

DRUG COURTS 2020

Advancing Virginia's Drug Courts

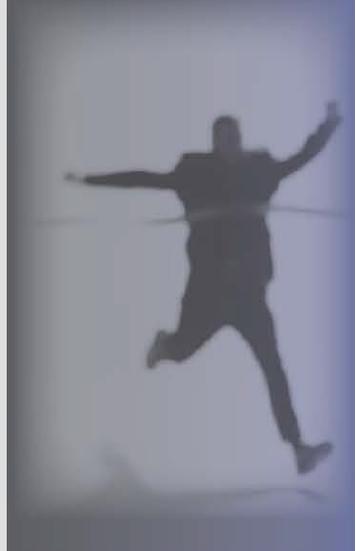
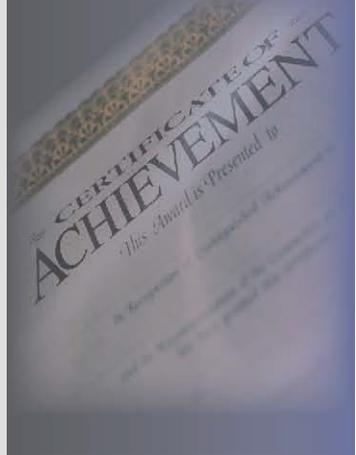
Using Strategies Organized Under the Visions of the Judicial System's Strategic Plan

Mission

To provide a judicially-supervised, cost-effective, collaborative approach for handling court-involved individuals with substance use disorders that promotes public safety, ensures accountability, and transforms participants into productive members of the community.

Office of the Executive Secretary
Supreme Court of Virginia

Adopted by the State Drug Treatment Court Advisory Committee



Drug Courts 2020: A Strategic Plan for Virginia's Drug Treatment Courts

In adopting the Drug Treatment Court Act, the 2004 General Assembly recognized that there is a critical need in the Commonwealth for effective treatment programs that reduce the incidence of drug use, drug addiction, family separation due to parental substance abuse, and drug-related crimes. Through the establishment of Drug Treatment Courts Act, the intent of the General Assembly is to enhance public safety by facilitating the creation of drug treatment courts as a means to fulfill these needs. The Supreme Court of Virginia has the responsibility for providing administrative oversight for drug treatment court programs under the Act.

Several local drug treatment courts were operating in Virginia before 2004. Since passage of the Act, additional drug treatment courts have been approved to operate. Judges involved in drug treatment courts, along with state and local criminal justice agency heads and local government officials, continue to strongly support the continuation and expansion of drug treatment courts. As of 2010, thirty drug treatment court programs were operating in the Commonwealth; fourteen of these were supported by a combination of local funds and state general funds administered through the Supreme Court of Virginia. The remaining programs operate without state funds; fourteen draw upon local funds, augmented in a few situations by federal grant funds and other resources. The two remaining programs, which are DUI Drug Treatment Court programs operated by the local Alcohol Safety Action Program, use offender fees.

The Supreme Court of Virginia, with its chief justice acting as chief executive officer, provides administrative oversight to Virginia's Judicial System. The mission of the Judicial System is to provide an independent, accessible, responsive forum for the just resolution of disputes in order to preserve the rule of law and to protect all rights and liberties guaranteed by the United States and Virginia constitutions. To ensure that the Judicial System performs its mission effectively, the Supreme Court's Office of the Executive Secretary (OES) maintains an ongoing, comprehensive planning process that identifies the preferred course for meeting responsibilities and monitors progress toward identified ends. Following the Supreme Court's adoption of the 2009 Strategic Plan, *Virginia's Courts in the 21st Century: To Benefit All, To Exclude None*, there was a recognition that the Commonwealth's drug treatment courts would benefit from a strategic plan of their own, consistent with the Judicial System's plan, by which to guide the continuation, improvement, and expansion of drug treatment court programs. In early 2010, Chief Justice Hassell called for the creation of a group to develop such a plan.

With the assistance of the OES Departments of Judicial Services (Drug Treatment Courts Division) and Judicial Planning, a strategic planning group called "Drug Courts 2020" was formed. Drug Courts 2020 included members of the Drug Treatment Court Advisory Committee/Planning and Development Committee chaired by Judge Margaret Spencer and members of the Drug Court Funding Formula Work Group established in 2009. All judges serving on the statewide Drug Treatment Court Advisory Committee or

its standing committees provided judicial support. The Planning and Development Committee membership includes adult and juvenile drug treatment court judges representing programs that do and those that do not receive state funding; Virginia Drug Court Association (VDCA)¹ representatives; drug treatment court coordinators; treatment providers; defense attorneys; and representatives from social services, criminal justice services, circuit court clerks, and sheriffs' departments. The state Funding Work Group membership includes drug court coordinators representing adult, juvenile, and family drug court models; state-funded and non-state-funded drug courts; small and large drug courts; and rural, metropolitan, and urban drug court programs as well as two OES representatives.

The Drug Courts 2020 group began its work in February 2010. At its first meeting, based on agreed upon priorities, the group established three committees: 1) Administration and Program Structure; 2) Funding and Public Education and Support; and 3) Data and Evaluation. A series of plenary and committee meetings were held between February and October 2010 to develop this strategic plan. Key resources that were used during the planning process included the Judicial System's 2009 Strategic Plan, http://www.courts.state.va.us/courtadmin/aoc/judpln/reports/2009_strat_plan.pdf; the 2009 State Funding Work Group Report (Appendix A); a May 2010 survey by a committee of the Drug Courts 2020 planning group (Appendix B); *Defining Drug Courts: The Key Components* (Bureau of Justice Assistance and National Association of Drug Court Professionals, 1997) (excerpt provided in Appendix C), and Virginia's Standards for Drug Treatment Courts (excerpt from the adult standards provided in Appendix D).

The priorities of the Drug Courts 2020 planning effort reflected a number of values that were present throughout the resources identified above. These included:

- commitment to a collaborative integration of treatment services and court adjudication;
- a nonadversarial approach that respects judicial decision-making discretion, promotes public safety, and protects participants' rights;
- early identification and placement of eligible participants;
- a maximization of access to programs statewide;
- provision of a comprehensive continuum of services allowing for optimum program flexibility in meeting constituents' needs;
- accountability of both participants and the programs themselves; and
- ongoing professional and public education.

