates that services to treat substance use disorders provided via telehealth systems minimize recipients' stigma. They do so because they are offered anonymously, which is appealing to veterans and their families. The U.S. Government Accountability Office (D'Souza et al., 2015) conducted a study on veterans' substance use disorders and treatment, finding that drinking is an acceptable social behavior. The authors also found that evidence-based treatment typically involves screening for alcohol,

but not drug abuse. Gibbs et al. (2008) found that substance abuse is correlated with child maltreatment.

At issue is why the VTC implementation process in California did not include a focus on the needs of veterans' families or any suggestion that these needs be included in future legislation. VTCs and the agencies that work with veterans on PTSD/substance use disorders have not used evidence-based treatment methods that recognize the family dimensions of trauma and substance abuse (Gibbs et al., 2008). This is despite evidence for other populations that indicates that current treatment is not as effective in dealing with those family dimensions of treatment. Few studies have been conducted involving veterans currently enrolled in family treatment programs (see Wadsworth et al., 2013). Even fewer studies have been conducted that involve veterans' children (see Ruscio, Weathers, King, & King, 2002). In Chapter 2, I review these studies and evaluations. I believe that this study is both important and necessary because veterans are obtaining high-quality treatment and services that exclude family members. An approach that only includes veterans could be considered as only partial treatment in that it is neither comprehensive of the families nor encourages the development of resilient behaviors for coping with the future.

Problem Statement

The research problem was the decision of the policy on VTCs to respond to the needs of veterans' children and families. Researchers have shown that when troops come home from deployment experiencing PTSD accompanied by substance abuse issues, these issues affect veterans' families as well as the veterans themselves (Sayers, Farrow,

Ross, & Oslin, 2009). In some cases, both the veteran and his or her family will require treatment, but veterans' federally regulated medical coverage does not include their families (VA, n.d.a). One third to slightly fewer than half of veterans separated from service have children; those veterans who have children typically have two children (Clever & Segal, 2013; DOD, 2007, 2012). This gap in services appears to be precipitated by a disparity in policy.

One response to these conditions has been the development of VTCs. The first one was established in 2008 in Buffalo, New York (NADCP, 2013). There were more than 100 as of late 2016 (Johnson et al., 2016). These courts are not operated by the VA; rather, they are funded by the U.S. Department of Justice and the U.S. Department of Health and Human Services to supplement state and local court systems, combined with state and local funding and governance (Johnson et al., 2016).

The National Association of Drug Court Professionals ([NADCP] 2013) explained the benefit of VTCs as allowing jurisdictions to serve a large segment of the justice-involved veteran population. Absent the aegis of the VTC, veterans appear before judges who may or may not have an understanding of veterans' unique problems (NADCP, 2013). In contrast to traditional judges, VTC judges handle numerous veterans' cases, supported by strong, interdisciplinary teams. As such, VTC judges are better positioned to exercise discretion and respond effectively to veterans' needs than are judges who only occasionally hear cases involving veteran defendants (NADCP, 2013).

For this study, I researched the California public policy issue of the exclusion of any services to veteran families or any mention of veteran families. The VTC decision to

exclude families as a part of the VTC, knowing that there tremendous cost savings and long-term benefits to the criminal justice system and behavioral health system are at risk, must be questioned. There is a gap in the current research literature surrounding the VTC and inclusion of family treatment and services. Equally important, there is a lack of any data on families and children in the VTC cases reported in the literature. Evidence that this issue both current and timely is prevailing media coverage of the veterans' treatment system and the children and families who are unaccounted for in the data and missing entirely from veterans' treatment. The literature is clear on the treatment needs of veterans' families, which is why the policy issue needs to be addressed regarding why the policy excluded veteran's families.

Purpose of the Study

The purpose of the study was to explore the policy decision-making process behind the California VTC legislation through the theoretical lenses of Dunn's (2012) integrated policy framework and Schneider and Ingram's (2005) social construction of target population theory. Decisions that led to the exclusion of treatment for veterans' family members are covered in AB 2371(h)(1), "which provides restorative relief to a veteran defendant who acquires a criminal record due to a mental disorder stemming from military service" (California Legislative Information, 2012c). This study considered the formulation of AB 2371 policy and whether family-oriented treatment for veterans, in conjunction with the services provided by VTCs, creates positive outcomes for veterans with substance abuse and PTSD, as well as the veterans' families. PTSD and substance use disorders have affected more than 35% of veterans, and that percentage is increasing

with the return of soldiers deployed to the Middle East. A substantial percentage of veterans are leaving the military permanently or returning to National Guard and reserve status, where they are not considered active duty troops (Meyer, 2011). Family treatment has been proven effective, delivering successful long-term outcomes for veterans and their families (Wadsworth et al., 2013). However, the VA provides few services to families because its mandate is primarily to serve veterans only. This distinction means state and local agencies that serve children and families are left to respond to veterans' families' issues in whatever way they believe is best.

The implications of the research are important to veterans and their families. Findings of this research could encourage the VA to make changes in its system to benefit children of veterans affected by mental health and substance abuse issues. For the VA to reconfigure its services to respond to families and to work with other state and local agencies that respond to families is a matter of social change. This social change would involve acknowledging that children as well as deployed parents are affected by deployment and its impact on the family. This wider definition of the impact of combat on families that have a family member deployed is an important social change in postwar responses to the lasting effects of deployment.

The intent of the study was to review the California VTC legislation regarding VTCs and to explore whether veterans' children and families were included as part of the population to serve. This review was important because the investment in those families yields cost savings to recidivism, healthcare, and public assistance. These savings are the result of offering access to public and private services for veterans and their families, and

making these services accessible to families. Providing these services to families as an integral part of the VTC would add no additional costs to the court team or the VA. More importantly, providing these services could have a positive impact on the effect of trauma and substance abuse on children. VTCs can include children and families in the caseload with existing public services. No new or additional costs would be incurred and would result in a positive effect on multigenerational trauma caused by veterans' deployment. There are no known studies of veterans currently enrolled in VTCs who have received family treatment programs; there are no known studies involving these veterans' children.

I analyzed publicly available documents containing discourse on the subject to determine the construction of ideas and to identify power imbalances, such as the perceived barriers to services for families in the VTC, as a possible unrepresented population in the formulation of AB 2371. The method for this research and the document analysis is provided in chapter 3. I used a qualitative approach in the policy data analysis. The central theory for this study was Schneider and Ingram's (2005) theory of social construction of target populations, which states that effective policy administration necessitates focusing on the relevant communities' own interests, but also recognizing the interests of others. Dunn's (2012) integrated policy framework and Schneider and Ingram's (2005) social construction of target population theory provided the conceptual framework for this study.

Research Questions

The central research question addressed in this study was, What was the decision-making process that resulted in the exclusion of families in AB 2371, legislation on

California VTCs, and how was that process affected by social construction of the purposes of the legislation?

The following subquestions were also considered:

1. How did social construction theory inform policy decisions related to California VTC legislation?
2. What are the indicators of policy gaps between the intent and implementation of California VTC legislation relative to exclusion of families and children?
3. How can the California VTC legislation be amended to fill those gaps?

Theoretical Foundation

The theoretical framework used in this study was Schneider and Ingram's (2005) theory of social construction of target populations. Schneider and Ingram stated that effective policy administration necessitates focusing on the relevant communities' own interests while also recognizing the interests of others. This study looked at the legislation and unrepresented socioeconomic factors and the lack of influence that this population, its advocates, and its service providers had on this legislation. As needed, review of the impact of social construction theory in related fields of child and family services was included as evidence of the impact of social construction on legislation and its implementation and the underrepresented population.

Using Dunn's (2012) integrated framework to focus on the analysis of California VTC legislation enabled evaluation of this policy through a policy analysis framework that allowed for an applied analysis in a normative decision manner. Dunn's integrated framework was used in the form of evaluability assessment to analyze the policy decision

using the argumentation method to view the social construction theory that families are an underrepresented population without advocacy for their position in the policy. The criteria for the evaluation may include factors related to effectiveness, efficiency, adequacy, equity, appropriateness, and responsiveness. Application of Dunn's framework allowed for problem structuring, forecasting, recommendation, monitoring, and evaluation of possible alternatives to California VTC legislation.

These two theories relate to the approach and research questions of the study. Social construction theory refers to the ways in which language and its usage in social interactions can infer meaning to the purpose of the policy. Applying this theory to public policy points to the ways in which attitudes among the general public and relevant subpublics inform the framing of a policy issue.

Conceptual Framework

The literature reviewed makes a strong case for the selection of the two theories chosen. Social construction theory allows that policy and programs relevant to veterans to be viewed as excluding veterans' families. Using Dunn's (2012) framework is a coherent method with which to view the legislation in a structured way allowed for the exclusion of critical factors affecting its implementation and evaluation. The studies related to the key concepts under investigation included studies of children of veterans, intergenerational trauma, child maltreatment, justice-involved veterans, VTCs, legislation on VTCs in California, and studies on policy involving veterans' families. Additional explanation on this logical connection is presented in chapter 2. The theoretical framework used in this study was Schneider and Ingram's (2005) theory of social

construction of target populations, which states that effective policy administration necessitates focusing on the relevant communities' own interests while also recognizing the interests of others. This theory is discussed in further detail in chapter 2.

Nature of the Study

This qualitative study used the policy analysis methodology established by Dunn (2012). The key concept being investigated was the policy formulation of the California VTC legislation, specifically as it relates to legislative inclusion or exclusion of treatment for families of veterans affected by trauma. The stakeholders and their assessments are central to address the issue and construct this background. Descriptive coding with evaluation coding are both valuable data analysis methods and both methods were used in this study. The reason for the selection of the design is discussed further in chapter 3.

Definitions

The follow definitions are provided for the purposes of making clear distinctions of the populations referenced in this research. The operational definitions make evident which category is being used in the study.

Children of veterans: Children, ages 0–24, of a retired or discharged military person regardless of discharge status. Veterans are ineligible for most of the services provided to active duty military families, and services that respond directly to the needs of veterans' children are rare. Consequently, when social workers strive to provide services to children of veterans, it is important for them to understand the distinction between active duty military families and the unique challenges faced by children of veterans. Veterans' children are, in many ways, invisible to the systems that could be

providing them with the services they need for problems that result from their parents' service to their country.

Military: Broad words such as military can be used to include several different categories of military personal.

Military families: Families of veterans separated from military service as well as those on active duty, in the National Guard, and in the Reserve.

Veteran: A former member of the U.S. armed services who is separated from active duty and is no longer eligible for services from the DOD (CITE). Understanding this distinction is essential for social workers and health providers to be culturally competent practitioners (VA, n.d.a).

Justice-involved veterans: A veteran or active duty military personnel involved in the justice system.

Assumptions

Assumptions are facts that are alleged to be true but not confirmed (Goes & Simon, 2015). The VA needs and deserves help in meeting the needs of the children of veterans affected by veterans' deployment, and a range of policy options support this goal. These options include federal, state, and local funding for services and coordination efforts targeted to children of veterans, including efforts to expand VA outreach to work with these agencies. Additional options include guidelines encouraging federally funded agencies to identify children of veterans, and applying priority status to children of veterans in federal, state, and locally funded programs serving children and families. The aspects of the study that are believed to be true but cannot be demonstrated to be true

included what the policy makers knew about family treatment and what they understood were the consequences to veterans and to veterans' treatment by not including veterans' children and families in the VTC. The reasons why the assumptions are important to the context of the study are that if those policy makers understood treatment and had access to data on veterans' families, this understanding and these data might have contributed to creating a different policy or adding to the current legislation.

Scope and Delimitations

Scope is defined as the where and when the research was performed and the population studied (Goes & Simon, 2015). The scope of the research was the time period that the documents defined. That time period was from 4 year prior to the legislation, or 2008, to 2 years following the legislation, or 2014. The reason for choosing the specific focus was that it established the time period of 4 year prior to and 2 years following the most current updated legislation on this policy issue. Delimitations are defined as the situations set by the researcher that can include sample size and region (Goes & Simon, 2015). The size of the sample size of the documents was limited only by the time period determined.

Limitations

Limitations of research are defined as parts of the study that may affect the outcome of the study in a negative way but the researcher cannot control (Goes & Simon, 2015). The limitations of the study related to the design and methodological weaknesses. The sources may not be fully comprehensive because all legislation discussions were not available to the researcher. Limitations that could influence the outcomes of this study

and how they are addressed relate to the time parameters of the study. Before 2008 and after 2014, there could have been additional information available that was not included in the study. The reasonable measure that was taken to address these limitations were to ensure that any documents that reference past pertinent history were identified and possibly included if they were relevant, but they were definitely noted as such.

Significance

This research has an impact on social change. It is important because it could contribute to public policy. There appears to be a gap in legislative policy related to funding for veterans in newly created treatment courts. Policy that focuses on one set of clients but excludes others who are inexorably linked to clients who are served may prove to be ineffective. By better understanding the reasons for that gap, a positive impact might be made on future legislation as well as the subsequent implementation of the current legislation.

This research contributes to public policy because the demographic data are limited regarding veterans who enter treatment, stay in treatment, and have positive outcomes (DOD, 2007, 2012; VA, n.d.a, n.d.b), and rarely address the effects on veterans' families. This gap is compounded by a lack of data on VA coverage as it relates to the greatest expansion of treatment services in history, which resulted from the passage and implementation of the ACA (2010). PTSD victims frequently self-medicate with substance abuse, typically with alcohol (Meyer, 2011). Data are available on veterans who were referred to and positively completed treatment. Active duty military have access to some family treatment services, but availability of these resources to service-

separated veterans is almost completely absent. The VA treats veterans for medical issues, but VA treatment does not extend to spouses or children. Despite major recent efforts to address the needs of military families, the emphasis has been on active duty families, not those who have left service. This social change recognizes these children and families as needing and deserving services they do not now receive.

Summary

This research was performed on the policy issue surrounding California VTC legislation and the legislative inclusion or exclusion of treatment for families of veterans affected by trauma. The research problem was the decision of the policy on VTCs to respond to the needs of veterans' children and families. Research has shown that when troops come home from multiple deployments with PTSD accompanied by substance abuse issues, these issues affect veterans' families as well as the veterans themselves (Wadsworth et al., 2013). The theoretical framework used in this study was Schneider and Ingram's (2005) theory of social construction of target populations, which states that effective policy administration necessitates focusing on the relevant communities' own interests while also recognizing the interests of others. The purpose of the study was to explore the decision process involved in policy making of the California VTC legislation through the theoretical lenses of Dunn (2012, 2005) and Schneider and Ingram. A review of the pertinent literature is presented in chapter 2. Chapter 3 follows with a description of the study design, participants, procedures, assessments to be used, and how any information gathered was assessed.

Chapter 2: Literature Review

Introduction

The problem I addressed in this study was the decision of the policy on VTC relative to the needs of veterans' children and families. Veterans with PTSD accompanied by substance abuse issues can produce challenges to veterans' families as well as to the veterans themselves (Meyer, 2011). In some cases, treatment will be needed by both the veteran and his or her family (Meyer, 2011). However, medical coverage provided under California VTC legislation does not include veterans' families. This gap in availability of services appears to have been precipitated by a disparity in policy.

The purpose of my study was to explore through the theoretical lenses of Dunn (2012) and Schneider and Ingram (2005) the policy makers' decision process in crafting the California VTC legislation (specifically, their exclusion of treatment and basic needs services to veterans' children and families). AB 2371 (California Legislative Information, 2012c) provides "restorative relief to a veteran defendant who acquires a criminal record due to a mental disorder stemming from military service" (para.1). Most researchers have found that veterans who have trauma and/or substance use disorders as a result of their service are more likely to transfer those traumas to their children. Access to services for the entire families of veterans who are justice-involved can have beneficial effects for children and families (Meyer, 2011).

This chapter provides current research data on active duty military families. It also details the mental health and substance abuse issues that veterans face and how those

issues affect veterans' children and families through child maltreatment and intergenerational trauma. This chapter will detail the reasons veterans may become justice-involved and what the VTCs have done to improve the lives of justice-involved veterans. Finally, the literature surrounding the VTC is discussed in further detail along with the gap in the literature of missing data on families and children in VTCs. Based on my review of the literature, there is a lack of literature on children of veterans and even less research on families of veterans. Most of the literature I reviewed focused on active duty families. Topics included in my review of the literature include demographic data, literature on children of veterans, conditions faced by children of veterans, substance abuse effects on veterans and their families, family effects including of child maltreatment and intergenerational trauma, justice-involved veterans, VTCs, and the history of the California policy surrounding VTC legislation.

Literature Search Strategy

Google Scholar and academic databases available through the Walden University library were the primary sources of literature for this study. Key terms included *veterans*, *Veteran Treatment Court*, *legislation*, *decision analyses*, *Dunn's framework*, *Schneider and Ingram's framework*, *social construction theory*, *veterans' children*, *veterans' family*, *veterans' families*, *social reconstruction*, and *public policy*. I conducted several different searches in which I used various combinations of these terms.

The lack of research and data on children of veterans proved challenging. Finally, due to the lack of available documented discussions and considerations on the policy, only the actual legislation policy history was able to be reviewed. To fill the gaps in

current research on children of veterans in VTCs, I reviewed material that was relative to Dunn's (2012, 2015) theory and social construction as it relates to either veterans or to veterans' children because there was no existing literature on the two theories relative to children of veterans in the VTC.

Theoretical Foundation

The theoretical framework used in this study was Schneider and Ingram's (2005) theory of social construction of target populations, maintaining that effective policy administration necessitates focusing on relevant communities' own interests while also recognizing the interests of others. My research considered the legislation and unrepresented socioeconomic factors and the extent of influence veteran families, its advocates, and its service providers had on this legislation. Review of the impact of social construction theory in related fields of child and family services was included to provide evidence of the impact of social construction on legislation and its implementation as it affects the underrepresented population.

Using Dunn's (2012) integrated framework allowed me to complete an evaluation of California VTC legislation through a policy analysis using an applied analysis in a normative decision theory. As detailed in Chapter 3, Dunn's (2012) decision-theoretic evaluation process involved performing an evaluability assessment to analyze the policy decision using the argumentation method view of the social construction theory that families are an underrepresented population without advocacy or consideration of their position in the policy (Dunn, 2012). My criteria for the evaluation included factors related to effectiveness, efficiency, adequacy, equity, appropriateness, and

responsiveness. Dunn's framework allowed me to examine for problem structuring, forecasting, recommendation, monitoring, and evaluation of possible alternatives to California VTC legislation.

Schneider and Ingram (2005) framed social construction theory as a key element of public policy design and implementation. Schneider and Ingram's work was based on earlier work by Edelman (1964), who showed how value-laden images rather than reality influence political decisions and public opinion. Schneider and Ingram (2005) pointed out how positive and negative social construction of target groups affects public policy aimed at those groups, based on public attitudes about *deservingness* and other attitudes based on perceptions of groups' deviance from or conformity with accepted values.

For the purposes of this literature review, two clarifications are needed. First, the positive social construction of veterans themselves is a feature of public policy with respect to that target group (Greene, Jensen, & Jones, 1996). Equally important for this study was social construction theory, which communicates much less about the invisibility of some groups—in this case, the children of veterans (Schneider & Ingram, 2005). This group is neither positively nor negatively perceived; it is typically not perceived as part of the problem at all. My research explored some of the reasons for this invisibility.

In my review of the literature, I found no research on how Dunn's (2012) theory has been applied relative to the study of veterans' legislation or policy. Literature on how social construction theory has been applied relative to my research concerns the treatment needs of veterans and not those of their children. My research explored the social

construction theory as it relates to the veteran family target population. Veterans hold a positive and strong power while children of veterans and families of veterans have weak characteristics of social construction. Veterans have a deservedness in governance, but the same cannot be said for veterans' families, who tend to be less able to bring about that same strong power (Schneider & Ingram, 2005).

The rationale and reason for selecting social construction theory is that it refers to the ways in which language and its usage in social interactions can create meaning. Applying it to public policy points to the ways in which attitudes among the general public and relevant subpublics inform the framing of a policy issue. For example, attitudes about addiction and interpretations of what addiction is may influence public and policy makers' willingness to appropriate funds for treatment of individuals with substance use disorders. Some view addiction as a personal failure, making the problem the responsibility of the addicted person, while others perceive it as a treatable brain disease. The former group is less inclined than the latter group to see treatment programs as a useful public policy. This distinction is an example of a public policy issue in which differing social constructs have led to at least these two different approaches to defining the problem and its possible solutions (Schneider & Ingram, 2005). Another example is equating the meaning of "the president's spouse" with "the First Lady"—which has sufficed, until recently.