In order to maintain these values or make them a reality, the planning group recognized that they would have to develop strategies that would address certain strategic issues and key result areas:

¹ The VDCA was formed in January 2000 to promote the establishment and operation of Drug Courts in the Commonwealth of Virginia and to provide training and resources for Virginia's Drug Court Professionals.

- Challenges posed by a variety of administrative models across programs (in part, a consequence of how programs evolved independently as well as the desire for flexibility in determining eligibility and providing services);
- Desire for more effective and timely performance in the collection and reporting of program data;
- Need for greater consistency in the use of resources and the achievement of program goals to better demonstrate accountability;
- Uncertain and inadequate sources of funding with which to maintain existing programs, let alone develop new ones; and
- Insufficient public awareness of program goals, performance, and value on which to develop a strong base of support.

The Drug Courts 2020 Strategic Plan includes a mission statement specific to drug treatment courts and a range of strategies organized under the visions of the Judicial System's Strategic Plan.

The Mission of Virginia’s Drug Treatment Courts:

To provide a judicially-supervised, cost-effective, collaborative approach for handling court-involved individuals with substance use disorders that promotes public safety, ensures accountability, and transforms participants into productive members of the community.

Vision 1

Virginia’s courts will be distinctive and independent—as a branch of government and in judicial decision making.

Drug Treatment Court Programs will:

- 1.1 Maintain judicial decision-making discretion.²
- 1.2 Protect the administrative independence of the court system while encouraging productive collaboration among the branches of government.
- 1.3 Be accountable for their performance.

Vision 2

Virginia’s courts will ensure due process through the equal application of law and procedure to all cases and controversies.

Drug Treatment Court Programs will:

- 2.1 Protect individual rights to due process.³

Vision 3

Virginia’s courts will maintain human dignity and provide effective access to Justice for all persons.

Drug Treatment Court Programs will:

- 3.1 Minimize obstacles to program participation.
- 3.2 Be available to all eligible participants throughout the Commonwealth.
- 3.3 Maximize the use of validated risks and needs instruments to ensure participants are clinically appropriate and eligible.⁴

² 2009 Strategic Plan, Strategy 1.4.

³ Key Component Two, “Ten Key Components of Drug Courts”; Standard IV, Standards for Drug Treatment Courts

⁴ “According to the criminal justice concept of the risk principle, intensive interventions such as drug court are believed to be best suited for offenders who are high risk and have more severe criminal propensities or drug use histories but may be ineffective or contraindicated for offenders who are low risk (e.g., Andrews & Bonta, 1998; Gendreau, 1996; Hollin, 1999; Thanner & Taxman, 2003). The rationale is that offenders who are low risk are less likely to be on a fixed antisocial trajectory and are more likely to ‘adjust course’ readily following a run-in with the law. Therefore, intensive treatment and supervision may offer little incremental benefit for these individuals at a substantial cost. Offenders who are high risk, on the other hand, are likely to require intensive interventions to alter their entrenched negative behavioral patterns.” (Marlowe, et al, 2006)

Vision 4

Virginia’s courts will be responsive to the changing needs of society—in the development and operation of the law, in the functions of the judicial process, and in the delivery of public services.

Drug Treatment Court Programs will:

- 4.1 Maintain sufficient operational flexibility to respond to different or changing needs.⁵
 - 4.1.1 The Drug Treatment Court Advisory Committee will utilize a periodic review process to ensure that the drug treatment court standards incorporate best practices and evidenced-based models.
 - 4.1.2 The Drug Treatment Court Advisory Committee will be modified to serve as an advisory committee for all Virginia’s problem-solving dockets.⁶

Vision 5

Virginia’s courts will be expeditious, economical, and fair in the resolution of disputes.

Drug Treatment Court Programs will:

- 5.1 Operate according to cost-effective models.
- 5.2 Provide timely access to program entry.⁷
- 5.3 Be designed in compliance with evidence-based practices as outlined in BJA’s Ten Key Components.
- 5.4 Have stable, adequate, and sustainable funding.⁸
 - 5.4.1 Support implementation of the 2009 State Funding Work Group Report (Appendix A)
 - 5.4.2 Recommend a statewide Advisory Committee review of the 2010 Drug Courts 2020 Funding Research (Appendix B)

“Drug court clients who were high risk performed significantly better when assigned to frequent biweekly judicial status hearings, whereas clients who were low risk performed equivalently regardless of the schedule of court hearings. Moreover, the latest study demonstrates the utility and potential cost-effectiveness of prospectively matching drug offenders to service tracks based on an assessment of their risk status or clinical needs.” (Marlowe, et al, 2006)

⁵ Strategy 4.2; Key Component Four; Standard VI.

⁶ The Virginia Judicial System has taken a cautious approach to the development and expansion of specialized dockets. The Judiciary’s Second Futures Commission acknowledged that there have been periodic requests that new specialty dockets be set up as pilot programs. These requests have been supported by anecdotal evidence that such dockets have been effective in other states. The Judicial Council of Virginia has gone only so far as to endorse Recommendation 9.5 of the Commission:

Virginia should support effective alternative dispositions by “Establishing additional pilots and continuing to evaluate therapeutic and alternative dockets and programs such as the Mental Health Court docket in Norfolk, the DUI Court docket in Rappahannock County, the Domestic Violence docket in Roanoke County and the Youth Court programs in Roanoke City to determine the appropriateness of implementation in other jurisdictions.” *Commission on Virginia Courts in the 21st Century: To Benefit All, To Exclude None* (Richmond: Supreme Court of Virginia, 2007), p. 45.

⁷ Key Component Three; Standard V.

⁸ See Strategy 6.2.

Vision 6

Virginia's courts will demonstrate accountability to the public through effective management practices, including the use of the most appropriate processes and technologies for court operations.

Drug Treatment Court Programs, in partnership with the Advisory Committee and Supreme Court of Virginia, will:

- 6.1 Properly secure and account for resources for drug court operations
 - 6.1.1 Encourage localities to work in partnership with the oversight agency to ensure effective operations⁹
- 6.2 Develop and employ meaningful and practical measures of performance and regularly report findings to the public.¹⁰ (Appendix D)
 - 6.2.1 Encourage localities to work in partnership with the oversight agency to ensure effective operations
 - 6.2.2 Endorse and comply with BJA's 10 Key Components. (Appendix C)
- 6.3 Will employ appropriate technologies to enhance their operating performance¹¹
- 6.4 Improve the accuracy, timeliness, and use of case-related data.¹²
 - 6.4.1 Improve the accuracy and timeliness of data submissions to the Virginia Drug Treatment Court Database by individual courts.
- 6.5 Demonstrate accountability to the public through the adoption of standard data benchmarks and the annual public reporting of these performance measures.
 - 6.5.1 Utilize a peer review process to promote compliance and accountability in drug treatment court program operations.
- 6.6 Be accountable for sound fiscal policies, ethical practices, and performance reporting.

⁹ Standard XII; see also Strategy 4.6.

¹⁰ Strategy 6.3; Key Component Eight; Standard X.

¹¹ Strategy 6.8.

¹² Strategy 6.5.

Vision 7

Virginia's courts will operate in a manner that fosters public trust and confidence in and respect for the courts and for legal authority.

Drug Treatment Court Programs, in partnership with the Advisory Committee and Supreme Court of Virginia, will:

- 7.1 Be attentive to constituents' needs and employ effective communication techniques to improve the public's understanding of their operations.¹³
 - 7.1.1 Develop an annual public report.
- 7.2 Educate the legislative, judicial, and executive branches of government about drug court's cost savings and effectiveness.¹⁴
 - 7.2.1 Partner with the Virginia Drug Court Association (VDCA) to provide educational materials, organizational and advocacy assistance.
 - 7.2.2 Increase awareness and responsiveness through training for judges, prosecutors, and defense counsel.¹⁵
 - 7.2.3 Increase the availability of standardized training for all drug treatment court staff.¹⁶
- 7.3 Build alliances between agencies and the community.¹⁷
- 7.4 Employ appropriate technologies to enhance their operating performance.
 - 7.4.1 Maximize the use of appropriate technologies to enhance the reporting of performance measures to the public.

¹³ Strategy 7.3

¹⁴ Strategies 7.3 and 7.4;

¹⁵ Strategy 7.2.

¹⁶ Strategy 6.6.b; Key Component Nine; Standard XI.

¹⁷ Key Component Ten; Standard XII.

References

- Andrews, D. A., & J. Bonta (1998). *The Psychology of Criminal Conduct* (2nd ed.). Cincinnati, OH: Anderson.
- Gendreau, P. (1996). "The Principles of Effective Interventions with Offenders." In A. T. Harland (Ed.), *Choosing Correctional Options that Work: Defining the Demand and Evaluating the Supply* (pp. 117-130). Thousand Oaks, CA: Sage.
- Hollin, C. R. (1999). "Treatment Programs for Offenders: Meta-analysis, 'what works,' and beyond." *International Journal of Law and Psychiatry*, 22, 361-372.
- Marlowe, D., D. Festinger, P. Lee, K. Dugosh & K. Benasutti. (2006). "Matching Judicial Supervision to Client's Risk Status in Drug Court." *Crime & Delinquency*, 52(1), 52-76.
- Thanner, M. H., & F. S. Taxman (2003). "Responsivity: The Value of Providing Intensive Services to High-Risk Offenders." *Journal of Substance Abuse Treatment*, 24, 137-147.

Appendices

Appendix A: State Funding Report, 2009

Appendix B: 2010 Research by the Drug Courts 2020 Funding Committee

Appendix C: Defining Drug Courts: The Key Components (BJA and NADCP, 1997)

Appendix D: Virginia's Standards for Adult Drug Treatment Courts (2005, Rev. 2007)

Appendix A

Virginia Drug Courts

State Funding Report

2009

Overview

Introduction

This document is the work product of the joint Virginia Drug Court Association and Supreme Court of Virginia State Funding Work Group. This document outlines the recommendations developed by the workgroup for a long-term funding strategy. The recommendations require additional development as they are implemented.

Purpose

In recent years there has been a reoccurring question in the Virginia legislature concerning the manner in which drug courts in Virginia are funded and should be funded in the future. The Virginia Drug Court Association (VDCA) has informally discussed this issue in the past, but no comprehensive plan has been established. In the summer of 2008, the VDCA proposed that a work group of the Association, in partnership with the Supreme Court of Virginia's Office of the Executive Secretary, explore the formation of a multi-year funding plan for Virginia Drug Courts. The goals of this work group were to: 1) examine and analyze the current formula and devise a plan to either maintain the formula or propose an amendment to it, and 2) formulate a plan to address the long-term funding of drug courts in Virginia over a ten year period in a way that funds currently funded, unfunded and future drug courts.

Members

Michelle White facilitated the work group with support from Jeff Gould and Dave Pastors and representatives from 12 specific representative courts (one person per court) and three additional individuals from the VDCA, as well as Anna Powers and Paul Delosh from OES. Careful thought and consideration was given as to which courts would be participating in this process, bearing in mind equity in the following categories, among others: type, funded/unfunded, size, age, geographic location and VDCA membership. Drug court representatives from the following areas were invited to participate: Lee/Scott/Wise Juvenile, Alexandria Family, Fredericksburg (Adult & Juvenile-1 rep), Chesterfield Adult, Hanover Juvenile, Hopewell/Prince George/Surry Adult, Richmond Juvenile, Chesapeake Adult, Norfolk Adult and Portsmouth Adult.

Process

Over a series of five meetings from November 2008 to July 2009, the work group met in the Richmond area and used group process methods to explore the following questions:

- What data elements should funding be tied to?
- What should the cycle for funding be?
- What should the funding mechanism be?
- Should each court that applies to OES for state funding receive funds?

- What should the funding amount be in each category (Adult, Family and Juvenile)?
- Should there be a minimum or maximum amount in each category?
- Should there be base level/ranges of funding for each court in each category?
- Should there be supplemental, performance based grant awards?
- What should the implementation timeline for the funding plan look like?

At the conclusion of the fifth work session, the work group was successful in finding areas of consensus on each of these questions. A ten-year plan was produced outlining the continued funding of the currently funded drug courts and how both currently unfunded drug courts and future drug courts may be brought into the funding stream.

Funding

Mechanism & Cycle

The funding mechanism for distribution of State allocations for Drug Courts would continue to be in the form of grants administered by the Office of the Executive Secretary. A program may only receive funding in one category at a time. These funds would be available in the two categories described below:

1. Initial funding

This category is designed to fund brand new programs and programs that currently do not receive state funding that operate on a very small pilot scale. Operational courts that do not receive state funding can choose to apply in this category or in the second category based on their operational needs and their ability to meet the requirements for ongoing funding.