In veterans' policy, social construction affects the framing of the issues affecting veterans. For the purposes of this study, the framing of the veteran's family as part of the object of policy is relevant. Veterans are typically understood to be single individuals,

with no official family in the picture. The reality is different: 50% of veterans have families (Clever & Segal, 2013; DOD, 2007, 2012), but their families are invisible because the general understanding is that veterans have no families. As such, responses to any problems affecting those invisible family members will be more difficult because they are not part of the typical social construction of what is meant by *veterans' issues*. The issue is socially constructed to mean the veteran himself or herself—and only that. The positive connotations that usually attach to support for veterans do not extend to veterans' family members.

The rationale and reason for selecting Dunn's (2012) framework is that this framework uses five policy analysis procedures. The first steps are identifying a policy problem by collecting information and constructing that problem. Next, there is forecasting of the consequences of responding to that problem, assessing the recommended action and its consequences, diverting the veteran from incarceration to treatment, and monitoring the effects of treatment for veterans. Finally, there is evaluating of the effects of the treatment on the veteran's long-term health and stability.

If the policy lens is not widened to include information about these family effects, the information about the need for and impact of VTCs will remain narrowly focused on veterans only. Without the benefit of a wider policy lens, the effects of deployment, trauma, and potential incarceration on veterans' families will continue to be ignored. It is in the first step, problem structuring, that information on the underlying conditions that cause the problem can be found and where the narrowing of focus takes place. If at that step and the four steps that follow, the family effects of deployment, trauma, and

potential incarceration are all omitted from the information collected, then the definition of the policy problem will remain restricted to the veteran alone, regardless of substantial evidence that veterans' problems affect their family members in multiple ways (Wadsworth et al., 2013). This notion also aligns with Dunn's (2012) concept of impenetrable rationality by explaining that unless we think about these issues, we will have policies that are inoperable and problematic because this lens was not widened.

How might this narrowly focused policy be corrected? If the first step included a subprocess that asked an additional question, these questions might be a corrective: Who is involved in this policy problem? It is important to include the stakeholders in this policy development so that the knowledge they bring makes the policy successful and functional.

Conceptual Framework

This study made use of Schneider and Ingram's (2005) theoretical framework of social construction of target populations, which states that effective policy administration necessitates focusing on the relevant communities' own interests while also recognizing the interests of others. This study involved scrutinizing the legislation and unrepresented socioeconomic factors and the lack of influence of veterans' children and family members, advocates of the legislation, and service providers on this legislation. A review of the impact of social construction theory in related fields of child and family services is included as evidence of the impact of social construction on legislation and its implementation and the underrepresented population.

Schneider and Ingram's (2005) theory has been applied by prior researchers. In one qualitative study, Purtle (2014) completed a content analysis of bills involving PTSD by coding and creating a legislative dataset. The outcome of this policy research showed PTSD as undeveloped, and the military was defined as the primary target (Purtle, 2014). In 2016, Purtle explored federal PTSD legislation using social constructionist theory. As part of the 2016 study, Purtle reviewed and analyzed 166 bills from 1989 to 2009 using social construction theory. Purtle (2016) found that public policy has defined PTSD as unique to combat and the military, reinforced by the absence of such policy targeting civilians, although the vast majority who develop PTSD are civilians.

Using Dunn's (2012) integrated framework to focus on the analysis of California VTC legislation allowed for evaluation of AB 2371 through a focused and applied structure in a normative decision manner. The decision-theoretic evaluation was conducted in the form of an evaluability assessment to analyze the policy decision using the argumentation method view of the social construction theory that families are an underrepresented population without advocacy for their position in the policy (Dunn, 2012). The criteria for the evaluation may include factors related to effectiveness, efficiency, adequacy, equity, appropriateness, and responsiveness. Dunn's framework allowed for problem structuring, forecasting, recommendation, monitoring, and evaluation of possible alternatives to the California VTC legislation.

Key characteristics a good policy analysis relate to validity, importance, usefulness, originality, and feasibility (Dunn, 2012). Types of criteria that can be used in this analysis are effectiveness, efficiency, adequacy equity, responsiveness and

appropriateness. Dunn (2012) also stated that there are important characteristics of policy problems that frequently affect other policy problems; these characteristics are integrated in subjective ways and also are affected by people's judgment. Problems and resolutions are always in a state of flux. The correct representation of the policy is determined by review of all options to the problem (Dunn, 1997, p. 281).

Dunn's (2012) concept was applied by Spriggs (2013), who used Dunn's policy analysis model to conduct qualitative and quantitative research using surveys and conduct documentation from state, federal, and community shelter agencies that provide housing for homeless families with children. Based on the findings, Spriggs recommended extending payment schedules for fees, obtaining families' input into rule setting and learning programs, and more collaboration between homeless care providers.

Ratsimbaharison (1999) used Dunn's framework for policy analysis on two United Nations programs for Africa; findings revealed the programs failed because of weakness of the organization and the constraints imposed on these programs. As a remedy, Ratsimbaharison recommended that future programs should be designed for a single specific country, approved by both national and international parties, and be part of the prevailing world economic order. The present study benefits from Dunn's framework because it involved the use of objective data and evidence about the specific problem to be researched and then used the framework to form decisions. A method of problem analysis provides both subjective and objective perspectives and adds analysts' values as well as the voices of all relevant practices (Veselý, 2007).

Literature Review Related to Key Concepts

Studies related to treatment and basic needs services of veterans' children and families and studies related to justice-involved veterans have been conducted using a wide range of methodologies. Some researchers conducted surveys of veterans (SAMHSA, 2015), reviews of data related to treatment of veterans (Tanielian & Jaycox, 2008), studies on military family relationships (Dekel & Goldblatt, 2008), and longitudinal assessments of the family impact of deployment and trauma (Herzog et al., 2011). Researchers on treatment for families of veterans affected by trauma approached the problem by assessing measurable trauma and its effects on the veterans' adjustment to civilian life (Sayers, 2009). Specific screening tools have been used to measure these families at intake and at case closure to identify the impact of family treatment on improved family functioning (Galovski & Lyons, 2004). A common strength of these various approaches is the review of treatment effectiveness, but that strength is also inherently a weakness.

The weakness of these studies is that the effects on veterans' children are excluded. Very few studies on the treatment of trauma and veterans affected by substance use include children among the study population, as noted earlier (Mueser & Glynn, 1999; Gibbs et al., 2008; Rentz et al., 2007). Another weakness of these studies is the absence of a review of legislation and policy work that ignores family impact as a part of policy design, implementation, and evaluation.

Available literature strengthens the rationale for the selection of the two concept theories chosen for use in this study. Social construction theory (Schneider & Ingram,

2005) describes the problem of excluding vulnerable yet important stakeholders. In this case, they are excluded from policy and programs relevant to veterans by those who perceive those programs as excluding veterans' families. Dunn's (2012) policy analysis framework provides a coherent method for viewing the legislation in a structured way that excluded critical factors affecting its implementation and evaluation. Studies related to the key concepts on which the present study focused include those involving children of veterans, intergenerational trauma, child maltreatment, justice involved veterans, VTCs, legislation on VTCs in California, and studies on policy regarding veterans' families. These studies discussed in the sections that follow.

Children of Veterans

Children who do not receive treatment for their own or their parents' trauma are more likely to develop substance use problems, mental health issues, and trauma as adults (Gregory et al., 2007). Findings from the meta-analysis of seven families of military or veterans with PTSD revealed adverse childhood risk factors for the secondary effects of PTSD (Brewin, Andrews, & Valentine, 2000). Children in these families not receiving treatment and were at risk for having a higher propensity to get involved in alcohol and drugs. When the family is treated as a whole, the outcome is better for the entire family. According to the National Survey on Drug Use and Health, from 2002 to 2010, 2.8 million youths aged 12 to 17 were living with a father who had served in the Armed Forces were compared with children whose fathers had no prior military service; children of veteran fathers were much more likely to have used drugs, tobacco, or alcohol (U.S.

Department of Health & Human Services, Substance Abuse and Mental Health Services Administration [SAMHSA], 2015).

Research on military families has illustrated that up to one-third of troops returning from service (Operation Enduring Freedom and Operation Iraqi Freedom) described problems with drinking (Strom et al., 2012). Authors of a RAND study (Tanielian & Jaycox, 2008) reported on the injuries of war and the options for recovery. Those who were in the military were found to have mental health issues that affect their family, marriage, and parenting. The findings most relevant to the present study include:

- On a per-case basis, 2-year costs associated with PTSD are approximately \$5,904 to \$10,298, depending on whether the cost of lives lost to suicide are included.
- On a per-case basis, 2-year costs associated with major depression are approximately \$15,461 to \$25,757, and costs associated with comorbid PTSD and major depression are approximately \$12,427 to \$16,884.
- On a per-case basis, 1-year costs for service members who have accessed the healthcare system and received a diagnosis of traumatic brain injury are even higher, ranging from \$25,572 to \$30,730 in 2005 for mild cases (\$27,259 to \$32,759 in 2007 dollars), and from \$252,251 to \$383,221 for moderate or severe cases (\$268,902 to \$408,519 in 2007 dollars; Tanielian & Jaycox, 2008).

Literature on the children of veterans indicates that addressing trauma and problems faced by these families can decrease the risk of negative effects of trauma, such as drugs and alcohol abuse and mental health issues. In the following sections on intergenerational trauma and child maltreatment, further evidence is revealed that those

children of veterans who do address and treat this family-wide trauma have better outcomes, especially the children in these families (Syracuse University Institute for Veterans and Military Families, n.d.).

This section of the literature is unsubstantial due to the dearth of research on children of veterans. Most research conducted to date has been focused on children of active duty families. There is a gap in the literature on the long-term effects of military trauma after service. In favor of studying the effects of trauma in active duty military, the effects on children of substance-using parents, and the effects of parental mental health disorders on parenting have been largely ignored, justifying the need for this research to study children of veterans.

Intergenerational Trauma

Dekel and Goldblatt (2008) examined the literature on the impact of intergenerational trauma in combat veterans' children. Studies they reviewed indicated that "lowest levels of family functioning were reported by children of veterans with PTSD" (Dekel & Goldblatt, 2008, p. 283). Dekel and Goldblatt performed a literature summary of the effects of intergenerational trauma, but the study did not address the children of female veterans—only children of male veterans.

The Syracuse University Institute for Veterans and Military Families (n.d.) reviewed a study conducted by the University of Missouri that asserted most previous studies focused on how veterans' symptoms affect the family relationship rather than looking at how to address the mental health of spouses and children. Authors of the review argued that when veterans' treatment includes a focus on their trauma, better

outcomes for children will result and that organizations, including the VA, that serve veterans must also include or connect veterans with family services. Syracuse University Institute for Veterans and Military Families (n.d.) found that serving the veteran and including the family would substantially improve outcomes for the entire family.

Herzog et al. (2011) investigated the effects of stress symptoms in soldiers as it relates to the stress of veteran's spouse and children, including the secondary stress that the children had experienced. After administering a survey to soldiers and their partners, Herzog et al. summarized some of the findings. The summary indicated that the families of combat veterans with PTSD are at risk for secondary traumatic stress (Herzog et al., 2011). Although using the survey method revealed information that could be useful to the VA, the study did not address specific interventions that would be most helpful for these families.

A number of studies have been conducted on the intergenerational effect of veterans' PTSD and its relationship to child behavior problems and family connections. Two studies relationships (Ruscio, Weathers, King, & King, 2002) found that children of veterans with PTSD exhibited more behavior problems on the Child Behavior Checklist than did children of veterans without PTSD. These reviews revealed links between paternal PTSD and child behavioral and psychological problems, but they did not specify how PTSD may lead to these problems. Ender (2010) noted that depression and substance abuse in veterans can have exacerbate parenting struggles. The association between emotional numbing and perceived relationship quality was significant in regression analyses, even after controlling for fathers' family-of-origin stressors, combat exposure,

depression, and substance abuse (Ender, 2010). One study suggested that this emotional numbing may be a component of PTSD among war zone veterans that affects their subsequent relationships (Ruscio, Weathers, King, & King, 2002).

Sayers et al. (2009) reported that veterans with mental health issues had family difficulties, with more than 75% of the married/partnered service members in the sample in a VA outpatient clinic reporting difficulties with partners or children. Diagnoses of PTSD and major depression were especially associated with difficulties in family role adjustment. Findings across settings and study methodologies indicate that male veterans diagnosed with PTSD are more likely to perpetrate psychological and physical aggression against their partners and children than are veterans without PTSD (Carroll, Rueger, Foy, & Donahoe, 1985; Glenn et al., 2002; Jordan et al., 1992; Sherman, Sautter, Jackson, Lyons, & Han, 2006; Verbosky & Ryan, 1988). Rates were as high as 63% for PTSD-affected veterans reporting some act of physical aggression in the past year (Byrne & Riggs, 1996). Veterans diagnosed with chronic PTSD, compared with those exposed to military-related trauma but not diagnosed with PTSD, together with their romantic partners, consistently report poor family adjustment and relationship problems (Monson, Taft, & Fredman, 2009).

Dekel and Monson (2010) also addressed the effects of PTSD on family relationships. They noted that family members deal with “veteran hypersensitivity, withdrawal, jealousy, verbal abuse, anger and destructiveness,” all of which can lead to outbursts that affect the rest of the family (Dekel & Monson, 2010, p. 304). Dekel and Monson suggested that veterans and family members who have shown resilience and

have had success in maintaining and preserving healthy relations in their families should be assessed to determine how prevention and treatment efforts can build on that resilience. The authors urged intake assessments of couple and family functioning, which should be continued throughout treatment planning because PTSD can be chronic with fluctuations over time. Veterans' services must include couple, family, and child-related services, and should be available to all veterans needing them (Dekel & Monson, 2010).

Galovski and Lyons (2004) reviewed the literature on PTSD as it addressed veterans' family relationships. They found that veterans' stress has negative effects that can cause secondary trauma in the family, driven by anger and other symptoms of PTSD. Their review found that marital/family interventions have emphasized improving relationships and reducing veterans' symptoms more than improvements in the psychological well-being of spouses and children. Galovski and Lyons implied the need for greater emphasis in interventions of addressing the needs of significant others, especially spouses, as well as a potential for increased effectiveness of PTSD interventions and possible cost savings realized by improving relationships and reducing caregiver burdens. Studies on intergenerational trauma demonstrated that not treating children with their veteran parent(s) for the veteran's trauma-related issues can lead to deteriorating mental health for the children and their families (Syracuse University Institute for Veterans and Military Families, n.d.).

Child Maltreatment

Based on what is known from research on active duty families, the effects of not treating the family unit of veterans with PTSD or traumas include a higher likelihood for

child maltreatment, mental health issues, and poor academic performance. On average, those who deployed since the terrorist attacks of September 11, 2001, were older and more of them were married than veterans of earlier conflicts; 43% of active duty military service members had two children (DOD, 2007). In addition to demographic differences, National Guard and Reserve members experienced more extensive deployments since September 11, 2001, than in any previous conflict, causing a substantial impact on the communities to which those service members returned.

Family conflict can result in direct harm to children through child abuse and neglect. In civilian families, spousal abuse is also associated with an increased likelihood of child abuse; the same is true of military families, in which rates of physical and sexual abuse both increase (Rumm, Cummings, Krauss, Bell, & Rivara, 2000). Deployment is also associated with increased rates of child physical abuse and neglect (Gibbs, Martin, Kupper, & Johnson, 2007). This association suggests that some nondeployed spouses are less able to care for children in the home and more likely to lash out at them. 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 (Rentz et al., 2007). This increase in maltreatment rates may be due, in part, to multiple deployments: as of 2003, 36% of servicemen and women had been deployed more than once (Tanielian & Jaycox, 2008), 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

servicewomen. Mental health problems in servicemen and servicewomen increase with each successive deployment (Tanielian & Jaycox, 2008). Estimates of the incidence of PTSD in Operation Enduring Freedom and Operation Iraqi Freedom veterans range from 14% to 22% (Seal et al., 2009; Tanielian & Jaycox, 2008). These numbers have increased over time; despite the stigma of admitting to a mental health problem in the military, diagnoses of PTSD in active servicemen and servicewomen increased 567% from 2003 to 2008 (DOD, 2010). PTSD has been associated with an increase in spousal abuse (Sherman et al., 2006) and increases in child maltreatment (Rentz et al., 2006) in military families.

Although considerable research has been conducted on active duty personnel and their families, there is no similar body of evidence about children of individuals who have left the military. In fact, there is very little research about the children or families of veterans. One recent study found that 75% of married/cohabiting veterans reported family problems in the past week (Sayers et al., 2009); higher rates of depression and PTSD were associated with higher levels of family problems. With the exception of the study by Sayers et al. (2009), a thorough search of literature databases yielded no studies of domestic violence, child maltreatment, children's mental health, children's behavioral problems, or children's academic functioning in families with separated veterans.

Justice-Involved Veterans

The report prepared for the Bureau of Justice Statistics (Harrison & Beck, 2002) on justice-involved veterans in 2001 indicated that 61% have serious medical problems, 65% have substance dependency, 29% have any of five psychiatric diagnoses such as

PTSD or dual diagnosis, and 18% were homeless a year before they were incarcerated. Because of the rising number of veterans in the criminal justice system, the VA (n.d.b) responded with Veterans Justice Outreach (VJO) program. As defined by the VA (n.d.b, para. 1), the purpose of the program “is to avoid the unnecessary criminalization of mental illness and extended incarceration among Veterans by ensuring that eligible, justice-involved Veterans have timely access to Veterans Health Administration (VHA) services, as clinically indicated.” To support the program, the VA designated Veterans Justice Outreach specialists to be in charge of outreach, assessment, liaison with local justice system partners, and case management for those veterans involved in the justice system (VA, n.d.b).

There is a better opportunity to reduce the costs of veteran incarceration than with the VJO program (Glidewell, 2013). As Glidewell (2013) noted, the “personal cost to our veterans and their families who sacrificed for the country by volunteering to serve. We owe them the best when they gave (and continue to give) so much to our country” (Glidewell, 2013, para. 7). In a senior-year capstone project, Smee (2012) noted that VTCs were a vehicle to assist the veterans in getting “reunification with their children, increased self-esteem and reliance, and a renewed sense of accomplishment, pride and confidence in their ability to face life’s challenges” (Smee, 2012, p.18).

Holbrook and Anderson (2011) researched VTCs and their outcomes and found via survey that stakeholders in VTCs usually include the judge, mentors, the VA, the court coordinator, and VJO specialists. Public- and private-sector service providers appear to have not been included as stakeholders in the VTC team. A 2010 year-end

summary report from Clark County, Washington, indicated the cost to house one offender was \$69 per day, and in 2010, the county had saved \$135,600 by “re-routing eligible veterans from serving 2,190 jail days and instead into appropriate treatment programs” (p. 12). The report indicated that veterans were given access to treatment and services and did not trigger costs to the state or county for housing, unemployment, medical, or other treatment (Clark County, Washington, 2010). A similar study conducted by Saxon et al. (2001) involved 129 incarcerated veterans and found that 87% had a history of trauma and 39% had PTSD, an increased rate of lifetime alcohol and drug use, and more mental health and general health problems than incarcerated individuals who had not served in the military.

History of California Legislation on Veteran Treatment Courts

Sentencing guidelines for veterans were instituted in California beginning in 1984 as California Penal Code 1170.9 (1976, 2014, 2015) with open consideration for combat trauma. PC 1170.9 provides for treatment instead of imprisonment for those with Vietnam combat experience who could show a relationship between their mental illness and/or substance abuse and their combat stress. The original statute was amended to apply to veterans of the conflicts in Iraq and Afghanistan and states:

made a presentencing hearing mandatory, rather than discretionary, where the defendant ‘alleges that he or she committed the offense as a result of post-traumatic stress disorder, substance abuse, or psychological problems stemming from service in combat in the United States military. (West Law, as cited in Jones, 2013, p. 321)

Another amendment to the statute added military sexual trauma and traumatic brain injury to the criteria for a mandatory presentencing hearing, and clarified that such trauma or injury does not have to be combat-related but only related to military service (Jones, 2013).