- Programs may only receive funds once in this category
- Grant period is two years versus the current one year funding cycle (contingent on funding being available)
- Match (cash or in-kind) of 25% is required based on the established formula utilized by the Bureau of Justice Assistance for Drug Court grants
- Grants may be awarded for up to \$120,000 per year or a maximum grant award of \$240,000 for the two-year cycle.
- Programs must have an average number of participants enrolled in the program to receive the base level of funding of \$120,000:
 1. End of Year 1:
 - i. Adult: 6
 - ii. Juvenile: 4
 - iii. Family: 4
 2. End of Year 2:
 - i. Adult: 12
 - ii. Juvenile: 6
 - iii. Family: 6
- Only programs that meet minimum compliance elements (see below) will receive funds

2. On-going funding

This category is the primary state funding mechanism for operational drug courts.

- Programs apply bi-annually

- Grant period is two years
 - Match (cash or in-kind) of 25% is required based on the established formula utilized by the Bureau of Justice Assistance for Drug Court grants
 - Programs must have an average number of participants enrolled in the program to receive the base level of funding of \$120,000:
 1. End of Year 3 and on-going:
 - i. Adult: 24
 - ii. Juvenile: 9
 - iii. Family: 9
 - Grants will be awarded based on number of active participants* for two previous years per program type and will include ranges so a slight change in caseloads will not be severely detrimental to a program's continued operation:
 1. Adult: maximum of \$250,000 per year
 - i. \$5,000 per participant x 50 participants (maximum)
 - ii. Ranges:
 1. 25-30 participants = \$165,000
 2. 34-41 participants = \$205,000
 3. 42-50 participants = \$250,000
 2. Juvenile: maximum of \$187,500 per year
 - i. \$12,500 per participant x 15 participants (maximum)
 - ii. Ranges:
 1. 10-15 participants = \$187,500
 3. Family: maximum of \$187,500 per year
 - i. \$12,500 per participant x 15 participants (maximum)
 - ii. Ranges:
 1. 10-15 participants = \$187,500
 - Only programs that meet minimum compliance elements (see section below) are eligible to receive funds
 - Supplemental, Performance Based funds may be available for programs that exceed the target rates (up to \$15,000 per program annually) as a supplement to the baseline formula established by the numbers served. These funds would be awarded based on a competitive process with a separate grant application. Programs must exceed established benchmarks in both recidivism and retention. They must be in compliance with the Drug Court Standards and data entry requirements. Only programs in the "On-going" category may apply. These funds are subject to availability.
 - Maintenance of effort increases may be applied after the initial biennium of funding. It is recommended that funds from the first year of each biennium roll over to the second year of each biennium.
3. Programs that are non-compliant for two consecutive funding cycles may receive reductions or elimination of grant funds. A corrective action plan will be completed after the initial year of non-compliance. The program must then become compliant in the second year or face reductions or elimination of grant funds.

****A participant is considered active upon receiving a program acceptance date and continues to be active while receiving services through the program graduation date. Participants are not active if they have absconded for more than 14 days, are incarcerated for more than 14 days***

(non-sanction) or have graduated from the program (even if they are receiving after care services).

Compliance Elements

Funding would only be available to programs that meet the minimum compliance elements outlined below.

1. Initial funding category
 - Approval from the General Assembly to operate a Drug Court
 - Compliance with Virginia Drug Court Standards per model as determined by the Statewide Advisory Board.
 - Database entry compliance (or agreement to comply with data entry if the court is not operational).
2. On-going funding category
 - Compliance with Virginia Drug Court Standards per model
 - Database entry compliance
 - Grant reporting compliance
 - Accountability compliance

Accountability

The funding formula is based on two elements - the number of participants served in each of the programs and two key measures of program accountability – program retention* and low recidivism** rates.

Every four years the Supreme Court of Virginia will determine benchmark target rates for program retention and recidivism rates. The benchmark target rate for these two measures will be established by determining the average for all the programs based on the last two years of program operation and adding a range of plus or minus 5%. The target rates will be determined by program type so that juvenile drug courts will only be compared to other juvenile drug courts and so forth. Once these target rates are established, each program's individual rates will be compared to the target rate to determine if programs meet, falls below or exceeds the target rate.

As outlined above, the supplemental, performance based fund approach demonstrates that the Supreme Court of Virginia supports programs that excel and provides an incentive for program success, if funds are available. This model of funding has been incorporated into federal grants in the current year and is a positive approach to program accountability versus the more traditional approach of threatening to reduce funding to programs that underperform.

**Number of months in treatment/program after entry into Phase 1*

***Conviction of a new criminal offense as reportable by the Virginia State Police or Juvenile Tracking System, or a new petition with a finding of abuse/neglect as reported by Child Protective Services*

Role of OES

Internal Infrastructure

This funding plan assumes that OES has or will be provided with the appropriate level of staffing to fully implement the plan. This will include the addition of a Drug Court Grant Manager initially and a Fiscal Manager in year 5 of the funding plan. Funding for this or any other position would be in addition to any funding requested from the State to specifically fund programs. With the addition of new programs annually, the statewide evaluation process will continue to be important and additional funds may be needed. Process, outcome and cost/benefit analysis must be continual to demonstrate the efficacy of all Virginia programs. OES must also provide for increased use of the Drug Court Database as programs grow and as new programs are implemented. While there is currently adequate space on the server to accommodate an increase in use, this may not be the case in the future.

Grant application process

The Office of the Executive Secretary will continue to be the fiscal agent and grant manager of all State funds allocated to Drug Courts in Virginia. As such, OES will develop grant solicitations and manage the grant peer review process as well as the on-going program and fiscal monitoring of each grant award. OES is responsible for monitoring compliance with Drug Court Standards, Drug Court Database data entry, grant reporting and benchmarks.

Funding

Spreadsheet

The attached spreadsheet displays funding required to implement this scheme over a ten-year period of time. For ease of demonstration, the maximum award amounts were used for each program annually. The first fourteen programs are currently funded. In Year 1, all currently funded programs would receive grant awards based on the new funding scheme. Also, in Year 1 two unfunded programs would receive State funds. For demonstration ease, the programs have been listed, though the recommended funding schedule would be based on date of the first Drug Court docket held. The spreadsheet also shows that a new program would not be funded until Year 7 of the plan.

In addition, current OES staff and future staff needs are included on the spreadsheet. Funds to continue the statutorily mandated evaluation were also included on the spreadsheet.

The funding formula was approved as a method, with the exact dollar amounts to yet be determined. The proposed funding amounts used on the spreadsheet are examples.

Fund Two Additional Programs Annually										
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
23rd Judicial Circuit (Roanoke/Salem) Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Ablemarle/Charlottesville Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Richmond Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Rappahanock Regional Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Rappahanock Regional Juvenile	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500
Newport News Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Norfolk Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Richmond Juvenile	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500
Chesterfield/Colonial Heights Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Portsmouth Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Newport News Juvenile	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500
Chesterfield/Colonial Heights Juvenile	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500
Henrico County Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Hampton Adult	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Alexandria Family	120,000	120,000	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500
30th District (Lee, Scott, Wise) Juvenile	120,000	120,000	187,500	187,500	187,500	187,500	187,500	187,500	187,500	187,500
Ablemarle/Charlottesville Family		120,000	120,000	187,500	187,500	187,500	187,500	187,500	187,500	187,500
Staunton Adult		120,000	120,000	250,000	250,000	250,000	250,000	250,000	250,000	250,000
Hopewell/Pr. George/Surry Adult			120,000	120,000	250,000	250,000	250,000	250,000	250,000	250,000
Fairfax Juvenile			120,000	120,000	187,500	187,500	187,500	187,500	187,500	187,500
Hanover County Juvenile				120,000	120,000	187,500	187,500	187,500	187,500	187,500
Prince William County Juvenile				120,000	120,000	187,500	187,500	187,500	187,500	187,500
Loudoun County Adult					120,000	120,000	250,000	250,000	250,000	250,000
Chesapeake Adult					120,000	120,000	250,000	250,000	250,000	250,000
Newport News Family						120,000	120,000	187,500	187,500	187,500
Tazewell County Adult						120,000	120,000	250,000	250,000	250,000
Franklin County Juvenile							120,000	120,000	187,500	187,500
New							120,000	120,000	250,000	250,000
New								120,000	120,000	250,000
New								120,000	120,000	250,000
New									120,000	120,000
New									120,000	120,000
TOTAL	3,490,000	3,730,000	4,105,000	4,542,500	4,980,000	5,355,000	5,855,000	6,292,500	6,730,000	6,990,000
FY2010 allocation to programs	2,951,000	2,951,000	2,951,000	2,951,000	2,951,000	2,951,000	2,951,000	2,951,000	2,951,000	2,951,000
Current OES Staff funds*	158,000	158,000	158,000	158,000	158,000	158,000	158,000	158,000	158,000	158,000
OES Staff additions*	75,000	75,000	75,000	75,000	127,500	127,500	127,500	127,500	127,500	127,500
Evaluation funds*	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000	300,000
New funding needed annually*	756,000	996,000	1,371,000	1,808,500	2,298,500	2,673,500	3,173,500	3,611,000	4,048,500	4,308,500
New funding needed biannually*		1,752,000		3,179,500		4,972,000		6,784,500		8,357,000
Percent increase in funding biannually*		35.04%		81.48%		56.38%		36.45%		23.18%

Appendix B

2010 Research by the Drug Courts 2020 Funding Committee

The Drug Courts 2020 Planning Team recognized that one of the strategic issues that its planning effort must address was the uncertain and inadequate funding currently experienced by Virginia's drug treatment courts. Starting from national resources and a 2009 Virginia drug treatment courts report (see Appendix A), the Planning Team recognized that it would need additional information to support the development of a strategic plan.

The Funding and Public Education and Support Committee of the Planning Team was tasked with examining the funding methods used for other states' drug treatment court programs and with developing long-term strategies for Virginia's programs that would be better for sustaining and ultimately expanding program operations. The Committee studied data from the National Association of Drug Court Professionals' 2009 Survey (reported at the October 2009 State Drug Court Coordinators' Meeting) and February 2010 data collected by the Bureau of Justice Assistance's Drug Court Clearinghouse Project. From this information, the Committee identified eight states (Colorado, Idaho, Nevada, New Jersey, North Carolina, Tennessee, Utah, and Washington) whose drug court funding conditions appeared better than others with respect to interbranch relations, community support, appropriation levels, and funding sources.

The Committee and its staff decided to contact the eight states to gather additional information about their drug court funding conditions and developed a survey instrument to help them gather comparable information. Each state representative was contacted by phone in May by a member of the Drug Courts 2020 committee and asked the survey questions. Information was received from all the targeted states except North Carolina. The survey questions and responses from the seven states are summarized in the following table.

Drug Treatment Court Funding in Selected States, May 2010

	Colorado	Idaho	Nevada	New Jersey	Tennessee	Utah	Washington
1) Contact Information	Shane Bahr; Colorado Problem Solving Court Coordinator; Shane.bahr@judicial.state.co.us; 1-800-888-001 ext. 3618	Norma Jaeger; Courts Administrator; Njaeger@idcourts.net; (208)- 947-7406	Vicki Elefante; Specialty Court Program Analyst; elefante@nvcourts.nv.gov; (775)-687-9807	Carol Venditto; Statewide Drug Court Manager; carol.venditto@judiciary.state.nj.us; (609)-292-3488	Marie Crosson; Deputy Director; Marie.Crosson@tn.gov; (615)253-2037	Rick Schwermer; Assistant State Court Administrator; (801)-578-3816	Earl Long, Criminal Justice Program Manager at the Washington Dept. of Social and Health Services(DSHS); Longea@dshs.wa.gov; (360) 725-9985
2) How many drug courts are in your state?	49	55	43, specialty court programs(see below)	27	50	52	50 problem solving courts (23 adult dc, 11 juvenile dc)
3) What types of drug court / problem solving courts exist?							
Adult	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Juvenile	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Family	Yes	Yes	Yes	Yes	Yes	Yes	Yes
DUI		Yes	Yes	No	Yes	Yes	Yes
Domestic Violence	Yes		No	No	Yes	Yes	No
Veterans	Yes		Yes	No	No		No
Mental Health	Yes	Yes	Yes	No	Yes	Yes	Yes
Other:	Yes; Truancy		Yes: alcohol & other drug court, habitual offender, child support drug court, prison re-entry, diversion	The number above includes three juvenile pilots and three family pilots. <i>No pilot is state funded</i>		Justice Courts; Veterans Courts in development	No
4) Is there enabling legislation for drug courts in your state? If yes, what is the code section?	No	Yes; Idaho Code 19-5601 et al	Yes. NRS 176A.250 (Mental Illness); NRS 176A.280 (Veterans Treatment) NRS 453.580 (Treatment Program)	Yes, NJ2C:35-14 same legislation provided state funding; judiciary also uses existing diversionary statute	Yes T.C.A. 16-22-102	No	Yes, RCW 2.28.170
5) How many drug courts in your state receive state funding?	All	7	Only mental health (3?)	21 adult drug courts funded directly thru special purpose account	All	46 (all receive funding except the Justice Courts)	All receive state funding from the Criminal Justice Treatment Account (see RCW 70.96A.350)