Veterans Treatment Court and Veterans' Children

Baldwin (2013) conducted a nationwide survey of 114 VTCs and identified several key findings, including that most VTC participants have substance abuse issues, mental health issues, and family issues. Baldwin also noted that more than 50% of survey participants reported family issues as a major difficulty and that almost 90% of the VTCs currently provide an assessment of family issues, social support, and housing and employment connectors. Counts of children in VTCs are rare, and there is no evidence that VTCs offer any services to children, although they offer them to the veterans themselves.

Ten key components were established by the Bureau of Justice Assistance (U.S. Department of Justice, 1997) as necessary to run a successful treatment court (see Figure 1). These 10 components can be modified to include the addition of children and families for care under the VTC. Such a modification could address the impact on families of veterans entering the court systems.

The 10 Key Components of Veterans Treatment Court

In 2008, The Buffalo Veterans Treatment Court adopted with slight modifications the essential tenements of the U.S. Department of Justice Publication entitled “Defining Drug Courts: The Key Components”, (Jan.1997). There are key differences between Drug Courts, Mental Health Courts, and Veterans Treatment Courts. These Key Components provide the foundation for the successful operation of a Veterans Treatment Court.

Key Component #1: Veterans Treatment Court integrate alcohol, drug treatment, and mental health services with justice system case processing. Veterans Treatment Courts promotes sobriety, recovery and stability through a coordinated response to veteran’s dependency on alcohol, drugs, and/or management of their mental illness. Realization of these goals requires a team approach. This approach includes the cooperation and collaboration of the traditional partners found in drug treatment courts and mental health treatment courts with the addition of the Veteran Administration Health Care Network, veterans and veterans family support organizations, and veteran volunteer mentors. *The integration of these services is also recognized as having important benefits for family members for those veterans with partners and children, since the effects of these conditions often have a family-wide impact.*

Key Component #2: Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights. To facilitate the veterans’ progress in treatment, the prosecutor and defense counsel shed their traditional adversarial courtroom relationship and work together as a team. Once a veteran is accepted into the treatment court program, the team’s focus is on the veteran’s recovery and law-abiding behavior—not on the merits of the pending case. *The positive impact of that recovery on the veteran’s family is also taken into account.*

Key Component #3: Eligible participants are identified early and promptly placed in the Veterans Treatment Court program. Early identification of veterans entering the criminal justice system is an integral part of the process of placement in the Veterans Treatment Court program. Arrest can be a traumatic event in a person’s life. It creates an immediate crisis and can compel recognition of inappropriate behavior into the open, making denial by the veteran for the need for treatment difficult. *VTCs also screen for veterans who recognize that their behavior can affect their family, and for those cases in which restoration of family stability is an important incentive for the veteran’s compliance with the program.*

Key Component #4: Veterans Treatment Court provide access to a continuum of alcohol, drug, mental health and other related treatment and rehabilitation services. While primarily concerned with criminal activity, AOD use, and mental illness, the Veterans Treatment Court team also consider co-occurring problems such as primary medical problems, transmittable diseases, homelessness; basic educational deficits, unemployment and poor job preparation; spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma. *The continuum of services that is developed includes services for children and partners of veterans who are affected by his/her trauma and court involvement.* Veteran peer mentors are essential to the Veterans Treatment Court team. Ongoing veteran peer mentors interaction with the Veterans Treatment Court participants is essential. Their active, supportive relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing. Frequent court-ordered AOD testing is essential. An accurate testing program is the most objective and efficient way to establish a framework for accountability and to gauge each participant’s progress.

Key Component #6: A coordinated strategy governs Veterans Treatment Court responses to participants' compliance. A veteran’s progress through the treatment court experience is measured by his or her compliance with the treatment regimen. Veterans Treatment Court reward cooperation as well as respond to noncompliance. Veterans Treatment Court establishes a coordinated strategy, including a continuum of graduated responses, to continuing drug use and other noncompliant behavior. *Behavior towards the veteran’s family is also monitored for its positive effects on recovery.*

Key Component #7: Ongoing judicial interaction with each Veteran is essential. The judge is the leader of the Veterans Treatment Court team. This active, supervising relationship, maintained throughout treatment, increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior. Ongoing judicial supervision also communicates to veterans that someone in authority cares about them *and their family* and is closely watching what they do.

Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness. Management and monitoring systems provide timely and accurate information about program progress. Program monitoring provides oversight and periodic measurements of the program’s performance against its stated goals and objectives. Information and conclusions developed from periodic monitoring reports, process evaluation activities, and longitudinal evaluation studies may be used to modify programs. *That monitoring includes tracking the progress of family members affected by the veteran’s role in the court system.*

Key Component #9: Continuing interdisciplinary education promotes effective Veterans Treatment Court planning, implementation, and operations. All Veterans Treatment Court staff should be involved in education and training. Interdisciplinary education exposes criminal justice officials to veteran treatment issues, and Veteran Administration, veteran volunteer mentors, and treatment staff to criminal justice issues. It also develops shared understandings of the values, goals, and operating procedures of both the veteran administration, treatment and the justice system components, *as well as the array of services targeted on veterans’ family members.* Education and training programs help maintain a high level of professionalism, provide a forum for solidifying relationships among criminal justice, Veteran Administration, veteran volunteer mentors, and treatment personnel, and promote a spirit of commitment and collaboration.

Key Component #10: Forging partnerships among Veterans Treatment Court, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Court effectiveness. Because of its unique position in the criminal justice system, Veterans Treatment Court is well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veteran Administration, veterans and veterans families support organizations, *child- and family-serving agencies,* and AOD and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Court participants and informs the community about Veterans Treatment Court concepts. The Veterans Treatment Court fosters system wide involvement through its commitment to share responsibility and participation of program partners.

Figure 1. Ten key components of VTCs, adapted to include families. Defining Drug Courts: The Key Components, by the U.S. Department of Justice, 1997, pp. 1–21.

In 2013, staffers with VA Justice Programs completed an inventory of the VJO specialists' work in the VTCs. They found that there were 267 drug courts that focus on veterans. The Judicial Courts of California (n.d.) defined VTCs as being a hybrid drug and mental health court that uses the drug court model to serve veterans struggling with addiction, serious mental illness and/or co-occurring disorders. They promote sobriety, recovery and stability through a coordinated response that involves cooperation and collaboration with the traditional partners found in drug and mental health courts in addition of the U.S. Department of Veterans Affairs health care networks, the Veterans' Benefits Administration, and, in some programs, volunteer veteran mentors and veterans' family support organizations. (Judicial Courts of California, n.d., para. 1)

A matter that remains to be studied is addressed in the current research: veterans' families and their need for appropriate services recognized within military culture. The approach taken in the present study is meaningful because no previous studies have addressed children of veterans in California, in VTCs, or in legislation. The major themes in the literature are that intergenerational trauma is prevalent in a large number of veterans' children (Dekel & Goldblatt, 2008), and treatment of the whole family has shown to be considerably more effective than treatment of the veteran alone (Syracuse University Institute for Veterans and Military Families, n.d.). Treatment courts only address the needs of the veteran, not those of the veteran's family. What is not known in the discipline related to the exclusion of treatment for children and families of veterans from care under the legislation on VTCs represents the gap in the literature.

This study contributes to public policy because the demographic data on veterans who enter treatment, stay in treatment, and have positive outcomes are limited (DOD, 2007, 2012; VA, n.d.a, n.d.b), especially with reference to the effects on veterans' families of treatment of veterans and their families. This gap is compounded by a lack of data on VA policy responses to the greatest expansion of treatment services in history, which resulted from the passage and implementation of the ACA (2010). PTSD victims frequently self-medicate with substances to the point of abuse; the typical substance of choice is alcohol (Meyer, 2011). Data are available on veterans who were referred to and positively completed treatment (DOD, 2007, 2012). Literature indicates that active duty military have some family treatment services, but availability of services for separated veterans is decidedly limited (IOM, 2011). The VA is responsible for treating veterans for medical issues, but VA treatment rarely includes veterans' spouses or children.

The NADCP (2013) suggested the need for appropriate services that recognize military culture and stigma, and noted that VTCs tap into the unique aspects of military and veteran culture, using the very characteristics of military culture to benefit veterans. Many studies have explained that family-oriented treatment is effective in addressing substance use disorders in veterans or the children of veterans with substance abuse disorders, which have a major intergenerational component (Syracuse University Institute for Veterans and Military Families, n.d.). Not providing treatment to the whole family contributes to the risk of transmitting the substance abuse and mental issues, including secondary trauma, to the children. This problem is estimated to affect as many as 589,200

veterans; given that 50% of veterans have children and the average veteran with children has two children (DOD, 2007; 2012; Clever & Segal, 2012).

There is a gap in the literature and a gap in the current treatment practice. In chapter 3, the research methods that was used to review and code using the two theories helped explain why children were essentially ignored in the legislative process and provided a framework for addressing the challenges to including children of veterans in possible revisions of the legislation and in the implementation of future legislation. This study fills the gap in the literature and extends the knowledge in this discipline by its contribution to public policy because it addresses the reasons for the gap in the policy related to funding for veterans in newly created treatment courts. Policy that focuses on one set of clients but excludes others vitally linked to those clients may prove to be ineffective. Better understanding the reasons for that gap could have a positive impact of future legislation as well as the subsequent implementation of the current legislation.

Deficiencies in the literature and the gaps in the knowledge base correlate to what should be next steps in that process. This gap is compounded by a lack of data on VA coverage, the paucity of literature on the actual outcomes of VTCs, and the total absence of data on the impact of VTCs on veterans' children. Scholarly research is needed on veteran-serving agencies that work with VTCs to fill the gap in information about family composition and family impact in these agencies because there are no VTCs that work with the veteran's whole family; an extensive search of literature databases revealed few such studies. The VA (n.d.a) studies the treatment of veterans on medical issues, but VA treatment does not include veterans' spouses or children, so there are no studies on this

topic. Despite major recent efforts to address the needs of military families, the emphasis has been upon active duty families, not those who have left service, who represent more than 60% of all recent military service members (Diaz & Petersen, 2014). This social change recognizes veterans' children and families as needing and deserving services they do not now receive. The gap in current research of veterans' families shows the need for further research to include appropriate services that recognize military culture.

Summary and Conclusions

The study was based on the assumption that when veterans' treatment includes a focus on their trauma, better outcomes for veterans' children will result and that organizations, including the VA, that serve veterans must also include or connect veterans with family services. Syracuse University Institute for Veterans and Military Families (n.d.) substantiated that serving veterans primarily and including their families would substantially improve veterans' support. Despite major recent efforts to address the needs of military families, the emphasis has been upon active duty families, not those who have left service. This social change recognizes veterans' children and families as needing and deserving services they do not now receive.

Chapter 3: Research Method

Introduction

The purpose of the study was to explore the decision process of the policy makers of California VTC legislation that led to the exclusion of treatment and basic needs services to children and the families of veterans. AB 2371 provided restorative relief to veteran defendants with criminal records and mental disorders that resulted from military service (California Legislative Information, 2012c). This study looked at the decision process for the policy making of California VTC legislation that excludes these services.

PTSD and substance use disorders have affected more than 35% of U.S. veterans (Meyer, 2011). That percentage is increasing as the number of deployed soldiers returning from the Middle East grows (Meyer, 2011). A significant portion of returning veterans leave the military permanently or return to National Guard and reserve status, where they are not considered active duty troops (Meyer, 2011). This chapter includes an explanation of my chosen research design and rationale, the role of the researcher, the methodology, procedures, and discussion of trustworthiness issues.

Research Design and Rationale

The central research question this study addressed was, “What was the decision-making process that resulted in the exclusion of families in AB 2371, legislation on California VTCs, and how was that process affected by social construction of the purposes of the legislation?”

The following subquestions were also considered:

1. How did social construction theory inform policy decisions related to California VTC legislation?
2. What are the indicators of policy gaps between the intent and implementation of California VTC legislation exclusion of families and children?
3. How can the California VTC legislation be amended to fill those gaps?

The theoretical framework for this study was Schneider and Ingram's (2005) theory of social construction of target populations, which states that effective policy administration necessitates focusing on the relevant communities' own interests while also recognizing the interests of others. This study looked at the legislation and unrepresented socioeconomic factors and the extent of influence that this population, its advocates, and its service providers had on this legislation. Review of the impact of social construction theory in child and family services related fields was included as evidence of the impact of social construction on legislation and its implementation as it effects the underrepresented population.

The conceptual framework that guided my analysis was Dunn's (2012) integrated framework, which allowed for focus on the analysis of California VTC legislation and enabled evaluation of this policy through a policy analysis framework. Dunn's (2012) decision-theoretic method of evaluation was used with evaluability assessment to analyze the policy decision using the argumentation method view of the social construction theory that families are an underrepresented population without advocacy or consideration of their position in the policy (Dunn, 2012). Dunn's framework allowed for problem structuring, forecasting, recommendation, monitoring, and evaluation of possible

alternatives to California VTC legislation. The research tradition that was used is the qualitative nature using a document analysis method.

I analyzed documents related to AB 2371 from 4 year prior to the legislation in 2012 to 2 years following the legislation. The timeframe encompassed the years of 2008-2014. Document analysis provided an impartial view of the evolution of the decisions leading to the policy issue that omitted children from VTC because this method provided a wider view of the policy issue. Focus groups and interviews were not used because it would not have been possible to gain access to all those who participated in the development of the legislation, and the cost for such an endeavor exceeded my financial means.

Role of the Researcher

In this study, I was the instrument. Tools that were used to collect data were secondary printed materials, including media and California legislation history. My study used a qualitative coding framework. Conducting a document analysis is challenging; to be impartial, a researcher requires access to multiple resources (L. Owen, 2014). Because there were no human participants engaged in the study, no consideration was given on any personal and professional relationships that I might have had with participants.

My bias, which is the passion for children of veterans, and that this population be included in all benefits of former service members because no child should be worse off because his or her parents served our country, was managed by ensuring that two clearly defined methodologies were followed. One, the documents selected for review were comprehensive, clearly defined, and did not exclude any materials. Second, the coding

was visibly objective as shown in the QDA Miner software reporting. A critical interpretation of the sources provided a clear analysis of the research. To understand the issue completely, I sought to “ground analytic conclusions in subjective judgments about how best to formulate the problem and interpret the model’s results” (Geva-May, 1997, p. 76). My own personal bias is the passion for children of veterans and that this population be included in all benefits available to former service members because no child should be worse off because his or her parents served our country.

Methodology

Using Dunn’s (2012) policy analysis framework, I constructed the framework for this document review with evaluation criteria that included effectiveness, political feasibility, political feasibility, administrative feasibility, and efficiency equity. The stakeholders and their assessments are central to address the issue and construct this background and were included in the coding framework. For evidence of effectiveness, I reviewed the current benefits of the policy, as measured by the improvement in family functioning, which was supported by research studies.

My document analysis reviewed the evidence of efficiency of health improvements, as were the possible resources required to produce those improvements, which may include cost-benefit review or cost-analysis review. My study includes a review of equity documents, such as legislative resource histories available online through databases such as the ProQuest Legislative Insight, of the policy and how the policy is structured to address actual or potential disparities in the veterans’ family

population. Literature is presented as evidence to identify and evaluate the effectiveness, efficiency, and equity of the policy (Gurevitz, 2013).

Upon completion of my analysis of effectiveness, efficiency, responsiveness, appropriateness and equity, I summarized the strengths and weaknesses so that possible recommendations could be made to support or refute the policy (see Dunn, 2012). I made policy recommendations based on the evidence analysis. I mentioned amendments to the policy or alternative use of resources to support other policies on veteran's families. I also identified strategies for influencing policy, educating stakeholders, and advocating for families and the veteran community. I synthesized all of the policy analysis evidence and stated strategies for persuading policy change or no change, educating stakeholders, and advocating for veterans' families.

Part of the study included identifying which groups are best fitted to handle this policy issue, what possible strategies could be effective, and whether there is a real need to address the problem. Finally, as part of the study, I determined the stakeholders and variables that influenced the policy. The economic impact of focusing or not focusing on this policy was also reviewed (Hayne & Schlosser, 2014).

Potential preliminary codes included social construction theoretical framework, such as benefits and burdens, public opinion, partisanship, values, lack of understanding of treatment, cost, population representation, demographics, knowledge of funding options, examination of methods used for the legislation, what decisions were made in the legislation, and other possible variables relating to the legislation. Agency mandates framed in specific categorical funding systems were also reviewed as part of the context.

In addition, reviewing other evaluations conducted on VTC legislation outside of the state of California were reviewed and coded. By using a coding framework for the documents and the documents surrounding the formulation and implementation of the legislation, I was able to perform a qualitative analysis of the documents.

Data were collected from publicity available documents from 4 years prior to the legislation, or 2008, to 2 years following the legislation, or 2014. Data consisted of documents such as legislative archives, legislative journals, media, veterans' service organizations, military advocacy groups, and media statements that are related to this legislation and the topic. Possible use of economic inductors such as budget sheets and cost information might have been used if they were publicly available on the state website. Data sources might have included legislative history, legislative records, actions of legislators, and the legislators' background information, voting records, veteran or nonveteran status, gender, media, and media statements from veterans' service organizations that were related to this legislation and the topic. Economic indicators such as budget sheets for cost-benefit information were available from the state of California Courts (n.d.a).

Participant Selection Logic

There was no identified population of people who were involved in this study. All documents about California VTC legislation were used from the 4 years prior to the legislation, or 2008, to 2 years following the legislation, or 2014. All media relating to legislation on VTCs regarding children and/or families was reviewed. These media included websites on the legislation and California online-accessible media on the

legislation, and all legislative documents from 4 years before and 2 years after the legislation was passed. A list of the websites and documents used is included in the Instruments section.

Instrumentation

Data collection involved reviewing legislative records, correspondence on the bill, drafts, notes, memos, and any other documents publicly available on the legislation surrounding California VTCs from the 4 years prior to the legislation, or 2008, to 2 years following the legislation, or 2014. In addition, print media, editorials, congressional public records on families of veterans and VTCs dating from 4 years prior to the legislation, or 2008, to 2 years following the legislation, or 2014, were reviewed.

Document purposes differed; these differences provided useful insights. I engaged in Internet-based and hard copy data collection; each code was constantly compared to the other codes.

My notes on important coding decisions that were formed became part of the analytical memos. Analytical memo writing coding uncovers patterns and allows for the development of themes to better understand the data (Kaplan & Maxwell, 2005). Writing a memo is a valuable tool to that end. The source for each data collection instrument was the Walden University library and legal databases accessed through the library; Google Scholar; and the University of Santa Cruz library (2016), through which I accessed data on California Legislative history, bill history, roll call votes, and the online Official California Legislative Records Database. These sources were a comprehensive collection because they encompassed all possible references to the legislation, media surrounding

the topic of the VTC and its connection to children and families, and finally to the political climate. Using Dunn's (2012) model and Schneider and Ingram's (2005) theory of social construction of target populations as the framework allowed for the pursuit of answers to the research questions by using structured instruments to evaluate the legislation and the policy, and then inform the answers to the research questions for this study.

Instruments.

By using Dunn's (2012) model for the data collection framework, I was able to answer the research questions. Data were collected from print media, editorials, Congressional public records on families of veterans and VTC dating from 4 years prior to the legislation, or 2008, to 2 years following the legislation, or 2014. The documents included legislative journals from California on the VTC from PC 1170.9 and AB 2371 from 4 years prior to the legislation, or 2008, to 2 years following the legislation, or 2014. I collected the data at one time for a period necessary to collect all the essential and listed documents.

The websites through which I accessed the legislative data included the Official California legislative information website (n.d.), original statute in Statutes and Amendments to the Codes Online at the California State Assembly Office of the Chief Clerk website (n.d.), LawCat for hearings and reports on the bill, and legislative intent letters that were posted in the *Assembly Journal* (Martinez, 2011). The University of Berkeley LawCat website lists several advocacy websites that may be used for accessing additional information on the legislation (Martinez, 2011).

Data Analysis Plan

The coding was based on social construction theory (Schneider & Ingram, 2005), highlighted in Table 3 in chapter 4. The objective of coding to support data analysis was to answer the research questions.