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6) How many drug courts in your state do not receive state funding or are unfunded?	None	None	40—NRS 176.0613 (specialty court admin. surcharge on misdemeanors); NRS 178.518 (bail forfeitures) NRS 176.059, § 8(A) (4) (reallocation of Supreme Court surcharge assessment)	Six pilots (but they do receive some level of state support thru Judiciary's discretionary funding)	None	6 Justice Courts	None
7) How much state funding is allocated to drug courts?	\$1.3M annually general funds, and \$1.3M for limited time from Byrne Grant	\$1.4M court side and \$4.5M for treatment (Source: 2% of alcohol sales + surcharge on criminal cases)	None, except for mental health courts Est. total revenues from sources listed in #6 are \$6.7M; NOTE—very volatile	Adult Programs \$44.6M in last FY (directly dedicated; then additional funding granted thru Jud. to six pilots)	\$3.5M appropriated and fees from TCA 16-22-102	\$4M	FY2010: \$7.2M for CJTA; <i>however</i> , drug courts aren't the only recipients of these funds
8) Which state entity manages those funds?	Colorado Supreme Court	Idaho Supreme Court	Administrative Office of the Courts	AOC & Division of Addiction Services (DHS). K w/ treatment providers (ovr 200—state & local)	Office of Criminal Justice Programs (OCJP)	State Dept. of Human Services (State Substance Abuse-87%), Judiciary (13%)	DSHS, Division of Alcohol & Substance Abuse, per policies set by CJTA panel
9) Are the programs limited as to how they can use the funding? If yes, please explain the funding limitations.	Funding is allocated to the judicial district, and they decide how it is to be used.	Yes, this funding is directed to each judicial district having a coordinator and then the next priority is for staff and then urine testing.	Yes, statute dictates how funds can be expended. A funding committee determined that treatment is top priority; so it receives most funds; however, there is consideration of re-prioritizing expenses.	Yes, moneys designated for treatment (not divided among counties, own pot); \$29M go to Division of Addiction Services (no caps on counties), remaining moneys go to courts. Most is for salaries (judgeships, staff--200 w/in counties, substance abuse evaluations, coordinators probation offices).	Yes, Limitations are based on the drug court legislation	Yes, grant request process that has to be approved by the State Substance Abuse and Administrative Office of the Courts. Most funds are used for treatment.	Yes, see RCW 70.96A.350; e.g., (6)(a) No more than 10% of the total moneys received under subsections (4) & (5) of this section by a county or group of counties participating in regional agreement shall be spent on the administrative and overhead costs associated with the operation of drug court. (b) No more than 10% of the total moneys received under subsections (4) & (5) of this section by a county or group of counties participating in regional agreement shall be spent for treatment support

	Colorado	Idaho	Nevada	New Jersey	Tennessee	Utah	Washington
							services
10) Are the funds primarily used for:							
Staff Salaries	Yes	Yes	No (unless treatment related—a few FTEs)	Other	Yes	No	Yes
Operating Costs	Yes	Yes	Yes--Office supplies	Other	Yes	No	Yes
Other	Comments: Judges	Yes: urine testing	Yes: drug testing supplies, equipment, SCRAM, counseling, inpatient, residential for mental health court	Other [No detailed information was actually provided in response to Q 10.]	Yes, substance abuse treatment and other treatment as needed	Yes, treatment	Yes, there is a ceiling of 10% for administrative expenses of any kind. The plurality of funds go to treatment services. Other functional areas for which the funds are used are case management, UA, child care, and transportation.
11) Are there any guidelines provided to the programs as to how the funding should be allocated? If yes, please explain the guidelines.	Yes, most funding goes to FTE's	Yes, this funding is directed to each judicial district having a coordinator, and then the next priority is for staff and then urine testing	Yes. AOC distributes applications; programs return w/ budget. Specialty program analyst reviews application and makes recommendation to committee. Prgms receiving specialty ct surcharge revenues provide qtrly rpts.	Yes, fee for services (billed for treatment services they provide); bill is based on per diem rate (some contracts for residential / detox, etc)	Yes, see legislation	Yes (no explanation offered)	Yes, there are guidelines that assist in how the funding should be allocated. For example, some guidelines clarify what services are meant to be included in "drug and alcohol treatment services and treatment support services" under the law.
12) Are the programs required to provide in-kind and/or local dollars to match the state funding? (If yes) What percentage of match is expected?	No match is required	No direct match is required, but the counties in Idaho are statutorily responsible for operations of courts. Therefore, office space, utilities, etc. are supplied by the locality.	No, however, majority of programs do provide in-kind as employees who work for court are not paid by special assessment funds. We do fund a coordinator, case manager, and part-time drug tester in some programs	No, although there is little doubt that the funding they get does not cover all they offer	No	No	Yes, jurisdictions are required to provide a dollar for dollar match for the state funding— covers the local court expenses for the operation of drug courts. (Keep in mind that localities are more responsible for the funding of Washington state trial courts than is the case in Virginia.)