1. How did social construction theory inform policy decisions related to California VTC legislation?

This question was answered by using coding guided by Schneider and Ingram's (2005) social construction theory. Coding involved conducting searches for some of the stakeholders using words and phrases such as *veteran family*, *VTCs and family*, *veteran children*, *benefits*, *burdens*, *advantaged*, and *dependent*.

2. What are the indicators of policy gaps between the intent and implementation of California VTC legislation exclusion of families and children?

This question was answered using the normative retrospective approach of Dunn's (2012) model of application-oriented policy analysis to review what should be done in an evaluation procedure. Examination of the documents encompassed the evaluation of the policy performance in effectiveness, efficiency, adequacy, equity, responsiveness, and appropriateness. The review of the documents involved a prescription method and coding the search of these documents using words and phrases such as *veteran's family*, *veterans' children*, *veterans treatment court*, *VTC*, *legislation veterans' children*, and *legislation veteran's family*. The coding integrated a list of codes, as detailed in Table 3 in chapter 4, from the conceptual frameworks and research questions.

3. How can the California VTC legislation be amended to fill those gaps?

This question was answered using the conceptual framework of Dunn's (2012) policy analysis and social construction method. I was the tool used and I collected the research on secondary printed materials, including media and California legislation history. I used a qualitative evaluation and descriptive coding framework. I coded as it related to my chosen conceptual framework of Dunn's policy analysis and social construction. Descriptive coding and evaluation coding are both valuable data analysis methods and both were used in this study (Saldaña, 2015). Using qualitative data management software to assist in managing the data, the documents were coded and I engaged with the software to sort frequency of coded data. Finally, I described my findings. Coding included my notes on important coding decisions shaped from analytical writings, with codes representing impressions from the data that had common themes, as well as coding from the theoretical themes, conceptualizing from the evidence identified in the data (Walker et al., 2003). Finally, a narrative analysis evaluation was performed to show policy-pertinent language to demonstrate a focus on the importance of participants' semantics (Yanow, 2006).

The type of coding was preset coding followed by a data table, with the analysis documented of document search criteria, documents reviewed, and detailed coding outline of the outcome of the entire process. These tables are represented in Table 3. The procedure for coding included a concise evaluation of the text, the description, and standards on when to use the code and examples (Saldaña, 2012). Using Dunn's (2012) theoretic framework, manual coding of identified key concepts or variables was

conducted as the initial coding categories of the documents, which included secondary printed materials or media, California legislation history, editorials, Congressional public records on families of veterans, and VTCs dating from the 4 years prior to the legislation, or 2008, to 2 years following the legislation, or 2014. The manner in which discrepant documents were handled involved using strict keywords and key phrases to search for online media and legislative history (Leon-Chisen, 2007). Those keywords and key phrases were *veterans' family*, *veterans' children*, *Veterans Treatment Court*, *VTC*, *legislation veterans' children*, and *legislation veterans' family*.

Data were collected through document analysis that included entering those keywords and key phrases into the Google search engine for media and editorials and other such secondary online materials mentioned previously. The legislative information was accessed via Official California Legislative Information (n.d.), original statute in Statutes and Amendments to the Codes Online at the Clerk of the Assembly, LawCat for hearings and reports on the bill, in Statutes and Amendments to the Codes Online at the California State Assembly Office of the Chief Clerk website (n.d.), and legislative intent letters that were posted in the *Assembly Journal* (Martinez, 2011). The University of California Berkeley Law library lists several advocacy websites for accessing additional information on the legislation (Martinez, 2011).

The concept of Dunn's (2012) theory on policy analysis was incorporated in the coding by integrating the surrounding identifying stakeholders, target groups, and beneficiaries who are affected by the policy with the social construction theory coding (see Table 4, chapter 4) and coding for policy inputs, processes, outputs, and impacts in

the policy process. Adding words reflective of considering these groups and the inputs, processes, outputs, and impacts in the policy process by social auditing might uncover the distinctive dimensions of the policy process that affected the policy outcome of the exclusion of children (Dunn, 2012).

Issues of Trustworthiness

Ensuring credibility is among the key criteria of promoting confidence in research. Because I was using a well-established research methods and varied triangulation methods, the methods I chose and applied strengthened the validity of the research. Documentation, as used in this study, is an excellent source for use in triangulating data points (Shenton, 2004). Because a person's understanding of the world is not objective, understanding of validity and trustworthiness is relative. Trustworthiness and validity are different for qualitative and quantitative measures. One key criterion for policy-related qualitative research is objectivity in design and execution and representation of a study. Another standard criterion is that multiple interpretations of data are possible with strong qualitative research (Paulsen, 2013).

Transferability has to do with the extent to which the consequences of subjective exploration can be summed up or exchanged to different connections or settings (Morse, Barrett, Mayan, Olson, & Spiers, 2002). The notion of transferability was addressed in this study. Transferability is only sufficient when contextual information about the research is provided, and transferability can only be attempted within the context and boundaries of the research. Because findings and settings change over time, it is difficult to demonstrate that conclusions can be drawn to other populations and situations. Clear

and detailed specifications were provided in the strategies established for document selection.

Dependability is the ability to replicate a study consistently (Morse et al., 2002). Dependability was addressed in this study. The ability to replicate the research renders the work reliable. The processes used should be reported in detail so that the work can be repeated and this ensures its dependability, including the research design, operation and approval. A clear process was detailed as to how the work was performed and each step taken throughout the process (Shenton, 2004).

Confirmability means the research can be substantiated without bias (Morse et al., 2002). Confirmability was addressed in this study. The researcher's biases were revealed in the research report. The reasoning for the approach selected was discussed, as well as the reasons for not using possible other methods. An audit trail was established and documented (Shenton, 2004).

Intra- and intercoder reliability was handled by defining the categories and subcategories that were most pertinent to the research objectives and providing definitions for these categories for other researchers to interpret the results and replicate the study. Testing was not performed because there was a large number of documents to review. A second coder might have been utilized and might have been helpful. An intercoder reliability check ensures valid results even if the researcher and second coder are cautious. Such a check is time-consuming; the process involves two coders who must be briefed and trained. An intercoder check at an early stage of the protocol is helpful and can lead to new insights and modifications of the protocol. Many issues could arise

between the two coders and as many as possible should have been discussed and adjudicated before the project was started, if a second coder had been engaged in the process (Mouter & Noordegraaf, 2012).

Ethical Procedures

Because this study relied on publicly available secondary data, there were no ethical considerations necessary for human subjects. This study did not need institutional permissions for any of the data collection. There were no recruitment materials or intervention activities and there were no ethical issues that needed to be addressed in regard to those activities. The data collection activities were not anonymous or confidential and there were no protections needed for any human participants because there were no human participants in this study.

Although many ways have been developed for controlling bias, true objectivity is almost unachievable. The researcher—in this case, me—necessarily becomes an advocate of the work performed, and that advocacy can be combined as long as all involved are thoroughly informed and the research process is clearly defined. The distinction between research and advocacy must be clearly drawn by the researchers and analysts. All disclosures of possible biases must be made public for the research to remain ethical. Any restrictions on the reporting of research results should be disclosed by the researcher to the general or specific public within 6 months. A predetermined result disqualifies a project as research. Only when all conclusions are possible is the research ethical. All the information and data utilized in this study are available so that research can be confirmed and/or replicated. An open mind is essential to the integrity required in research, ranging

from the many decisions to be made through to the conclusions drawn and final analyses (Moore, Tanlu, & Bazerman, 2010).

Conflicts of interest or pressure of any kind can distort data or cause data to be overlooked. It was essential that any and all possible sources of bias were recognized and addressed by me (IOM, 2009). My own personal bias is the passion for children of veterans and that this population be included in all benefits available to former service members because no child should be worse off because his or her parents served our country. However, because biases and personal views can influence judgment and undermine objectivity, the data results clearly documented a secondary review, if needed, could be completed. Because all sources of conflict cannot be avoided, conflicts of interest should be disclosed to all parties at every step of the research process. Biases and personal views should be acknowledged and be subject to review by an objective reviewer. This objective review was conducted by my dissertation committee (IOM, 2009).

Summary

This study used an established policy analysis protocol provided by Dunn (2012), as well as systematic coding of documents on the history of this legislation. My research explored the policy maker's decision process relating to California VTC legislation that led to the exclusion of treatment and basic needs services to veterans' children and the families of veterans. Data collection through document analysis included the output of specific keywords and key phrases entered in the Google search engine. Document coding utilized the theoretical framework of Schneider and Ingram's (2005) theory of

social construction of target populations to review the legislation and unrepresented socioeconomic factors and the extent of influence that this population, its advocates, and its service providers had on this legislation. Chapter 4 includes a presentation of the research analysis.

Chapter 4: Results

Introduction

Results of the qualitative document analysis on the California legislation regarding VTCs and those findings are presented in this chapter. The purpose of the study was to explore the policy maker's decision process of the California VTC legislation through the theoretical lenses of Schneider and Ingram's (2005) social construction theory. The central research question this study was, What was the decision making process that resulted in the exclusion of families in AB 2371, legislation on California VTCs, and how was that process affected by social construction of the purposes of the legislation?

The following subquestions were also considered:

1. How did social construction theory inform policy decisions related to California VTC legislation?
2. What are the indicators of policy gaps between the intent and implementation of California VTC legislation exclusion of families and children?
3. How can the California VTC legislation be amended to fill those gaps?

Documents collection included online newspapers, editorials, law journals, Google search engine, California governmental websites, Google Scholar, and Congressional public records on amendments to PC 1170.9, including AB 2371, from 4 years prior to the legislation, in 2008, to 2 years following the AB 2371 legislation, or 2014. Keywords and websites used to locate these documents are provided in Appendix A. The documents I retrieved are presented in Appendix B. The documents were coded

using the social construction theoretical framework Schneider and Ingram's (2005). I coded documents using benefits and burdens, treatment, cost, and other variables relating to social construction theory. A continuous iterative process was used in my coding and organized in relation to each of the research questions and each of the data sets. My process and manner of presentation relative to each of my research questions, common themes, and frequency of occurrence across data sets is further explained in the data collection section in this chapter.

Setting

On September 28, 2016, the Walden University Institutional Review Board approved this study (approval number 09-28-160309758). Document retrieval began shortly thereafter. My process for retrieving documents involved collecting 119 documents and importing them into QDA Miner Version 4, which is qualitative data management software I used to facilitate the coding process. Amendments to PC 1170.9, including AB 2371 from 4 years prior to the legislation, or 2008, to 2 years following the AB 2371 legislation, or 2014, were analyzed. Documents are from law journals, websites, California legislative documents, and news articles (see Appendix C).

My original data collection process called for including documents related to only AB 2371 as my preliminary research showed this bill was most closely related to the initiation of the California VTC and mental health and treatment aspects of the court. Originally, I had planned to review documents from 1 year before the legislation to 2 years after the legislation (i.e., from 2011-2013). Because I discovered during my document search that the California VTCs started in 2008 using the support of PC 1170.9

(California Courts, n.d.b), I had to revise the scope of document selection. Since 2008, lawmakers have presented and passed several legislative bills related PC 1170.9 (California Courts, n.d.b). Therefore, the scope of my document selection process changed to using all legislative history related to amendments to PC 1170.9 from the start of VTCs in 2008 (California Courts, n.d.b) to 2014, which is a period 2 years after AB 2371. Therefore, to be most comprehensive, I included all documents on all legislation from 2008 to 2014 relative to the initiation of the California VTC, mental health and treatment aspects of the court.

Data Collection

Document collection originated from online sources. Documents from online newspapers, editorials, law journals, Google search engine, California governmental websites, CalVet, California Veterans Service Office, USC Military Social Work search, Congressional-related webpages, California Veterans Advocacy, Google Scholar, and Congressional public records on amendments to PC 1170.9, including AB 2371 from 4 years prior to the legislation, or 2008, to 2 years following the AB 2371 legislation, or 2014. I collected and coded all the documents. The types and numbers of documents are shown in Table 1.

Table 1

Types of Documents Collected

Document type	Number
Online news	10
Law journals	3
Legislative information	79
Websites	26

The California Penal Code 1170.9 (1976, 2014, 2015) overtly considered combat trauma, stating,

In the case of any person convicted of a felony who would otherwise be sentenced to state prison the court shall consider whether the defendant was a member of the military forces of the United States who served in combat in Vietnam and who suffers from substance abuse or psychological problems resulting from that service. The California Legislature proposed and enacted a number of revisions to section 1170.9 in 2006, to expand applicability of special sentencing considerations to veterans of the contemporary conflicts in Iraq and Afghanistan. (p. 1)

While collecting documents on the legislation establishing California VTCs, I realized that there are many conflicting statements on what legislation, if any, resulted in the formation of VTCs in the state. What was clear was that the first California VTC started in 2008 using PC 1170.9 as the basis of legal standing (Hawkins, 2009). In 2008, Orange County, California, established courts to handle the needs of military and

veterans (Hawkins, 2009). However, California has no precise authorizing statute for VTCs. Instead, the California statutes included special attention in the course of criminal sentencing for those with a history of prior military combat service (Hawkins, 2009).

Of note in 2006, then-Governor Schwarzenegger signed AB 2586, making California the first state to offer a veterans and military diversion program with PC 1170.9, which has since undergone multiple legislative amendments. Since 2006, other bills passed to support veterans in the criminal justice system, including AB 2098 (2014a) on veterans sentencing; AB 2263 (2014c) on veterans advocates and prisons; AB 2357 (2014b) on parole and military service; SB 1110 (2014d) on arraignment and veteran status; and SB 1227 (2014e) on diversion and military and veterans.

AB 2371 (2012c) was chosen as the linchpin amendment to PC 1170.9 because it addressed mental health treatment, drug and alcohol abuse in veterans, veterans' trauma effects, and veterans' disproportionality (California Legislative Information, 2012c).

After conducting an online search of amendments and bills related to PC 1170.9 legislation, I discovered two bills mentioning a military diversion program. These bills were added to and included in my document analysis. A repeated search of all the previously searched websites was conducted, using military diversion as a search keyword. Another search was made of all the related documents and legislation backgrounds on the bills that related to the military diversion using this keyword.

Data collection, using the same sources, was expanded to include all amendments to PC 1170.9 since the first California VTC was established in 2008. Documents in the

data collection were inclusive of PC 1170.9, AB 2371 (2012c), and all the amendments as follows:

- 2013–2014:
 - SB 1110 (2014b): Arraignment: Military and veteran status: Forms
 - SB 769 (2013): Veterans: Criminal
 - SB 1227 (2014e): Diversion: Members of the military (2013-2014) (costs and treatment)
 - AB 2098 (2014a): Military personnel: Veterans: Sentencing: Mitigating CR-36 Veterans: Treatment courts and treatment review calendars
- 2011–2012:
 - AB 2371 (2012c): Veterans: Criminal defendants: Mental health issues and restorative relief
 - AB 2611 (2012a): Veterans treatment courts (2011–2012) vetoed
- 2009–2010:
 - AB 674 (2010c): Criminal procedure: veterans
 - AB 2234 (2010a): Mental health: Target populations: Older (2005–2006)
 - AB 2586 (2006): Sentencing: Veterans: Treatment programs (2005–2006)
 - AB 1542 (2005): Crimes by veterans: Sentencing (2005–2006) vetoed
 - AB 1925 (2010b): Veterans courts (2010) vetoed

AB 2586 (2006) on sentencing: veterans: treatment programs was not included in the data analysis because it was proposed prior to 2008. AB 1542 (2005) on crimes by

veterans: sentencing was not included in the data analysis because it was proposed prior to 2008.

This research was performed at my home office. All documents were collected and saved on my secured home server and then uploaded into QDA Miner. A daily back-up was made on both the server and in QDA Miner, as well as on a flash drive. Each document was then coded with the categories and codes listed in Appendix C. The data were managed by utilizing QDA Miner and a notebook for handwritten notes on discrepancies or inconsistencies.

My initial plan had been to research legislation relevant to the establishment of California VTCs within a limited timeframe of 2011 to 2013. While collecting the documents related to the legislation establishing California VTCs, I encountered many conflicting statements about how VTCs were started in California. What was clear was that the first California VTC was begun in 2008 using PC 1170.9 as the basis of legal standing. Using all legislative history on amendments to PC 1170.9 from the start of California VTCs in 2008 until 2014, which was 2 years after AB 2371 (2012c), made for a more comprehensive view. In my original data collection procedure, I had planned to include AB 2371 because that bill that was most closely related to the initiation of the California VTCs and the mental health and treatment aspect of the court. I found, in my document search, that the California VTCs were started in 2008 using the support of PC 1170.9. Since 2008, several bills have been presented and passed. Therefore, to be most comprehensive, I included all documents on all the bills from 2008 through 2014, with the exception of those that were vetoed.

AB 2371 (2012c) was chosen as the critical amendment to PC 1170.9 because to its focus on treatment, coupled with changes to veterans' sentencing and criminal record. In addition, after a thorough search of PC 1170.9 legislation on Google, I found two bills in which a military diversion program was mentioned. Upon that discovery, I revisited all the websites on which I had originally found useful information and added the keywords of *military diversion* to my search of all the related documents. I also added these keywords to a search of legislation background on the one bill relative to military diversion that was passed—SB 1227 (2014e). Inclusion of SB 1227 expanded my data collection to be comprehensive of all amendments to PC 1170.9 since the first California VTC was started in 2008. By using all of the above sources, my review was inclusive of PC 1170.9, AB 2371, and the amendments. Because policy change analysis is conducted usually over a 10-year period or longer (Dunn, 2012), the dates of the documents were 7 years after the first California VTC began.

In 2008, Orange County, California, established courts to handle the needs of military and veterans; however, "California has no particular authorizing statute for veterans courts, but does restrict special consideration of prior military service in the criminal sentencing process to combat veterans only" (Hawkins, 2009, p. 563). The unusual but easily rectified circumstance I encountered in the data collection process involved the variations to amendment of PC 1170.9 and what sections of the penal code enabled VTCs to be started. My response to this circumstance was to be as comprehensive as possible and include all amendments to PC 1170.9 in my data analysis. Researchers should show objectivity and sensitivity so that significant things can be

identified (McBeth, Shanahan, Arnell, & Hathaway, 2007). Therefore, to ensure there was no biased selectivity and that there was no indication of having selected too few documents relating to California legislation on VTCs, all the amendments to PC 1170.9 were included with all the documents reviewed and analyzed, along with AB 2371.

In addition to the original bills, amendments, codes, it was imperative that the document sources included the interest groups, consulting firms, and advocacy agencies to ensure that opinions, law reviews, and opposition to the legislation received equal consideration and representation in the results. Because this study was focused on legislation in a single state and involved a state-specific document search, national organizations that had views of VTCs were not included unless California was mentioned. The list of all the documents used in coding is provided in Appendix B.

Data Analysis

The codes and code counts relevant to data analysis in this study are shown in Table 2. Coding was performed on the documents listed in Appendix B. Codes related to social construction theory included burden, benefits, disfavored, advantaged, interest, and needs. After coding 20 of the 119 documents, coding was refined and expanded to reflect emerging coding themes. The coding procedure was completed by importing all the documents into QDA Miner. A complete review and reading of each document was necessary to inform on coding for keywords and for themes within the narratives of the documents. The process of coding in QDA Miner included reviewing and analyzing each coded word, phrase, section, and/or theme as it related to the research theories.

I continually checked and rechecked the document codes and concepts and using a continuous iterative process. Similarities, differences, and general patterns were identified using a continuous iterative coding process. Codes were clustered into substantive categories and new categories, if suggested by new data, filled in under developed categories and narrowed excess ones. The three categories used as parent codes were population, social construction, and court. Document analysis supports theory building and triangulation by searching for a collecting complementary data (Bowen, 2009). Document analysis is a process in which data are examined, reviewed, interpreted, and evaluated. Performing the document analysis process allows the researcher to uncover meanings, gain understanding and develop fact-based knowledge (Saldaña, 2015).

During the process of importing the documents and again during coding, I established the standard of using the legislative documents. I discovered versions of the legislation were duplicative of the initial bill and of the amendments. These versions were not included in the coding or analyses. In addition, legislation coding for proponents of the legislation were not coded more than once, although they were mentioned in each amendment, such as the advocacy group Prisoners with Children.

All the data were carefully reviewed and coded through category construction. Predefined codes and the themes they generate integrate data collected by different methods (Bowen, 2009). After coding was completed and additional codes emerged, the coding was connected and themes were identified. In the coded documents, I discovered evidence of the lack of accountability or refusal of data collection. For example, the

legislation on SB 1258 (2012b) regarding veterans and monitoring outcomes for veterans required that the VA “establish a system for monitoring outcomes for veterans including employment and employment-related earnings, incidence of suicide, higher education, and involvement with the child welfare system and with the criminal justice system” (para. 1).

As Schneider and Ingram (2005) suggested, different motivations and accountability concerns can affect the legislative arena. The code of *veterans + treatment + family* appeared 73 times, which was the second highest count of all codes. However, after review of this code in the cases/documents, I discovered the code was mentioned 56 times in one document—the vet center field hearing (see Table 2). Vet centers have services for children and families and they do receive referrals from the VTC; however, the legislation or policy on the inclusion of family with the veterans in the VTC was not mentioned in the cases.

Table 2

Coding for Veterans + Treatment + Family or Families

Document type	Document	Code: Veterans + treatment + family
Law review	<i>Military Law Review</i>	10
Legislation	AB 674 hearing	1
Newsletter	<i>National Association of Social Workers Newsletter</i>	1
Advocacy report	<i>Advocacy Report – Center for Veterans Advancement</i>	1
Newsletter	<i>CalVet Newsletter</i>	3
Law journal	<i>Journal of Law Policy</i>	1
Vet center field hearing	Vet center field hearing	56

Another high-count code (70) was *veteran + family*. This code was noted in 17 cases or documents. The documents in which this code appeared included five legislative documents, four news articles, seven websites, and one student thesis. These instances did not include the code of treatment, with the exception of the vet center field hearing and the *Military Law Review* article. This high-count code exemplified the unnoticeable specific reference to veterans' children or families as a part of treatment or of the VTC or indication that veterans' children or families were a priority along with the veteran or that they served their country just as the veteran did.

The code of *child* or *children* was found in the documents 59 times in 24 cases or documents, including in California AB 2234 (2010a), AB 2371 (2012c), and AB 674 (2014c). This frequency confirms that children are perceived as sufficiently relevant to

mention, but not powerful enough to be included as needing treatment or being at risk for undesired outcomes. Children's social construction power carried less weight than needed to be represented, as shown in AB 2371, which would require accountability through outcomes measurement in VA programs. Accountability and data collection could serve as evidence for the represented groups in California VTCs, not only with outcomes, but also with this population.

In those three coding case reviews, I found that the documents mentioned family or children as being affected by the veteran's health. For example, the documents stated that the veteran warned his wife and children to stay away from him; veteran experienced abuse as a child; children of veterans can be affected by PTSD; children can act violent, sad, or anxious with PTSD parent; and children can have nightmares. These examples are not offered as indicators of a connection made in the policy or legislation to include the family in treatment; they are indicators that children and families are affected by the veteran's mental health.

Other frequencies in the cases of veteran with treatment with family or child/children involved references to custody of children, child support, and benefits available to children and family from the Veterans Service Office or CalVet. Again, these frequencies are not an indicator of inclusion of the family in the legislation or even a stakeholder. These frequencies are merely mentions of the family as an attachment of the veteran.

The questions of why policy issues that remain static for many years suddenly become dynamic is answered by a study of the strategic nature of policy narratives and

integrating narrative policy analysis into traditional policy change theory (Dunn, 2012). Previous studies are often not indicated, even though they are a source of data organized into major themes and categories and case examples in document analysis (Bowen, 2009). Amendments to the legislation described earlier in this chapter were coded with the original legislation and the amendments to each legislation. During coding, no similarities or difference in patterns were noticed. While coding, causation and correspondence of results from an event were also not noticed.

Specific codes that emerged from the data review included several descriptions of cost. Examples included no cost ($f = 1$), cost pressure ($f = 3$), treatment costs ($f = 42$), low costs ($f = 9$), and cost effective ($f = 26$). All coding of cases related to these cost references were associated with the veteran only and were inclusive of costs to provide services, incarceration costs, forms cost, cost to the court, and treatment costs. None of the instances included references to the veteran's family or children.

AB 2234 (2010a) included a discussion of the fiscal effect of the bill, noting the ongoing pressure of Prop 63 funds and mentions throughout that costs of treatment. Conversely, AB 674 (2010c) stated that the bill would have a "minor effect on court-related and local program costs" (p.2) and "significant reimbursable costs" (p.1). SB 1110 (2014d) stated the bill would trigger "negligible administrative court cost" (p. D). SB 1227 (2014e) stated the bill would trigger "minor increase in state trial costs" (p.2). Frequencies of various codes that refer to cost are shown in Figure 2.

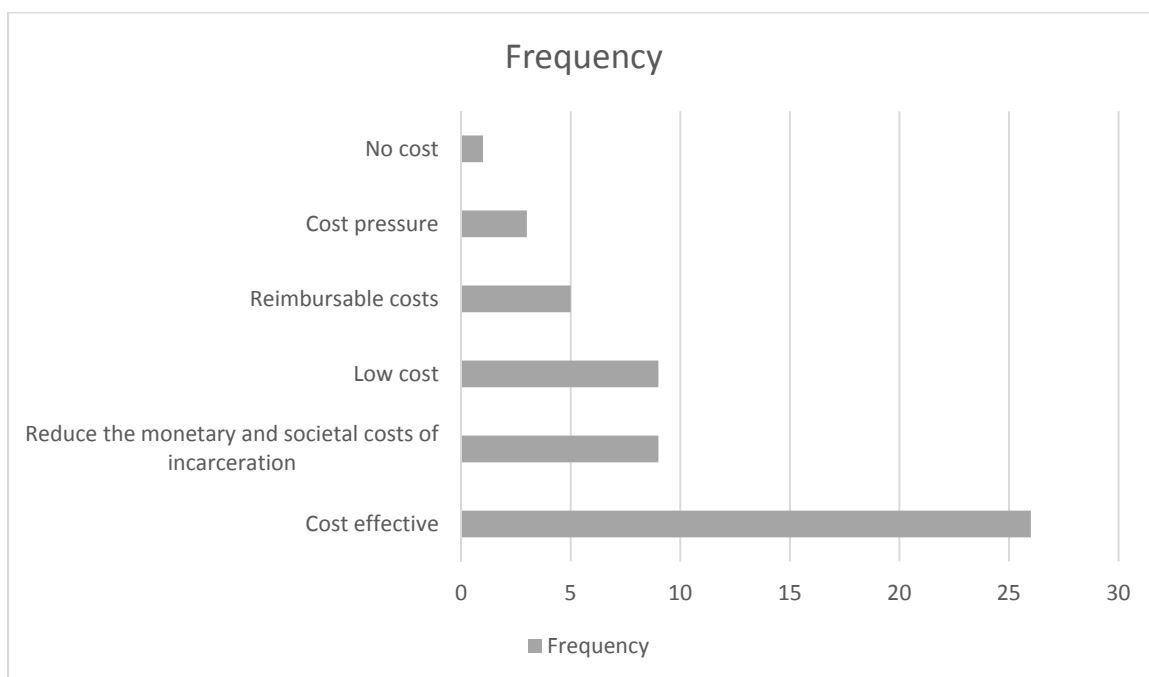


Figure 2. Frequency of instances of cost.

The process used to move inductively from coded units to larger representations by looking at categories and themes proved problematic. It was not completely possible to specifically and separately confine the themes as they related to the theory of social construction of family and children. The reason for this difficulty is that this relationship was not factored into the discussion of the legislation.

Evidence of Trustworthiness

Qualitative research is linked to the trustworthiness of the findings that materialize from the data and not the researcher's own partialities. Credibility, dependability, and transferability are all aspects of trustworthiness. The credibility of the study was enhanced by using a variety of documents and choosing the best method for

deciding on the amount of data, dates of the documents, and collection method, as described in the Data Collection section (Lietz & Zayas, 2010). The time period and keywords chosen improved the credibility. The measuring unit selected must be the most appropriate, as well as the inclusion and exclusion of documents (Graneheim, 2004). I chose to use QDA Miner as the measuring unit to supplement my reading, coding, and analysis of each document. Credibility was also addressed in the triangulation of data across multiple sources. The documents were collected from many different sources with multiple methods of searching. This method of data collection contributed to greater trustworthiness of the findings.

Transferability and dependability were addressed in the study by detailing the specifications according to which the research study was conducted and concise explanations of the processes of the document search and the coding of each document, as described in chapter 3. A comprehensive presentation of the findings throughout this chapter, as well as particularly in the Results section, inclusive of quotations, make the data trustworthy. These elements of the study and the report of the study allow the reader to decide if the findings can be transferred or replaced to another and alternative content (Graneheim, 2004). The most probable interpretation is the most trustworthy in qualitative research (Bowen, 2009).

Data change over time, as do researchers' decisions (Bowen, 2009). All documents were queried the same way, and new insights evolved during the process. There were no divergences of content during the document review. Confirmability was managed by the researcher by means of explanation of the reasons for the specific

selection of documents and the precise description and reasoning for the codes used during the research study.

Results

The results of this research are presented by answering each research question upon which the study was based. Frequencies for all data and all codes are shown in Table 3. The central research question asked what the decision-making process was that resulted in the exclusion of families in AB 2371, legislation on California VTCs. This question was considered by addressing the following questions first.

Question 1. What was the legislative decision-making process related to the exclusion of families in AB 2371, legislation on California VTCs, and how was that process affected by social construction of the purposes of the legislation?

Question 2. How did social construction theory inform policy decisions related to California VTC legislation?

Question 3. What are the indicators of policy gaps between the intent and implementation of California VTC legislation relative to exclusion of families and children?

After providing data to respond to these questions, a recommendation was made as to how the California Veterans Treatment Court legislation be amended to fill any gaps that exist.

Table 3

Frequency of Data and Codes

Category	Code	Count	% Codes
Social construction	Interests	127	19.10
Social construction	Needs	70	10.50
Social construction	Treatment cost	42	6.30
Social construction	Needs treatment	36	5.40
Social construction	Cost effective	26	3.90
Social construction	Burden	18	2.70
Social construction	Advantaged	14	2.10
Social construction	Reduce the monetary and societal costs of incarceration	9	1.40
Social construction	Low cost	9	1.40
Social construction	Benefits (other than VA benefits)	6	0.90
Social construction	Reimbursable costs	5	0.80
Social construction	Disfavored	4	0.60
Social construction	Welfare (other than Welfare code)	4	0.60
Social construction	Cost pressure	3	0.50
Social construction	Assist	2	0.30
Social construction	Neglected to involve family in treatment and VTC	2	0.30
Social construction	Needs overlooked	2	0.30
Social construction	No cost	1	0.20%
Social construction	Family impact + veteran	1	0.20%
Social construction	Disadvantaged	0	0
Social construction	Underprivileged	0	0
Veterans + family	Veteran + treatment + family	73	11.00
Veterans + family	Veteran + family	70	10.50
Veterans + family	Child or children	59	8.90
Veterans + family	Family or families	23	3.50
Veterans + family	Parent	16	2.40
Veterans + family	Military + family	10	1.50

(table continues)

Category	Code	Count	% Codes
Veterans + family	Veteran + treatment + child or children	3	0.50
Veterans + family	Veteran + dependent	1	0.20
Veterans + family	Veteran + children	1	0.20
Veterans + family	AB 2371 + child	1	0.20
Veterans + family	Dependent	0	0
Veterans + family	Family services	0	0
Veterans + family	Child welfare	0	0
Veterans + family	Youth	0	0
Veterans + family	Military + dependent	0	0
Veterans + family	Military + child	0	0
VTC + diversion	VTC + family	14	2.10
VTC + diversion	Military + diversion + family	5	0.80
VTC + diversion	Military + child + diversion	4	0.60
VTC + diversion	Family not addressed + VTC	2	0.30
VTC + diversion	VTC + child or children	1	0.20
VTC + diversion	VTC + burden	0	0

To answer the central research question, “Was the legislative decision-making process related to the exclusion of families in AB 2371 process affected by social construction of the purposes of the legislation?” I conducted a review of the all three of the coding categories of social construction involving veterans: *Family + VTC + diversion*. The emergent central theme in the coded documents was the evident omission of children and families relative to treatment and services in the legislation, the hearings, and the advocacy reports. This omission resulted in the inability to detect this population as represented at all. The coding illustrates this population are not contenders and do not have ample political power (Schneider & Ingram, 2005). It is apparent that the stereotype and public perception of this population is perceived similarly to the way some other

unrepresented groups sometimes are in legislation. Likewise, children and families of veterans are not deemed problematic.

During coding, I noted that in the document collection phase, organizational support was also lacking in any legislation or from any agency for the needs and rights of the family in the VTC. For example, I could not find any state or national advocacy groups that were in favor of the inclusion of treatment for children and families in the VTC. Table 3 reflects the prominent lack of codes for dependents, youth, family services, child welfare, and military with child, all having a frequency of 0. This lack of presence speaks to the disconnect between policy and social science. Schneider and Ingram (2005) pointed out that dependents' needs are not on the forefront of the policy makers' minds; instead, children are regarded as a population that should be taken care of by nonprofits and local governments. The lack of power that families of veterans have may account for the lack of presence reflected in codes in this study, although mainstream public opinion agrees that they are deserving morally.

Also worth noting is the 2010 advocacy report from the Center for Veterans Advancement. This report mentions California VTCs and legislation, but there was no advocacy on children and families in relation to treatment or court matters other than child support and child custody (Center for Veterans Advancement, 2010). Policy change analysis must be conducted over a 10-year period or more, and reviewing advocacy coalitions and their narratives on policy at large and sustainable core policy beliefs should also be analyzed (Dunn, 2010). However, if the treatment system and the family advocacy groups do not mention this need for policy change, the research on family

treatment will continue to be a gap, unrecognized by those that making these policy amendments.

While coding Jones's (2013) document, it became apparent that veterans' trauma drastically affected the family. Jones (2013) noted, "Porter's family testified on appeal that they had resorted to hiding the knives in the family home to prevent him from climbing his bedroom walls with them during his nighttime terrors" (p. 307). This testimony indicates that not only was the veteran affected by the trauma, but also the veteran's family was affected, yet there is no mention of the treatment needs of the family or the legal or legislation needs of the family in the article. Articles published in the *Special Issue on Juvenile Drug Treatment Courts* (n.d.) on VTCs revealed that cases heard in juvenile drug court repeatedly referenced the need for family to be involved in the court process and treatment process to enable the juvenile to receive family-based services. There is no mention of the need to engage the family members in the juvenile's success in the treatment court to achieve the best long-term outcomes (National Drug Court Institute, n.d.).

Families and children of veterans are contenders and dependent on the long-term success of veterans' treatment in VTCs, but neither families nor children are mentioned in terms of the VTC. If these families were contenders in the legislative process, this would change the policy process to require the VTCs to include this targeted population that has been identified in research and in veteran and family advocacy groups as warranting inclusion (Schneider & Ingram, 2005). Families and children of veteran have been marginalized (Schneider & Ingram, 2005). The political opinion of that group either

was not topical in the legislative process or the political influence on VTCs did not want to draw attention to this group and persuade policy makers to include them in the legislation (Schneider & Ingram, 2005).

The frequency pattern of codes relating to social construction is shown in Figure 3. This figure shows the frequency count for each value of the code category, in addition to the percentage of the count over all cases. The count percentage is the percent of coding associated with the exact code. The case percentage is the percent of documents, containing that specific code. The cases are the number of cases, or documents, in which that code appears (Provalis Research, 2016).

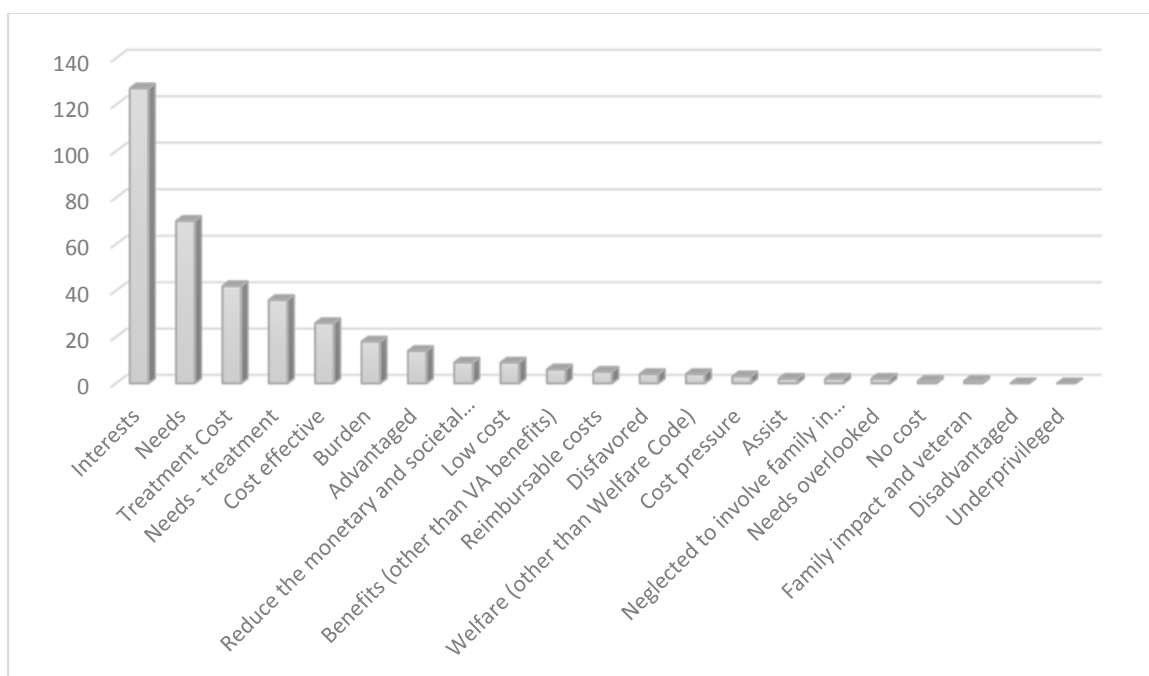


Figure 3. Frequency of codes related to social construction theory.

Question 1: How did social construction theory inform policy decisions related to California VTC legislation?

Question 1 was answered using coding guided by social construction theory (Schneider & Ingram, 2005). All the documents relating to PC 1170.9, inclusive of AB 2371 and VTCs during the time period from 2008 until 2014 were reviewed. The frequencies of codes used to answer this question are shown in Table 4.

Table 4

Social Construction Counts and Frequencies

Category	Code	Count	% Codes	Cases	% Cases
Social construction	Interests	127	19.10	47	31.10
Social construction	Needs	70	10.50	28	18.50
Social construction	Treatment cost	42	6.30	17	11.30
Social construction	Needs treatment	36	5.40	15	9.90
Social construction	Cost effective	26	3.90	8	5.30
Social construction	Burden	18	2.70	9	6.00
Social construction	Advantaged	14	2.10	12	7.90
Social construction	Reduce the monetary and societal costs of incarceration	9	1.40	5	3.30
Social construction	Low cost	9	1.40	5	3.30
Social construction	Benefits (other than VA benefits)	6	0.90	4	2.60
Social construction	Reimbursable costs	5	0.80	4	2.60
Social construction	Disfavored	4	0.60	4	2.60
Social construction	Welfare (other than welfare code)	4	0.60	3	2.00
Social construction	Cost pressure	3	0.50	2	1.30
Social construction	Assist	2	0.30	2	1.30
Social construction	Neglected to involve family in treatment and treatment court	2	0.30	2	1.30
Social construction	Needs overlooked	2	0.30	1	0.70

(table continues)

Category	Code	Count	% Codes	Cases	% Cases
Social construction	No cost	1	0.20	1	0.70
Social construction	Family impact and veteran	1	0.20	1	0.70
Social construction	Disadvantaged	0	0		
Social construction	Underprivileged	0	0		

Thematic analysis uncovered patterns within the data. As shown in Table 4, that the most commonly coded concept was *interests* ($f = 127$), followed by *veteran + treatment + family* ($f = 73$), *veteran + family* ($f = 70$), *needs* ($f = 70$), *child or children* ($f = 59$), *treatment cost* ($f = 42$), *needs treatment* ($f = 36$), and *cost effective* ($f = 26$). Some examples of coding for *needs* were *needs of the defendant*, *mental health needs*, *treatment needs*, and *needs of our returning veterans*. The theme of *cost effective* was reflected in statements such as *minor effects in program costs*, *potentially significant reimbursable costs*, *provide services at no cost to the participant*, and *negligible administrative court costs*. Coded data on *treatment cost* ($f = 42$) included instances of *potential non-reimbursable local mental health agency costs*, *cost-effective and results-oriented option for misdemeanor offenders whose behavior is the result of military-related trauma*, and *such programs also have been demonstrated to be both more time- and cost-effective than traditional criminal justice procedures*, and *provide mental health treatment services only to the extent that resources are available*. These statements indicate that the policy makers' intent relative to this target group in this legislation may have focused on money and basics for this population.