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13) How do programs throughout the state access funding from the state?							
Competitive grant			No	N/A	N/A	Yes	Yes* (see below)
Formula grant			No	N/A	N/A	N/A	Yes** (see below)
Automatic Support			No	N/A	Yes	N/A	
Direct Allocation	Yes	Yes	No	N/A	N/A	N/A	
Other			Programs must apply; AOC projects available funds; authorized expenses are funded per recommendations to funding committee. If funding available, everyone receives some funds. if more requested than available, they prioritize, and new programs sometimes do not receive funds.	Treatment program bills, allocated funds for positions, allocate UDSS & operating expense (active cases, staff, etc.) use existing info. to allocate fairly across spectrum (if there is an explosion of new cases, usually have additional funding at Ms. Venditto's office)	Fees from legislation and treatment dollars through the state A & D division	N/A	*Est. 30% of annual funding—covers range of expenses, including base operations for programs in smaller localities (counties). **70% of annual funding—allocated to localities per submission of acceptable plan. Big counties (e.g., King/Seattle) get about 1/3 of the funds while little ones get only 1/10 (not enough for base operations)
14) What types of fees do participants pay?	Cost of Supervision, Drug Testing, Treatment	Supervision fees, Drug Testing, Treatment Fees	If assessed, \$10-\$50 a week. Varies by local option (state is not unified, therefore not uniform).	None or fines/penalties that are so onerous due to statute, or supervision fees for probation services	Varies from court to court. Some require no participant fees; some charge up to \$25 per week.	Sliding scale for treatment; urine analyses	Varies by locality, but requiring some contribution toward program costs is a general practice
15) How is funding used locally?							
Treatment Services			Unknown	Yes	Yes	Yes	Yes
Probation Services			Varies by locality, some yes, some no	Yes	—	No	No
Supplies			Unknown	Yes	Yes	No	Yes
Staff	Yes	Yes	Yes	Yes	Yes	No	Yes
Operational Costs			Yes	Yes	Yes	No	Yes

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Other		Yes, Drug Testing	If state does not provide probation services (some counties), program hires case manager to oversee probation function		Yes (No explanation)	No	Yes, see responses to 9 and 10 above
16) Is there state support (grant writer, grants manager) to assist localities in applying for federal funds?	No	Yes, Trial Court Administrator who assists in writing grants. They recently were awarded a Byrne Grant which was distributed to the judicial districts	No	Yes, Central Office with two staff & training (yearly conf.) & apply for Fed grants without approval of AOC director	Yes, technical assistance is provided by OCJP as needed	Yes, Denise Leavitt, Division of Substance Abuse, will assist as needed to procure federal funds	No
17) Does the state apply for federal funds for drug courts, then pass the funds to local programs? If yes, please specify the process.	Yes, they applied for a Byrne and currently share \$1.3M among the existing courts	Yes, see #16 above.	No	No Localities do receive funding (feds know how much rec'd) ? <i>[Perhaps this means that AOC not involved and doesn't know details but is aware that localities are getting some federal funding.]</i>	— At least not yet. We do plan to apply for federal dollars.	No, funds go directly to localities but have to be approved by the state	Yes, while there is no grants writer to assist individual localities, they have apparently started using a grant writer who helped 9 courts prepare a group submission to the Feds. The emphasis in this response (also relevant to 16) was on the regional or state-wide efforts as opposed to helping individual localities.
18) Are you working to secure additional state funding to expand drug courts throughout your state? If yes, please explain.	Yes, seeking new avenues of funding	No	No. State did apply for a BJA grant to fund a statewide automated drug court data reporting system	Yes. We may ask for more as programs expand (this budget cycle, grateful for static funding—Judiciary taking a hit) (other models/ expand dc) w/ adult drug court need treatment????	No We are in serious crisis and would not be able to secure additional funding at this time. More than likely, funding will be reduced	No	No

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19) Does the state conduct a cross site evaluation of all drug courts?	No current cross-site evaluation in place, but this is in the planning stage.	No, recently received a federal grant to conduct a statewide process evaluation	No. Have implemented a financial audit; may start to do site visits in conjunction with the financial audit	Yes, only internal, outcomes-based; AOC has a vast array of statistics run/gathered by site; some are provided to statewide meeting (statistics / comparisons); do publish state averages	Yes, certification of drug courts, monitoring grants, and current federal grant	Yes, Certification of the Courts process	No, they hope to eventually have evaluations that look at the performance issues (no stds yet); there is however, biennial auditing/ monitoring of all programs funded by the CJTA. This is done to ensure that programs are spending their funds in accordance with the terms of their submitted plans, not exceeding the 10% limit on administrative expenses, etc. There is also apparently some review of graduates (at +6 & +24 mos.) to see whether they have "recidivated" (no def.).
20) Does the state provide a database to all programs for data collection and/or case management? If no, please describe how data is collected and analyzed for your evaluation process.	No, Colorado does not have a stand alone system, but they integrate data from the courts and probation systems. They have plans to establish a web-based MIS system in the near future	Yes	No. Some hand-tally; some use a spreadsheet; others have a case management system. Currently, only collect minimal data.	Yes, not a dedicated Drug Court database; use multiple-- start with criminal court system, then probation system, then state treatment system (& all 3 can be linked—data downloaded & then externally linked)	No. This issue is a source of great frustration for us and them—no money.	No (No other information)	No It is their goal to have such eventually. Currently, there is a comprehensive state drug and alcohol treatment database that includes but is not exclusive to drug courts.
21) What other local funding is provided to various drug courts / problem-solving courts throughout the state?	Operational funds come from existing probation and court funds	N/A	Unknown. That which is provided is generally in the form of staff.	Grants: 1-2 mostly fed money, foundation grant, state money for staff access funds thru treatment providers within counties	Fees from the legislation (see #7) are kept by the drug court in that county	Counties frequently augment the state and federal funding	Varies; CJTA funds supplement, not supplant, other federal, state & local funds for treatment.

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22) Are there any statewide advisory boards / committees that oversee/facilitate drug courts throughout the state? If no, please explain what your state does.	Yes (and most programs have local advisory bodies as well)	Yes	Yes--Specialty Court Funding Committee; Sup Ct. justices serve as chair and vice-chair; beyond funding, the Committee is <i>not</i> involved in program management / operations. That is left to the local programs.	Yes, Drug Court Advisory Committee--was nonoperational for a long time	Yes, not to oversee the drug court but to advise OCJP on planning and funding. (See legislation)	No	Yes

Appendix C
Defining Drug Courts: The Key Components (BJA and NADCP, 1997)
<http://www.ojp.usdoj.gov/BJA/grant/DrugCourts/DefiningDC.pdf>

In developing a strategic plan for Virginia's drug treatment court programs, the Drug Courts 2020 planning team consulted a variety of resources to inform their discussions of what values and operating characteristics Virginia's drug treatment courts should have. Among these resources were the key components of drug courts identified by the Bureau of Justice Assistance and the National Association of Drug Court Professionals in 1997.