There were numerous mentions in the cases of *interests* ($f = 127$). However, *interests of justice* was noted only 97 times within these 127 instances, and those

mentions in each bill were in regard to mental health treatment for the veteran. These mentions were related to PC 1170.9, which states, “He or she has demonstrated significant benefit from court-ordered education, treatment, or rehabilitation to clearly show that granting restorative relief pursuant to this subdivision would be in the interest of justice” (California Penal Code, 1976, §(h)(E)). This section of the code is the cause for the high coding for *interests*. Other mentions of *interests* included *interests of community, interests of California citizens to assist veterans, moral obligation to advance the interests of both the veteran and the society he will rejoin, military judges to serve the interests of both the service member and society at large, and interests of all court users –including children and families.*

The least reoccurring codes were *assist (f = 2), family impact (f = 1), needs overlooked (f = 2), neglected to involve family in treatment and court (f = 2), family not addressed with VTC (f = 2), no cost (f = 1), family impact with veteran (f = 1), veteran and dependent (f = 1), veteran children (f=1), AB 2371 + child (f=1), and veterans treatment court + child or children (f = 1)*. The low frequencies for these codes indicate that family needs may not have been considered in the policy-making decision process for the California VTC legislation.

Question 2: What are the indicators of policy gaps between the intent and implementation of California VTC legislation relative to exclusion of families and children?

This question was answered using the normative retrospective approach of Dunn’s (2012) model of application-oriented policy analysis to review what should be

done in an evaluation procedure. The researcher considered whether the current policy “will be optimally efficient because the benefits outweigh the costs” and/or because the legislation was “optimally equitable because those most in need are made better off” in a prospective view (Dunn, 2012, p. 13). In reviewing decision map for the PC 1170.9 in the California courts, the researcher found Dunn’s framework could be used as the basis for the policy argument that answers this research question. As shown in Figure 4, sections (c), (d), (f), and (g) of PC 1170.9 are points within the veterans’ involvement in the VTC at which family engagement is most feasible (Schwartz, n.d.). The policy gaps are demonstrated in the creation and application of the legislation. Therefore, looking at the framework, the map and the policy argument will follow.

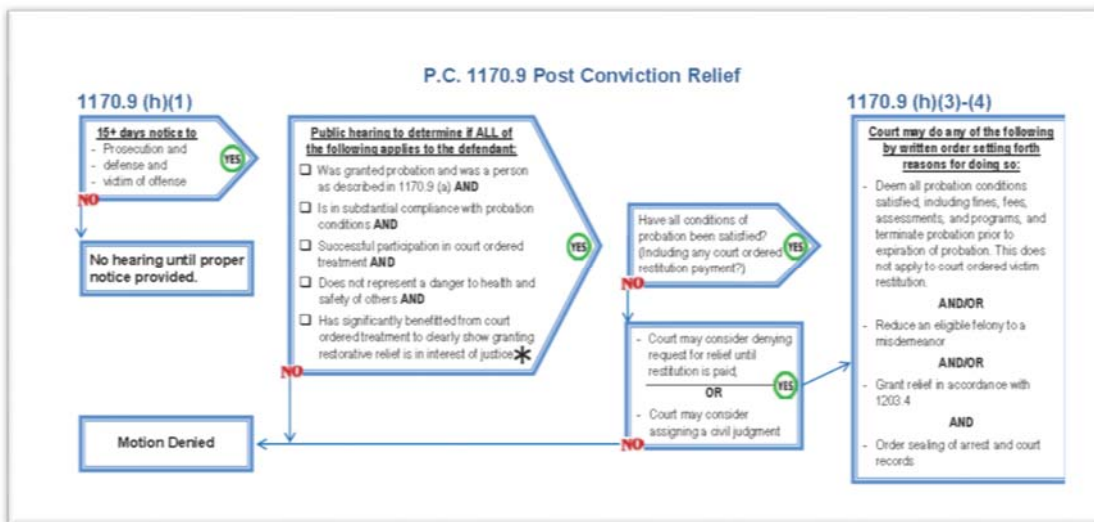
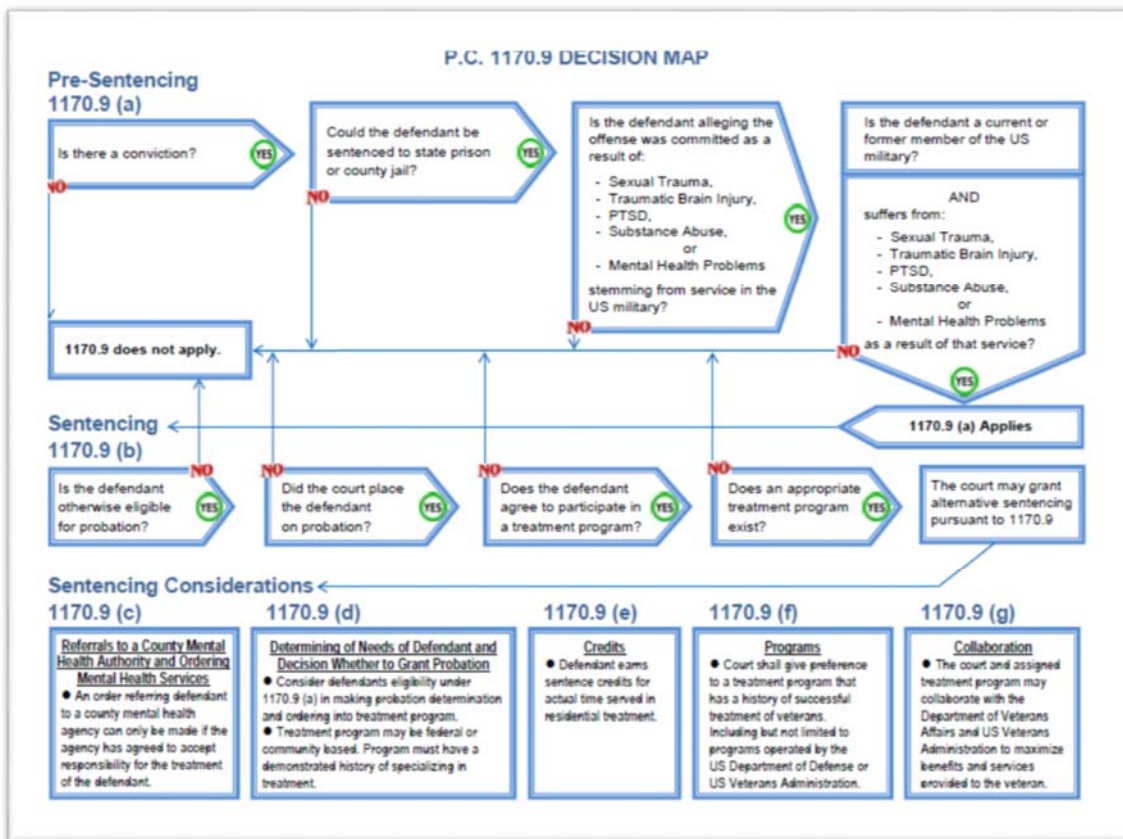
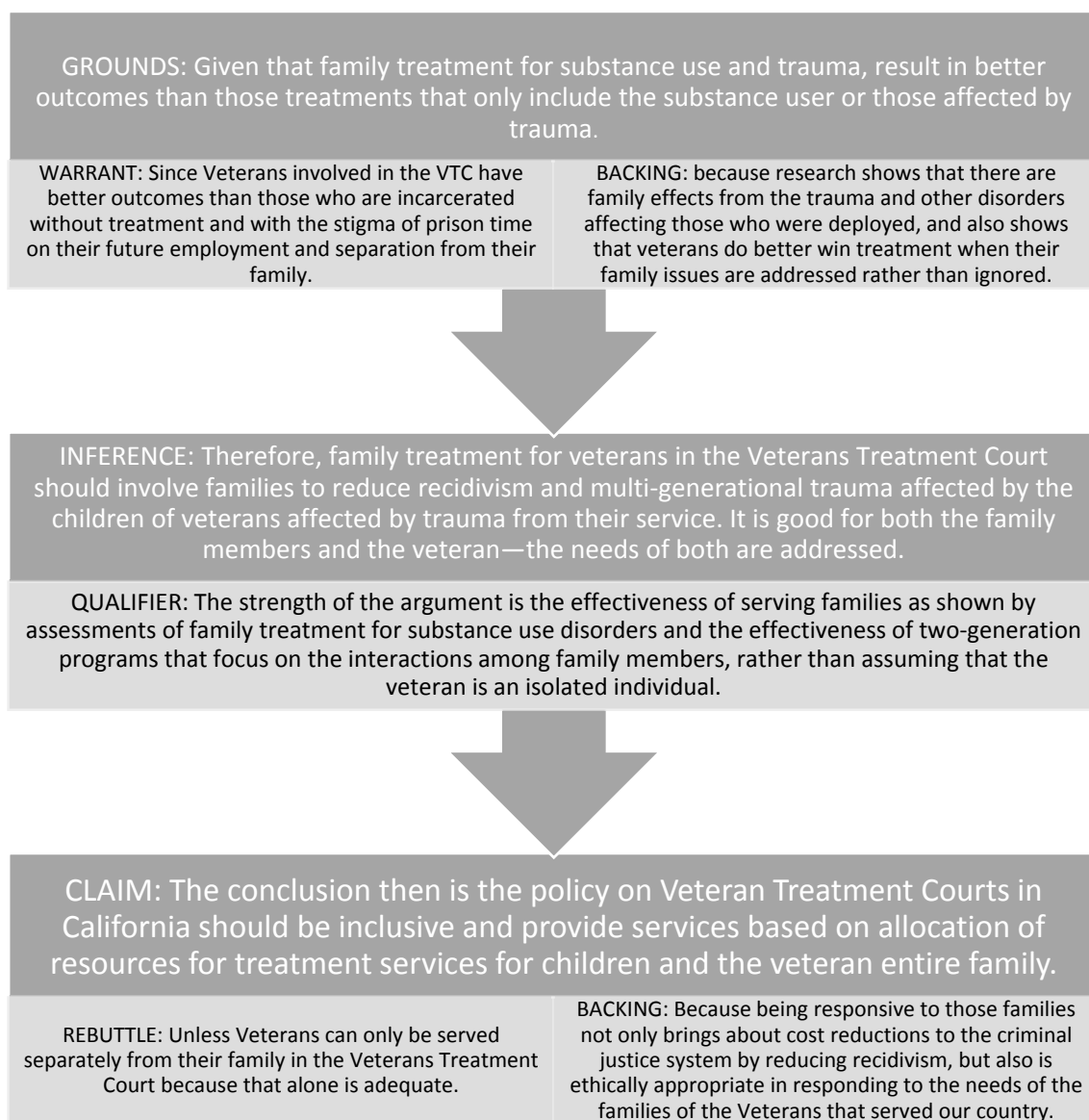


Figure 4. Decision map of PC 1170.9. Justice-Involved Veterans: A Decision Map of Penal Code Section 1170.9, by D. J. Schwartz, n.d., pp. 10–11.

To evaluate the policy actions of the selected documents, evaluation of the policy performance required the use of argumentative analysis. Using Dunn's (2012) model for policy arguments, a policy argument was used to illustrate the policy argument structure of the California legislative policy on children and families of veterans in the VTC. Dunn explained that discrete approaches of argumentation are exercised to validate policy claims. These approaches are ways of reasoning in a policy argument.

The normative approach is value-critical. Its primary question is what is the action that should be done. Whether the decision to exclude children and families is appropriate based on the criterion was viewed through the lens of general welfare in a normative analysis using knowledge from the document analysis in Dunn's (2012) decision analysis approach, as shown in Figure 5.



*Figure 5. Policy arguments. Framework from *Public Policy Analysis*, by W. N. Dunn, 2012, p. 358. Copyright 2012 by Pearson.*

The argument, from a process perspective, needs only to establish that the outcomes of using specific guidelines are superior to those that occur without them and that the perceived improvement is because of using the guidelines (Dunn, 2012).

Observance of accepted methods is not always the most appropriate way to make policy more balanced (Dunn, 2012). Dunn (2012) described this type of policy analysis as application-oriented analysis because it seeks to evaluate the cause and consequences of the policy and reviews the policy outcomes rather than theories. Applying this policy analysis to the document review for this study, I discerned that family and children of veterans are not in the purview of the policy makers or the court system. In *On the Establishment of Veterans Treatment Courts*, the National Drug Court Resource Center (2011) reported there were nine relevant resolutions, none of which mentioned family or children, but did mention economic benefits of treatment to “maximize efficiency and economic resources” (para. 3), which underscore the importance of expedited access to treatment and resources and the need for training and technical assistance. Mikkelson (as cited in Seamone, 2011) noted that family was not only part of discussion, but also part of the intent of the VTC:

describing the “unique” team format “consisting of the veteran and his or her family, the defense attorney and prosecutor, court staff, mental and physical health care professionals, VA staff, peer mentors, and, of course, the judge who orchestrates the entire ensemble.” (Mikkelson, as cited in Seamone, 2011, p. 1).

Analysis of the Vet Center and Veterans Health Administration field hearing documentation revealed a frequency of the *family* code of 121 times regarding veteran treatment, while *children* was coded only three times; there was no mention related to inclusion of family in the PC 1170.9 or the VTC. As a matter of health and treatment, family and children are tangentially mentioned, but their complete exclusion from the

VTC and legislation on PC 1170.9 discussion is not indicative of positive social construction. This omission is another example of a policy gap that has been eliminated in the VTC legislation policy arguments.

Coding related to the population and the courts is shown in Table 5. Of note is the low case/document count ($n = 7$) of the three categories of *veteran + treatment + family*, making the overt exclusion of family from the legislation even more apparent. The indifference and avoidances to include this group (family), although reference to it, is remarkable. Its absence hints that no policy champion for these individuals was available to place this issue on the legislative agenda to secure passage of legislation inclusive of children and families (Schneider & Ingram, 2005). As stated previously, codes for *dependents, youth, family services, child welfare, and military with child* all with a frequency of 0.

Table 5

Coding on Population, Courts, and Family

Parent code/ category	Code	Count	% Codes	Cases	% Cases
VTC + diversion	VTC + family	14	2.10	9	5.90
VTC + diversion	VTC + child or children	1	0.10	1	0.70
VTC + diversion	VTC + burden	0	0	0	0
VTC + diversion	Family not addressed + VTC	2	0.30	1	0.70
VTC + diversion	Military + diversion + family	5	0.70	3	2.00
VTC + diversion	Military + child and diversion	4	0.60	1	0.70
Veterans + family	Child or children	59	8.80	24	15.80
Veterans + family	Military + child	0	0	0	0

(table continues)

Parent code/ category	Code	Count	% Codes	Cases	% Cases
Veterans + family	Military + family	10	1.50	5	3.30
Veterans + family	Military + dependent	0	0	0	0
Veterans + family	Youth	0	0	0	0
Veterans + family	Family services	0	0	0	0
Veterans + family	Child welfare	0	0	0	0
Veterans + family	Family or families	23	3.40	15	9.90
Veterans + family	Parent	16	2.40	9	5.90
Veterans + family	AB 2371 + child	1	0.10	1	0.70
Veterans + family	Dependent	0	0	0	0
Veterans + family	Veteran + treatment + family	73	10.90	7	4.60
Veterans + family	Veteran + treatment + child or children	3	0.40	2	1.30
Veterans + family	Veteran + family	72	10.80	18	11.80
Veterans + family	Veteran + children	1	0.10	1	0.70
Veterans + family	Veteran + dependent	1	0.10	1	0.70

Question 3: How can the California VTC legislation be amended to fill those gaps?

This question was addressed by using the conceptual framework of Dunn's (2012) policy analysis and social construction theory (Schneider & Ingram, 2005). The review of the documents was done by using the authority mode of policy argumentation with reasoning patterns (Dunn, 2012). In addition, coding of the documents using keywords of *VTC* and *families* was performed, which allowed for an analysis of the policy relative to the stakeholders and whether they were included in the policy or the policy decision making (see Figure 5). Figure 5 shows that California VTC legislation could be amended to

fill those gaps by identifying and integrating the family and children into the legislation, rather than mentioning this population and then not integrating them into the legislative policy to gain access to services (Dunn, 2012).

As shown in Figure 5, this is the illustration of argumentation from authority on VTC outcomes and the claim that those outcomes are better for veterans than leaving them incarcerated. The evidence in all the current research on VTC outcomes and all research on veterans with any substance use disorder or mental health disorder who are in prison is that, while the veterans might receive treatment, the veterans' families and children do not receive effective treatment. Family treatment has better outcomes than single-generation treatment with the evidence of treatment outcomes in family outcome versus adult-only treatment. Family treatment addresses the secondary effects of parents' substance abuse and/or PTSD on their children rather than ignoring it as parent-only treatment does. The final evidence in the claim is design of evidence-based two-generation treatment programs.

One method that could have closed this policy gap was proposed legislation by Assemblymember Butler, AB 2611 (2012a). Under AB 2611, VTC would have authorized superior courts to develop and implement veterans courts, with the objective of creation of a dedicated calendar or a locally developed collaborative court-supervised veterans mental health program or system that leads to the placement of as many mentally ill offenders who are veterans, including those with post-traumatic stress disorder, traumatic brain injury, military sexual trauma, substance abuse, or any mental health problem stemming from military service, in

community treatment as is feasible and consistent with public safety. Would have provided that county participation is voluntary. (California Legislative Information, 2012a, p. 1).

AB 2611 (2012a) was vetoed because, as Governor Brown stated, the act would have urged the courts to “maintain information and statistics regarding the success rate,” which could have included the statistics on families and children (California Legislative Information, 2012a, p.7). The governor also stated that “a bill is not necessary” (California Legislative Information, 2012a, p7). This gap is an example of social construction theory in the deservedness of this disadvantaged population to be entitled to access to this court and the benefits provided by this diversion program. Further discussion on how the California VTC legislation might be amended to fill the gaps of the legislation that excluded treatment and services to families and children of veterans is detailed in chapter 5. As discussed previously, additional documents were included in the analysis to allow for a more comprehensive evaluation of the policy, rather than limiting the review to just PC 1170.9 and AB 2371. There were not discrepant cases or nonconforming data.

Summary

This chapter explained the qualitative document analysis process performed utilizing documents directly related to amendments to PC 1170.9, including AB 2371 (2012a), from 4 years prior to the legislation, or 2008, to 2 years following the AB 2371 legislation, or 2014. Documents reviewed for this study are listed in Appendix C. A qualitative analysis on a comprehensive collection of documents regarding California

legislation on VTCs was performed with the purpose of exploring the decision process involved in the policy making of the California VTC legislation through the theoretical lenses of Dunn (2012) and Schneider and Ingram's (2005) social construction of target population theory.

The analysis was performed with predetermined codes according to the research methodology explained in chapter 3 to answer the central research question of what was the decision-making process that resulted in the exclusion of families in AB 2371, legislation on California VTCs, and how was that process affected by social construction of the purposes of the legislation.