Summary

- Key Component #1:** Drug courts integrate alcohol and other drug treatment services with justice system case processing
- Key Component #2:** Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights
- Key Component #3:** Eligible participants are identified early and promptly placed in the drug court program
- Key Component #4:** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services
- Key Component #5:** Abstinence is monitored by frequent alcohol and other drug testing
- Key Component #6:** A coordinated strategy governs drug court responses to participants' compliance
- Key Component #7:** Ongoing judicial interaction with each drug court participant is essential
- Key Component #8:** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness
- Key Component #9:** Continuing interdisciplinary education promotes effective drug court planning, implementation and operations
- Key Component #10:** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court effectiveness

Appendix D
Virginia's Standards for Adult Drug Treatment Courts (2005, Rev. 2007)
http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/admin/adult_standards.pdf

Another set of resources that informed the Drug Courts 2020 planning team in its consideration of the values and operating characteristics that Virginia's drug treatment courts should have was the collection of standards that Virginia has approved for adult, DUI, juvenile, and family programs. The adult standards are listed below as a representation of the larger collection.

STANDARD I

Drug treatment courts depend upon a comprehensive and inclusive planning process.

STANDARD II

Drug treatment courts integrate substance abuse treatment services with adjudication of the case(s) before the court.

STANDARD III

Drug treatment courts have published eligibility criteria that have been collaboratively developed, reviewed, and agreed upon by members of the drug treatment court team.

STANDARD IV

Drug treatment courts incorporate a non-adversarial approach in which the judge, the Commonwealth's Attorney and the defense attorney promote public safety while protecting the rights of participants.

STANDARD V

Drug treatment courts emphasize early identification and placement of eligible participants.

STANDARD VI

Drug treatment courts provide access to a comprehensive continuum of substance abuse treatment and rehabilitation services.

STANDARD VII

Abstinence is monitored by frequent alcohol and other drug testing.

STANDARD VIII

A coordinated strategy governs responses from the drug treatment court to each participant's performance and progress.

STANDARD IX

Ongoing judicial interaction with each participant in the drug treatment court is essential.

STANDARD X

The drug treatment court has results that are measured, evaluated, and communicated to the public.

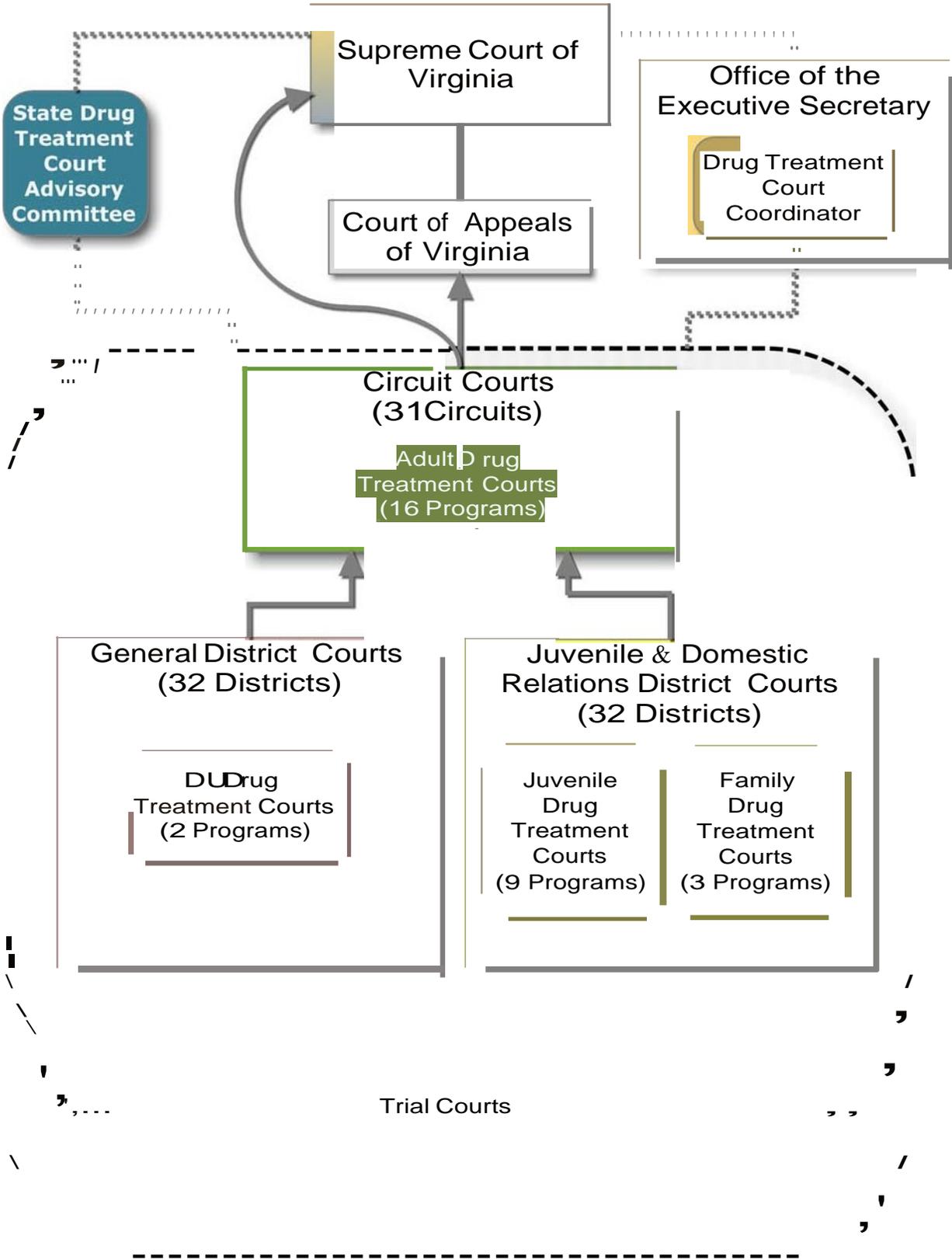
STANDARD XI

The drug treatment court requires continuing interdisciplinary education, training and program assessment.

STANDARD XII

The local advisory committee interacts in a vital and meaningful way with the drug treatment court team.

Drug Treatment Courts Within the Virginia Court System



Lines of Appeal
 Lines of Advice / Administration