The main findings of the study were that children and families were not shown to be a part of the legislation inclusive of all documents relating to amendments to PC 1170.9. All mention of families as this population related to treatment needs or costs of treatment for the veteran and family was excluded from the legislation and the other articles and media. Finally, the discovery of several amendments relating to VTCs and to PC 1170.9 allowed a broader range of materials to be included as a part of the coded documents. However, these documents mentioned only treatment, the court system, and the needs of the veteran themselves—not the family or the children. An in-depth discussion of the results, along with the limitations of the study, implications, and suggested future research, is provided in chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of the study was to explore the decision process for the policy making involved in the California VTC legislation through the theoretical lenses of Dunn's (2012) integrated policy framework and Schneider and Ingram's (2005) social construction of target population theory. The decisions that led to the exclusion of treatment for family members reflected in PC 1170.9 and legislative amendments to this code, including AB 2371(h)(1), "which provides restorative relief to a veteran defendant who acquires a criminal record due to a mental disorder stemming from military service" (California Legislative Information, 2012c).

Applying the policy analysis methodology established by Dunn (2012), I investigated the policy formulation of the California VTC legislation, specifically as it relates to the legislative inclusion or exclusion of treatment for families of veterans affected by trauma. The stakeholders and their valuations were reviewed to address this policy issue and construct this background. I found descriptive evaluation coding to be a valuable data analysis method for assessing how and whether family members affected by VTCs were taken into account in the legislative process.

To address my research question, I sought to better understand the policy makers decisions made from the start of California VTCs in 2008 until 2014, which was 2 years after AB 2371 (2012c) was passed and related to the policy on the response of VTCs to the needs of veterans' children and their families. I undertook this investigation because of research that indicates that when troops come home from multiple deployments with

PTSD accompanied by substance abuse issues, these issues affect veterans' families as well as the veterans themselves (Wadsworth et al., 2013).

The theoretical framework used in this study was Schneider and Ingram's (2005) theory of social construction of target populations, which generally states that effective policy administration necessitates focusing on the relevant communities' own interests while also recognizing the interests of others. Using Dunn's (2012) established policy analysis protocol as well as the systematic coding of documents on the history of this legislation, my research focused on the exploration of the decision process for the policy making of the California VTC legislation leading to the exclusion of treatment and basic needs services of children and the families of veterans.

The first research question of the study was why and how the decision-making process resulted in the exclusion of families in the legislation on California VTCs, including how that process was affected by social construction of the purposes of the legislation. Findings from my review of the documents on the legislation indicate that policies on California VTCs were not aimed at veterans' families. As a result of the legislation excluding veterans' families, benefits and opportunities for family members remained absent from the decision-making process and the proposed legislation (Schneider & Ingram, 2005).

The second question that was addressed was how social construction informed policy decisions related to California VTC legislation. In analyzing documents, I concluded that the political power of families and children of veterans was weak or, at most times, nonexistent. It appears that the policy makers did not give consideration to

the social construction, neither positive nor negative, of the importance of veterans' family members beyond the needs of the veterans themselves (Schneider & Ingram, 2005).

The third question addressed in the study concentrated on the indicators of policy gaps between the intent and implementation of California VTC legislation and its exclusion of families and children. Accordingly, Dunn's (2012) decision theoretical evaluation of the stakeholders involved with the policy process was used to answer this question. In reviewing and coding the documents from 2008-2014 relating to PC 1170.9 and the California legislation on VTCs, stakeholder identification was limited; my central focus was on veterans and the justice system.

There was no identification of specific elements of outcomes or discussion of the intended or unintended beneficiaries beyond the veteran, ignoring the presence of children in 43% of the VTC caseload (Clark, McGuire, & Blue-Howells, 2014). Clark et al. (2014) mentioned that the VTCs utilize an array of services available to children, but those services do not include outcomes, only the ability to access the services in their communities, and cited use of VA services. Clark et al. emphasized the service needs of parents with minor children in the VTC, drawing attention to this population as having a higher percentage that "(1) served in Iraq, (2) received fire in a combat zone, and (3) been diagnosed with military-related PTSD, in comparison to veterans with no minor children" (National Council of Juvenile and Family Court Judges, 2015, p. 2).

Plausible futures are described by Dunn (2012) as a policy projection on the foundation of expectations about causality regarding nature and society. According to

theoretical forecasting, if one event happens, another will result (Dunn, 2012). Fusing theoretical forecasting with the literature on intergenerational trauma of children of veterans with PTSD (see CITE) provided me with a clear indication of the policy gap in the intent of the legislation and process of the California VTCs. Theoretical forecasting can also be used to identify the proper theoretical framework, such as Schneider and Ingram's (2005) social construction, to provide better assessments of imminent social conditions already predicted by theory (Dunn, 2012, p. 147). For the 38% of veterans with families who are in the VTC, the single-veteran construction of client definition created a policy gap that ignored social conditions that were part of the policy issue (Clark et al., 2014).

The final question addressed by this study was how can the California VTC legislation be amended to fill those gaps. Dunn's (2012) method of problem solving was applied to answer questions on policy causation and optimization (p. 67). This method of problem solving must be inclusive of higher and lower level dimensions of the policy, with problem resolution achieved by completing reanalysis of an appropriately designed, well-structured policy problem to reduce oversights of key issues (Dunn, 2012, p. 69). Therefore, the policy problem was the gap in the California VTC and in PC 1170.9 concerning families and children of veterans. A basic policy analysis using Dunn's (2012) framework of problem solving and retrospective policy analysis is represented in Figure 6. This figure is informed by my knowledge of the framework, the document review and analysis performed in this study, and the literature gathered for the research.

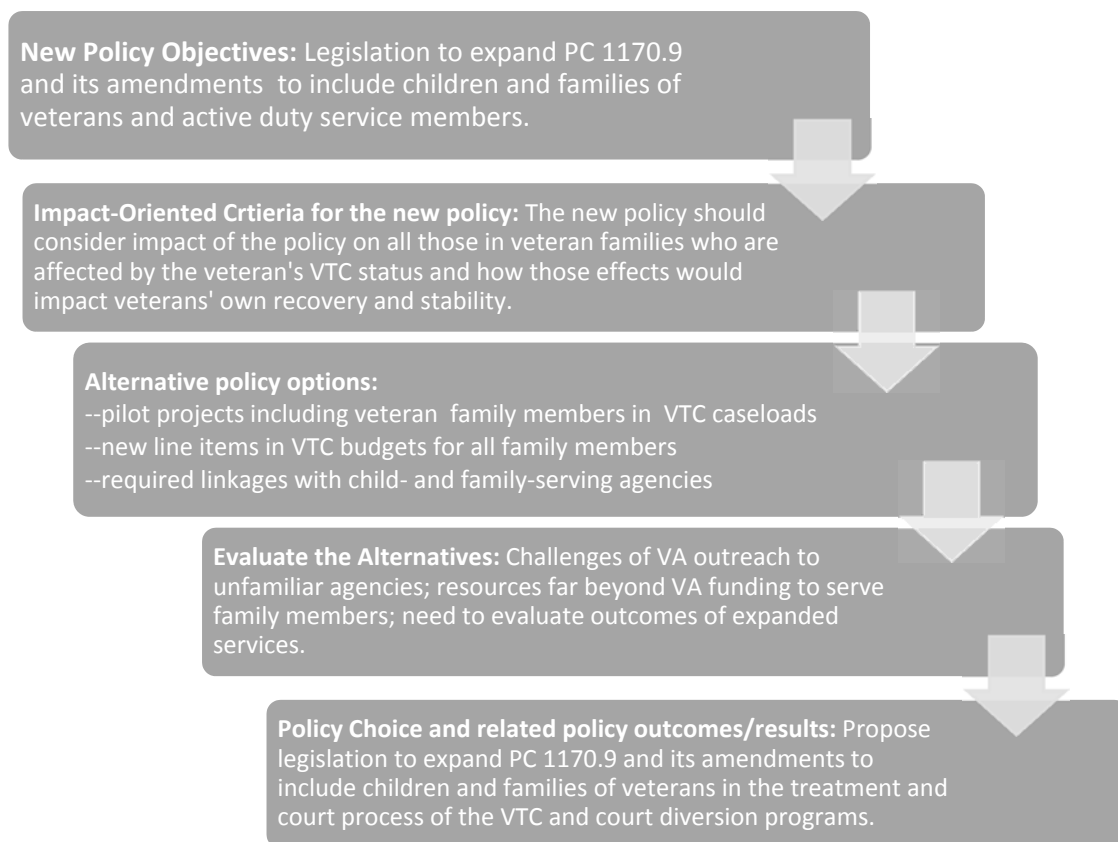


Figure 6. Policy problem. Framework from *Public Policy Analysis*, by W. N. Dunn, 2012, p. 11. Copyright 2012 by Pearson.

Interpretation of the Findings

Chapter 4 included findings that indicate the absence of consideration of family impact in the California legislation, the abundant literature on family effects of veterans' trauma, and a negative construction of the veteran as a client without a family. The findings of the study illustrate that the policy makers were either unaware of the effects of trauma on this population (Gregory et al., 2007) or were unwilling to give substantive legislative consideration of this population, regardless of the outcomes. Also noted in chapter 4 was that intergenerational trauma has a serious impact on these children, with

the “lowest levels of family functioning . . . reported by children of veterans with PTSD” (Dekel & Goldblatt, 2008, p. 283). The findings of the study of the legislative enactments indicate these effects on the children were not part of the policy-making process.

The findings of this study confirmed that the effects of deployment on children and families were not addressed in the California legislation regarding VTCs. In addition, these findings confirmed that the legislators who participated in drafting and amending the California legislation on VTCs did not bring into the discussions any review of veteran family members’ treatment needs. None of the recent treatment research on the direct effects of veterans’ trauma on the family appeared in any of the materials reviewed on VTC policy.

These findings can extend the knowledge base by widening the policy lens in veteran policy making to include treatment of children and families of veterans when the entire family’s needs are taken into account. The task then becomes one of educating the legislative bodies and advocacy groups that create and support treatment and other services for veterans beyond VTCs. There is a need for all who are involved in development of legislation to understand the immediate and long-term impact that is created by excluding families from consideration of policies affecting veterans.

Literature reviewed for this study revealed that increases in domestic violence and child maltreatment rates are related to increased rates of mental health problems among active duty servicemen and servicewomen (Tanielian & Jaycox, 2008; DOD, 2010). Despite the literature on VTCs that demonstrates a significantly high percentage of veterans in the VTCs have PTSD (Jones, 2013), problems with alcohol abuse (Saxon,

2001), problems with drug abuse (Jones, 2013), and mental health problems (Saxon, 2001), child maltreatment was not mentioned in the policy process. Findings of this study illustrate that these problems were present at the time the legislation-making process was underway, but there was no assessment of their potential family impact in the legislation-making process.

The findings of this study support the assumption made at the outset of the research that children of veterans have been excluded from the same health and wellbeing benefits as children of active duty service members by legislative inaction. Children were not represented in the content of the policy and in the policy-making process because of their lack of influence and virtual invisibility as a population in the legislation (Schneider & Ingram, 2005). Due to their lack of policy visibility and their lack of representation, discussion of the need for including them as intended beneficiaries in the policy debate was not evident.

This study did not discover any rationale for excluding families from services in the VTC because the implicit lack of mentioning this population eliminated families from any of the discussions about the needs of veterans or the requirements in the VTCs. Because this population was not even established as a target group of any kind, it is difficult to conclude that there were any specific policy directives to ignore this group (Schneider & Ingram, 2005). The group was simply never considered as part of the problem that VTCs were intended to correct.

Without any voice included in legislation or the ability for children and families of veterans to participate in the political policy making, it is possible to conclude that a

negative identity of this group was assumed (Schneider & Ingram, 2005). Social advocacy groups would have likely made a positive impact on social change if these groups had aligned themselves with the values of fairness and justice for the families and children of veterans who served our country (Schneider & Ingram, 2005). Joining Forces and the National Military Family Association (n.d.) have large advocacy coalitions and lobbyists, but they focus on active duty military, not the children and families of veterans (Davis, Blaschke, & Stafford, 2012). None of the dozens of advocacy groups for child and family issues evident as stakeholders appear to have been present at any point in the process of considering VTC benefits and services. Justice and fairness of children and families of veterans should be taken into account if there is the belief that “civil society is on the one hand working to positively influence politics, there is also collaboration between political and civil organizations in running those programs” (Nosko & Szeger, 2013, para. 10).

Applying Dunn’s (2012) framework to the policy while conducting qualitative research on policy process underscores the fact that the initial legislation and its drafters did not consider intended target groups because families were not included in the amendments to PC 1170.9. Clearly, the resources for these amendments were intended to enhance the impact on veterans only and ignored the family component completely (Dunn, 2012). The five steps of value clarification are essential in practice implications to identify the stakeholders, objectives, and the use of social scientists and their research for evidence-based policy making (Dunn, 2012). An impact assessment of the policy change to include children and families in the VTC could be part of the policy prescription

process, resulting in this policy amendment being monitored and evaluated for effectiveness, efficiency, adequacy, equity, appropriateness, and responsiveness (Dunn, 2012), but these stages of policy analysis were clearly not undertaken in the legislative process for VTCs.

Policy makers and policy analysts may lack an understanding of the relationships between the policy, the policy outcomes, and the value of the outcomes to be assessed (Dunn, 2012). By assessing the wide-ranging social impacts of a policy using social auditing, the policy makers could have assessed the degree that the outcomes, not only the processes, set by the legislation were being accomplished (Dunn, 2012). As Dunn (2012) noted, “Social auditing helps determine whether policy outcomes are the consequences of inadequate policy inputs or a result of process that divert resources or services from intended target groups and beneficiaries” (p. 263). The point that needs to be emphasized is that children and family factors were not rejected as irrelevant in the VTC policy process. They were simply never considered as part of the problem addressed by the legislation: the reintegration of the veteran into the society that he or she served while in the military.

The coding and my analysis do not conclusively answer the question of why this omission of children and families from the California VTC legislation occurred. One can speculate based on the literature in the field and based on personal experience in this field, but the data reveal only the omission, not the reasons for it. From the literature and in review of the coded documents, I propose three reasons for the omission of family members from the VTC legislation: (a) the fragmented nature of the categorical funding

system in the United States as a whole and the individual states; (b) the preoccupation of veterans affairs professionals and legislators in this field with veterans alone as a focus of their efforts, which would inevitably be complicated by adding family members to the policy; and (c) the reality that that data could show only a large minority of recent veterans actually have families (Sabatier & Weible, 2014).

On the first of these points, the review of a considerable volume of material on children's policy, concluded that there is a tendency to provide services to either adults or to children, but much less frequently in a format that has been labeled "two-generation policy" (King, Coffey & Smith, 2014, p. 8). An extensive review of literature revealed the growth of categorical programs, which at one point numbered as many as 800 distinct programs in the domestic policy arena of the U.S. at the federal level (Edelstein, Hahn, Isaacs, Steele, & Steuerle, 2016). Federal policy has viewed this excess as a noticeably American tendency growing out of the philosophy of "we see a problem, we invent a program, and we move on to the next problem." Services integration literature of the 1970s and 1980s reviewed this tendency in considerable depth, concluding that it was far more difficult and atypical for programs to seek to rationalize and integrate prior categorical programs than to simply initiate a new one (Agranoff, 1991). Therefore, fragmented policy resulted in which the problem perceived to affect a single type of client led to development of a program designed for that client alone.

This tendency seems to have affected the policy making for VTCs in that the veteran was the solitary focus. Families were acknowledged to exist, but never became the focus of policy. No apparent consideration was given to the literature on trauma and

substance use disorders that document the widespread direct and indirect effects on family members and the higher likelihood that family members will develop similar disorders (Sayers, Farrow, Ross, & Oslin, 2009).

To fully account for families, three features of the policy design would have been necessary: (a) identification of children and family members as proper objects of the policy, (b) assessment of the needs of those family members as a required feature of the policy, and (c) providing services that respond to that need in recognition of the effects of a veteran's being in court and the conditions that led to that status as those effects touched the lives of the veteran's family (Dunn, 2012). None of these design features are evident in the policymaking process I reviewed.

Limitations of the Study

A major limitation of the study is that it was restricted to one state, albeit the state with the most veterans. California is atypical in many respects, including geographic and population size, overall progressive politics divided into coastal and more conservative inland regions, and the size and influence of its Congressional delegation. Pursuing these issues in other legislatures, as well as in Congress itself at the national level, might spotlight issues not as visible as in California. This limitation, therefore, is an issue that deserves further review by research on other states and their VTC legislation.

Another limitation that influenced the outcomes of this study and how they are addressed was the dates chosen for the document analysis, which could have left out additional documentation from the dates that were not included in the study prior to 2011 and after 2013, as was initially planned. The reasonable measure that was taken to

address these limitations was to ensure that any documents that referenced past pertinent history to PC 1170.9 or the California VTC were identified and included if significantly relevant. As such, the scope of documentation was expanded to include materials from 2008 to 2014.

An additional limitation of the study was the possible methodological weaknesses of the document analysis that may not have included legislative discussions because they were not available to the researcher. Legislative negotiations, conversations, and support seeking all transpire in an informal level. Even though these matters occur informally, they still may have an influence on legislative language and voting decisions, and therefore this casual cue-taking might have been missed in the documents selected (Masket, 2008).

Recommendations

Recommendations for future research include broadening the study to incorporate a national perspective on the same research questions, with a national document analysis starting from the first VTC in Buffalo, New York, to a representative sample of the more than 150 VTCs operating in 2016. Because this study was limited to California, there may be legislation in other states that is inclusive of children and family issues and effects. Additional proposed research should include research on any VTCs that are currently serving children with an investigation of the added costs, benefits, burdens, and outcomes of these courts. VTC formal evaluation in most sites has not progressed to a point where strong outcomes research is possible. Federal agencies may wish to consider requiring improved outcomes evaluation as a criterion in VTC funding.

It would be helpful to research the evaluations, if any, that have been done on any VTCs and review those evaluations for any data, outcomes, recommendations, and treatment inclusion of families and children of veterans. This study would include qualitative and quantitative research using the evaluation reports and veterans involved in these courts as the data sources. Exploring Dunn's (2012) method of "problem structuring, forecasting, recommendation, monitoring, and evaluation" (p. 330) of the current policy so policy makers could analyze broader perspectives and additional stakeholders would enable researchers to widen their lens to include children and families in future research on veterans policy.

Further research by the VA should include studies regarding the treatment of veterans on medical issues including the veteran's spouse and/or the children. The major recent efforts to address the needs of military families has been a current topic in the VA but the emphasis has been on active duty families, not those who have left service, who represent more than 60% of all recent military service members (Diaz & Petersen, 2014). Research should recognize the needs of these children and families because they would benefit from and deserve services they do not now receive. Completing this research would inform current efforts in VTCs as well as wider arenas of policy involving veterans with families. Finally, there is a need for research on veterans' families to include appropriate services that recognize military culture, given the documented differences between the general population and the special issues and attitudes affecting veterans seeking and receiving services (NADCP, 2013).

As I neared the completion of this study in October 2016, I was informed that the judge in the VTC in Orange County, California, was referring VTC participants into family service programs. This change in process came about as a result of the work of the local veterans justice outreach specialist and a peer navigator from a local community collaborative services program veterans and their families. Although this change is not a formal policy change, it is practice change that can have a positive impact on policy change. Dunn (2012) referred to this type of practice change as “social experimentation,” which can show that particular policy actions result in particular outcomes (p. 260).

Implications

In looking at the implications of the results of this study on current practice, the question arises of what measures would ensure that wider attention would be given to whole-family approaches to veteran families’ challenges. In the absence of a clear message that whole-family approaches to social problems are necessary, services to children and parents will remain fragmented, partial, or absent. This study assessed one arena—veterans policy—in which this issue has largely been ignored in legislative decision making. New legislation discussed later in this chapter is a positive recommendation for practice because it could involve a review of the current structure of the VTCs and include the research on the effects of veterans’ trauma on the family and the needs of whole-family treatment in the VTCs.

The evidence is substantial that children in veteran families are affected by their parents’ trauma, substance use disorders, and other effects of deployment (Wadsworth et al., 2013), yet this evidence was essentially ignored or overlooked in the legislative

decision making reviewed in this study. The study offers a number of few directions that merit further research and analysis. One possibility would be expanding the circle of agencies and stakeholders beyond the traditional veteran-serving agencies when issues affecting veterans are under review. When other agencies were invited into or pressed their claims to be involved in decision making, children and family issues received more attention in veteran-serving collaboratives at the local level (Orange County Veterans and Military Families Collaborative, n.d.; San Diego Veterans Coalition, n.d.). This practice change would reverse the tacit assumption that veterans' policy is separate from the larger arenas of health, human, services, and educational policy making when millions of children are involved in veterans' families (Johnson, 2007).

Veteran-serving agencies could change their current practice as a result of this study. Adding a "box on the form," for example, asking whether veterans have children, either living with them or elsewhere, would increase agency awareness of the entire family, rather than assuming, as current practice typically does, that the family is not involved or does not exist. Such identification of veteran family members would also greatly improve the capacity of health, human services, and education agencies serving the general population to take veterans' children and family members into account in their services and needs assessments.

Expanding awareness that behavioral health issues are family issues when clients have children would also benefit policy making in this area. The 8.3 million children under 18 living with a parent who is an alcoholic or chemically dependent on illicit drugs are affected by the challenges faced by their family, including family violence, neglect,

physical abuse, poor nutrition, unstable housing, and inconsistent school attendance (Childrens Welfare Information Gateway, 2014). No study conducted to date has tracked the overlap between these children and those living in veteran families, but research would seem likely to establish an overlap.

As discussed previously, the lack of data on VA coverage and the dearth of literature on the actual outcomes of VTCs, with none known to exist on their impact on veterans' children, should also be part of future research. Because there is currently no known scholarly research on veteran-serving agencies that work with VTCs to fill the gap in information about family composition and family impact in these agencies and no known VTCs that work with the whole veteran family, this research is desperately needed to inform legislation and the courts. According to policy feedback theory, certain policies have quantifiable effects on political involvement, social investment, perception of civic belonging, and political efficacy (Mettler & SoRelle, 2014). Using policy feedback research, an analysis could be performed to engage veteran families in surveys on further amendments to PC 1170.9 and legislation regarding the VTCs.

Application of policy feedback theory could reveal the "unintended consequences" of legislation and reveal, through panel surveys and appropriate data, variables recognized by policy opponents (Mettler & SoRelle, 2014, p. 152). Policy feedback theory has been widely used in social welfare reform and could prove to be a strong advantage with legislation, after its development. Policy feedback theory has been tested in case studies; the case study method would be ideal for studying the VTC inclusive of the family in treatment for a period of more than 2 years. At its core, the

question that one wishes the policy makers in California VTCs had asked is a simple one: “Who else is affected by this situation?” If policy feedback in the form of performance measures to be reviewed annually by legislators had tracked the implementation of VTCs, some of these overlooked issues would have come become apparent.

It would seem possible to develop a template for assessing state legislative approaches to the issues of whole-family policy. Family impact statements, modeled on earlier environmental impact statements, have existed for some time (Cramer, Peterson, Kurs, & Fontaine, 2015). In court settings, these statements have been used to assess the family impact when victims’ perspectives are being considered in a trial or in sentencing. Impact statements have also been used in wider contexts when the effects of a policy change are recognized to have a potential impact on the entire family.

The theoretical implication of this study is evident in the legislation. Families and children of veterans were not represented as stakeholders or beneficiaries of this legislation. The social construction of policy making with regard to veterans focuses so heavily on the veterans themselves that their children and families have been allowed to fade into the background as essentially irrelevant. While military children in active duty families seem to be represented by existing advocacy groups such as the National Military Family Association that have an effect on legislation, children in veteran families do not have such advocacy resources available to them as stakeholders (Davis et al., 2012). As Schneider and Ingram (2005) explained,

Negative social construction affects the social standing of people, but more importantly for our examination, they diminish their propensity to take up positive

roles in citizenship. Policies should be cognizant of constructing citizenship as a positive experience for all, not just for some. (p. 288)

Additional implications include how to educate policy makers on effective policy processes that have a broader perspective than just the latest policy decision based on cost and budget. Making a policy decision with only the explanation of the policy issue and endorsing a recommendation without the client is a limited perspective of all the possible policy outcomes. The right evaluation criteria engaged with the most appropriate policy analysis and the collection of data can accomplish broad impact (Sabatier & Weible, 2014).

There are several other implications for future policy makers and for the scholarship and teaching in this arena of public policy. First, this analysis revealed that a wider lens is needed to view the entire spectrum of the actual stakeholders. By essentially ignoring the family dynamics of the veteran who has encountered problems with the criminal justice system, policy—in this case, in California—narrowed the focus on veterans and ignored thousands of veteran family members. The incremental nature of policy making in the United States is widely described as an essential feature of the system (Baumgartner & Jones, 2010), yet there are precedents for policy that move toward comprehensiveness and reduced fragmentation, even though never achieving it.

It is beyond the scope of this review, but there are examples of policy in environmental policy, health policy, and education that seek integrative rather than more categorical goals, exemplified by recent efforts in California to combine categorical education programs to make it easier for school districts to support at-risk students

(Darling-Hammond & Plank, 2015). An abstract ideal of truly comprehensive policy should not obscure the possibility of less fragmented, more integrated policy that seeks connections, rather than new subdivisions. Staying strictly within a narrowly defined target group may have the effect of narrowing the effectiveness of policy because clients do not come in the arranged categories of governmental programs or professional disciplines.

Positive Social Change

This research has an impact on social change and therefore is significant. It contributes to public policy because it responds to the apparent gap in policy related to funding and support for veterans in newly created treatment courts. Policy that focuses on one set of clients but excludes others vitally linked to the clients who are served may prove to be ineffective as well as unfair because the exclusion of these clients with definite, proven needs. Better understanding the reasons for that gap could have a positive impact on future legislation as well as the subsequent implementation of the current legislation.

This research contributes to public policy because the demographic and evaluation data are limited regarding veterans who enter treatment, stay in treatment, and have positive outcomes, as measured by the DOD and by the VA. That research, as noted, rarely addresses the effects of policy on veterans' families. This gap is compounded by a lack of data on VA health coverage as it relates to the greatest expansion of treatment services in history, which will result from the passage and implementation of the ACA (Gardner, 2014). PTSD victims frequently self-medicate

with substance abuse, typically with alcohol (Meyer, 2011). Data are available on veterans who were referred to and positively completed treatment. Active duty military have access to some family treatment services, but availability of this care for service-separated veterans is almost completely absent. The VA (n.d.a) will treat the veteran for medical issues, but VA treatment does not include the spouse or the children who may be affected by those issues. Despite major recent efforts to address the needs of military families, the emphasis has been upon active duty families, not those who have left service. This social change recognizes the needs of these children and families as able to benefit from and deserving services they do not now receive.

The potential impact for positive social change at the organizational level could occur within veteran-serving agencies that could change their current practice as a result of this study. Adding a box on the form, for example, asking whether veterans have children, either living with them or elsewhere, would increase agency awareness of the entire family, rather than assuming, as current practice typically does, that the family is not involved or does not exist.

At the policy level, the potential impact for positive social change could ensure that the impact of deployment on veterans' children and families is taken into account in ways that recognize and respond to those effects more fully than present policy. Dunn (2012) explained that after policy implementation, there should be policy assessment and policy adaptation. To assess the policy, Dunn described the need to review the policy to ensure it meets the stated objectives. This step calls into question whether policy assessment has been done or is in the process of being completed relative to VTC policy

and legislation. As a matter of interest, a bill is currently being amended in the California Senate as of August 2016 that would

require the Judicial Council to report to the Legislature on a study of veterans and veterans treatment courts that includes a statewide assessment, as specified, of veterans treatment courts currently in operation and a survey of counties that do not operate veterans treatment courts that identifies barriers to program implementation and assesses the need for veterans treatment courts in those counties, if funds are received for that purpose. (California Legislative Information, 2016, para.3)

While California has seen the value in including the family in treatment plans, there are still other states that do not. Mention a few and then comment that this study could encourage them to move towards a more inclusive policy.

Conclusion

According to long-lasting adage developed decades ago by Miles of Princeton University, “Where you stand depends on where you sit” (Miles, 1978, p. 399). Miles explained this “law” to mean that a person’s position on an issue depends heavily on his or her own employment and position in his or her own agency. We have interpreted this law to mean that individuals in legislatures and executive branch agencies see policy from their own sometimes narrow vantage point, which in this case means that veterans policy is about veterans, because that is the mandate of the agency, and not the wider circle of veterans’ family members. Working and negotiating with other legislative committees and other agencies that address children and family policy is beyond the

purview of most veterans' agencies, despite the much greater family-focused resources of those agencies, yet "We have also made tremendous strides to put Veterans and their families at the center of everything we do, and that's not some slogan; it's a way of doing business" (McDonald, 2016, para. 7).

McDonald's (2016) quote mentioning families offers some limited hope that the VA may take the wider view that this study has presented. As a parent, the wife and daughter of veterans, and an enrolled member of the California State Military Reserve, it still seems remarkable to me that policy makers in the field of serving veterans have ignored the needs of veterans' children and families as much as they have. The quote on the Lincoln Memorial from Lincoln's Second Inaugural Address—"to care for his widow and orphan"—suggests that, in some cases, this omission of care has not always been our national policy. I am hopeful that this study will heighten awareness of the importance of including families in decisions regarding planning for veterans, and will result in better decision making that reflects the value judgment that no child or family member of a veteran should be disadvantaged because his or her veteran parent served their country.

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Appendix A: Websites and Keywords Used for Document Collection

Table A1

Websites and Keywords Used for Document Search

Website Sources	Keywords
Newspapers	Veterans treatment court + California
<i>Sacramento Observer</i>	PC 1170.9 + California
<i>Sacramento Business Journal</i>	AB 2371 + California + veterans
<i>The Sacramento Bee</i>	PC 1170.9 + California
<i>Capital Weekly</i>	Military diversion program + California
	California transcripts + veterans treatment court
Google Scholar	Veterans treatment court + California
	PC 1170.9 + California
	AB 2371 + California + veterans
	PC 1170.9 + California
	Military diversion program + California
	California transcripts + veterans treatment court
Google Search	Veterans treatment court + California
	PC 1170.9 + California
	AB 2371 + California + veterans
	PC 1170.9 + California
	Military diversion program + California
	California transcripts + veterans treatment court
Google News	Veterans treatment court + California
	PC 1170.9 + California
	AB 2371 + California + veterans
	PC 1170.9 + California
	Military diversion program + California
	California transcripts + veterans treatment court
Google Books	Veterans treatment court + California
	PC 1170.9 + California
	AB 2371 + California + veterans
	PC 1170.9 + California
	Military diversion program + California
	California transcripts + veterans treatment court

(table continues)

Website Sources	Keywords
California State Assembly Office of the Chief Clerk Daily Journals	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court
LawCat Berkeley	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court
Legislative Analyst's Office, California Legislature Nonpartisan Fiscal and Policy Advisor	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court
California Senate Office of Research	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court
California Senate Daily Journal	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court
California State Library, California Research Bureau	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court

(table continues)

Website Sources	Keywords
CA.gov	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court
CalVet	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court
California Legislative Information	Veterans treatment court + California PC 1170.9 + California AB 2371 + California + veterans PC 1170.9 + California Military diversion program + California California transcripts + veterans treatment court

Appendix B: Document List

Table B1

Document List

Title	Year	Type
CMHDA 2011-2012 Legislative Update	2013	Website
American Judges Association on the Establishment of Veterans Treatment Courts	2011	Website
Senate Committee on Public Safety 2010 Bill Summaries	2010	Legislation
Veterans-Key-Statutes CA Department of Veterans Affairs	2016	Website
Calif. Governor Brown Issues Legislative Update for Sept 2013	2013	News
Calif. Governor Brown Issues Legislative Update for Oct 2013	2013	News
Interagency State Veterans Council Member Named California Courts Newsroom	2011	News
2012 Distinguished Service Awards Announced: California Courts Newsroom	2012	News
California Courts 3 2014	2014	News
Video 2014 State of the Judiciary Address: California Courts Newsroom	2014	News
Office of Governor Edmund G. Brown Jr.: Governor Brown Signs Legislation to Support Veterans	2012	Website
New Laws for 2012 for Criminal Law Practitioners	2012	Website
Vet Centers and the Veterans Health Administration: Opportunities' and Challenges Field Hearing	2012	Website
Veteran Treatment Courts: Do Status Based Problem Solving Courts Create an Improper Privilege Class of Criminal Defendants?		Journal article
<i>Drug Court Review</i>	2010	Journal article

(table continues)

Title	Year	Type
<i>Military Law Review</i>	2010	Journal article
Veterans Court: Towards the Implementation of a Collaborative Justice Model in San Luis Obispo	2012	Website
Report to the Judicial Council MIL-100	2013	Website
Invitation to Comment MIL-100	2013	Website
Veterans Treatment Courts Fact Sheet, ONDCP	2010	Website
A Mentor in Combat Veterans Court: Observations and Challenges	2012	Website
CalVet Newsletter	2012	Website
Legislative Summary Report: Department of State Hospitals	2012	Website
CalVet Newsletter	2014	Website
Veterans Treatment Court debuts in Sacramento this week: The Sacramento Bee	2014	News
Judicial Council of California Summary of Court Related Legislation	2013	Legislation
Military and Veterans: Office of Senate Floor Analyses	2012	Legislation
Senate Committee on Public Safety Senator Loni Hancock 2012 Bill Summary	2012	Legislation
Criminal Justice and Judiciary: Office of Senate Floor Analyses	2012	Legislation
Health and Human Services: Office of Senate Floor Analyses	2012	Legislation
Index to the Journal of the Assembly Vol 3	2011–2012	Legislation
Index to the Journal of the Assembly Vol 4	2011–2012	Legislation
Index to the Journal of the Assembly Vol 5	2011–2012	Legislation
Index to the Journal of the Assembly Vol 6	2011–2012	Legislation
AB 2371 - California 2011-2012 Regular Session - Open States	2012	Website

(table continues)

Title	Year	Type
Representing Those Accused of DUI and Other Crimes JAN 2011	2011	Website
Representing Those Accused of DUI and Other Crimes MAY 2011	2011	Website
Center for Veterans Advancement Advocacy report	2010	Website
CVSO 2015 Annual Report	2014	Website
LA Veterans Collaborative Agenda-Minutes August 2014	2014	Website
Riverside County Veterans Court Information Sheet	2012	Website
Justice-Involved Veterans: A decision map of Penal Code 1170.9		
Friends of Betsy Butler AD50: Friends of Assembly member Betsy Butler for AD50	2012	Website
National Association of Social Workers California News	2013	Website
<i>Journal on Latino Americans</i> _ September 2012	2012	News
ALERT! New California Laws that Start on January 1, 2013 —CLAYCORD	2012	Website
1 January, 2013_ 873 NEW CA laws for you to trip over _ Richard Rider Rants	2013	News
75 new CA laws signed by Gov. Brown: CalWatchdog	2012	News
American Legion Legislative Division Update	2012	Website
Department of Consumer Affairs - Consumer Connection	2012	Website
PC 1170.9 Law Section	1984	Legislation
ACR-36: Bill Text	2013–2014	Legislation
ACR-36: Bill Analysis	2013–2014	Legislation
ACR-36: Vote Information	2013–2014	Legislation
ACR-36: Bill Status	2013–2014	Legislation
ACR-36: History	2013–2014	Legislation
ACR-36: Today's Law As Amended	2013–2014	Legislation

(table continues)

Title	Year	Type
SB 1110: Summary and Effects	2013–2014	Legislation
SB 1110: Bill Analysis	2013–2014	Legislation
SB 1110: Votes	2013–2014	Legislation
SB 1110: Hearing	2013–2014	Legislation
SB 1110: Amendments	2013–2014	Legislation
SB 1110: Bill Status	2013–2014	Legislation
SB 1110: History Actions	2013–2014	Legislation
SB 1110: Today’s Law as Amended	2013–2014	Legislation
SB 769: Bill Text	2013–2014	Legislation
SB 769: Bill Analysis	2013–2014	Legislation
SB 769: Vote Information	2013–2014	Legislation
SB 769: Bill Status	2013–2014	Legislation
SB 769: History	2013–2014	Legislation
SB 769: Today’s Law As Amended	2013–2014	Legislation
SB 1227: Bill Text	2013–2014	Legislation
SB 1227: Bill Analysis	2013–2014	Legislation
SB 1227: Vote Information	2013–2014	Legislation
SB 1227: Bill Status	2013–2014	Legislation
SB 1227: Today’s Law As Amended	2013–2014	Legislation
SB 1227: History	2013–2014	Legislation
SB 1227: Bill Text	2013–2014	Legislation
SB 1227: Bill Analysis	2013–2014	Legislation
SB 1227: Vote Information	2013–2014	Legislation
SB 1227: Bill Status	2013–2014	Legislation
SB 1227: History	2013–2014	Legislation
SB 1227: Today’s Law As Amended	2013–2014	Legislation
AB 2098: Bill Text	2013–2014	Legislation
AB 2098: Bill Analysis	2013–2014	Legislation
AB 2098: Vote Information	2013–2014	Legislation

(table continues)

Title	Year	Type
AB 2098: Bill Status	2013–2014	Legislation
AB 2098: History	2013–2014	Legislation
AB 2098: Today’s Law As Amended	2013–2014	Legislation
AB 2371: Introduced	2011–2012	Legislation
AB 2371: Bill Text	2011–2012	Legislation
AB 2371: Bill Analysis	2011–2012	Legislation
AB 2371: Enrolled	2011–2012	Legislation
AB 2371: Amendment Assembly	2011–2012	Legislation
AB 2371: Amendment Senate	2011–2012	Legislation
AB 2371: Vote Information	2011–2012	Legislation
AB 2371: Bill Status	2011–2012	Legislation
AB 2371: History	2011–2012	Legislation
AB 2371: Today’s Law As Amended	2011–2012	Legislation
AB 2611: Bill Status	2011–2012	Legislation
AB 2611: Today’s Law As Amended	2011–2012	Legislation
AB 2611: History	2011–2012	Legislation
AB 2611: Analysis	2011–2012	Legislation
AB 2611: Votes	2011–2012	Legislation
AB 2611: Bill Text	2011–2012	Legislation
AB 674: Bill Text	2009–2010	Legislation
AB 674: Bill Analysis	2009–2010	Legislation
AB 674: Vote Information	2009–2010	Legislation
AB 674: Bill Status	2009–2010	Legislation
AB 674: History	2009–2010	Legislation
AB 674: Today’s Law As Amended	2009–2010	Legislation
AB 2234: Bill Text	2009–2010	Legislation
AB 2234: Bill Analysis	2009–2010	Legislation
AB 2234: Enrolled	2009–2010	Legislation
AB 2234:Vote Information	2009–2010	Legislation

(table continues)

Title	Year	Type
AB 2234: Bill Status	2009–2010	Legislation
AB 2234: History	2009–2010	Legislation
AB 2234: Today's Law As Amended	2009–2010	Legislation

Appendix C: All Categories and Codes

Table C1

All Categories and Codes

Category	Code
VTC + diversion	Veteran treatment court + family
VTC + diversion	Veteran treatment court + child or children
VTC + diversion	Veteran treatment court + burden
VTC + diversion	Family not addressed + VTC
VTC + diversion	Military + diversion + family
VTC + diversion	military + child + diversion
Social construction	Advantaged
Social construction	Assist
Social construction	Benefits (other than VA benefits)
Social construction	Burden
Social construction	Disfavored
Social construction	Family impact + veteran
Social construction	Interests
Social construction	Needs – treatment
Social construction	Needs overlooked
Social construction	Needs
Social construction	Treatment Cost
Social construction	Neglected to involve family in treatment and treatment court
Social construction	Reimbursable costs
Social construction	No cost
Social construction	Cost pressure
Social construction	Low cost
Social construction	Cost effective
Social construction	Reduce the monetary and societal costs of incarceration

(table continues)

Category	Code
Social construction	Welfare (other than Welfare Code)
Social construction	Disadvantaged
Social construction	Underprivileged
Veterans + family	Child or children
Veterans + family	Military + child
Veterans + family	Military + family
Veterans + family	Military + dependent
Veterans + family	Youth
Veterans + family	Family services
Veterans + family	Child welfare
Veterans + family	Family or families
Veterans + family	Parent
Veterans + family	AB 2371 + child
Veterans + family	Dependent
Veterans + family	Veteran + treatment + family
Veterans + family	Veteran + treatment + child or children
Veterans + family	Veteran + family
Veterans + family	Veteran children
Veterans + family	Veteran + dependent