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November 13, 2023

The General Assembly of Virginia
201 N. Ninth Street
The General Assembly Building
Richmond, VA 23219

Dear Senators and Delegates:

The Virginia Drug Treatment Court Act (Virginia Code 18.2-254.1) directs the Office of the Executive Secretary of the Supreme Court of Virginia, with the assistance of the state drug treatment court advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all drug treatment court dockets established in accordance with the Rules of Supreme Court of Virginia. Please find attached the current annual report.

If you have any questions regarding this report, please do not hesitate to contact me.

With best wishes, I am

Very truly yours,

Karl R. Hade

KRH: atp

Enclosure

cc: Division of Legislative Systems

Where Treatment and Accountability Meet Justice



Virginia Drug Treatment Court Dockets Fiscal Year 2023 Annual Report

**Office of the Executive Secretary
Supreme Court of Virginia**

PREFACE

The Virginia Drug Treatment Court Act (Code of Virginia §18.2-254.1) requires the Office of the Executive Secretary of the Supreme Court of Virginia (OES), with the assistance of the State Drug Treatment Court Advisory Committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. The Act further requires OES to annually provide the General Assembly with a report of these evaluations. Virginia Code §18.2-254.1. N requires the Office of the Executive Secretary of the Supreme Court to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of Supreme Court of Virginia. The following Drug Treatment Court Annual Report also satisfies a component of that requirement. The primary data reported here is Fiscal Year 2023 data. However, for the purposes of longitudinal perspective, years dating back to 2016 may be presented in certain tables or figures. For the section on criminal recidivism, the focus is on persons who exited an adult drug court docket in 2020, as is detailed in that section.

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EXECUTIVE SUMMARY

Virginia's first drug treatment court docket was established in 1995 in the 23rd Judicial Circuit, which includes the Cities of Roanoke and Salem, and the County of Roanoke. During fiscal year (FY) 2023, there were sixty (60) approved drug treatment court dockets operating in Virginia. Approved operational dockets include: fifty-one (51) adult, three (3) juvenile, five (5) family, and one (1) regional driving under the influence (DUI) drug treatment court docket. Data from four¹ of these dockets are not included in this report due to their recent start date with limited data available.

The goals of Virginia drug treatment court dockets are to:

- Reduce substance use among offenders.
- Reduce recidivism.
- Reduce substance-related court workloads.
- Increase personal, familial, and societal accountability among offenders; and
- Promote effective planning and use of resources among the criminal justice system and community agencies.

Drug treatment court dockets offer substance use and mental health treatment to participants as an alternative to traditional case processing. They may also often include alternatives to incarceration, case dismissal, reduction in charges, and/or reduction in supervision. According to the National Institute on Mental Health at the National Institutes of Health substance use disorders are a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. But being a brain disease does not exclude substance use disorder from being a mental health condition, as well. These terms are synonymous, describing the way excessive drug use can affect and change the brain, and affect both thinking and behavior. Almost a quarter million adults in Virginia live with co-occurring mental health and substance use disorders.² About 70 - 80% of participants in a Drug Treatment Court Dockets have law enforcement involvement, which does not result in increased access to appropriate care but rather results in their over-representation within the criminal justice system. Drug treatment court dockets incorporate evidence-based strategies in a public health approach to accommodate offenders with specific problems and needs that are not or could not be adequately addressed in the traditional court setting, resulting in increased public safety by integrating the criminal justice system with treatment systems and community resources.

This report reviews the basic operations and outcomes of Virginia's drug treatment court dockets during FY 2023. The analyses provided in this report are based on data for participants who were enrolled in a drug treatment court docket program during the period of July 1, 2022, through June 30, 2023, regardless of the outcome of their participation.³ The information provided includes measures of program participants including demographics, program entry offenses, length of program participation, graduation and termination, and rearrest/reconviction post program exit.

¹ Danville, Nelson, Radford, Shenandoah, Warren

² SAMHSA National Survey on Drug Use and Health (NSDUH), available at <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>.

³ The primary data reported here is Fiscal Year 2023 data. However, for the purposes of longitudinal perspective, years dating back to 2016 may be presented in certain tables or figures. For the section on criminal recidivism, the focus is on persons who left an adult drug court docket in 2020, as is detailed in that section.

All data provided in this report are based on the following: 1) data extracted from the Virginia specialty dockets database developed and maintained by OES; and 2) arrest data obtained from the Virginia State Police (VSP).

The DUI, family and juvenile drug treatment court docket models served a limited number of participants during FY 2023. As a result, only basic data are included for these models.

Information provided in this report encompasses several best practices in the drug treatment court dockets over the years, such as use of the Risk and Needs Triage (RANT®) tool. The RANT® tool yields an immediate report that classifies potential drug court participants into one of four risk/needs quadrants with the tool indicating what level of supervision and treatment are best suited to the potential participants' criminogenic risks and clinical needs. This tool is required for all persons being screened as potential drug court participants.

Best Practice

According to the Office of National Drug Control Policy (ONDCP), the drug treatment court docket model is a best practice for the following reasons:

- Graduating participants gain the necessary tools to rebuild their lives.
- Drug treatment court docket participants are provided intensive treatment and other services for a minimum of one year.
- There are frequent court appearances and random drug testing with sanctions and incentives to encourage compliance and completion.
- Successful completion of the treatment program results in dismissal of the charges, reduced or set-aside sentences, lesser penalties, or a combination.
- Drug treatment court dockets rely upon the daily participation of judges, court personnel, probation, treatment providers, and providers of other social services.

All Rise, formerly, the National Association of Drug Court Professionals, released Volumes I and II of the Adult Drug Court Best Practice Standards, Text Revision, in 2019, a comprehensive compilation of research-based, specific, practitioner-focused drug court guidance.⁴ The Standards compile two decades of research on addiction, pharmacology, behavioral health and criminal justice, and will improve drug court dockets, and help improve the way the entire judicial system responds to offenders living with addiction or mental illness.

Administration of Drug Treatment Court Dockets in Virginia

The Office of the Executive Secretary (OES) of the Supreme Court of Virginia facilitates the development, implementation, and monitoring of local adult, juvenile, family, and DUI drug treatment court dockets through the Specialty Dockets Division of the Department of Judicial Services within OES. The State Drug Treatment Court Advisory Committee, established pursuant to Virginia Code §18.2-254.1, offers recommendations to the Chief Justice regarding recognition and funding for drug treatment court dockets, best practices, and minimum standards for docket operations. The Committee

⁴ <https://allrise.org/publications/adult-drug-court-best-practice-standards/>

also evaluates all proposals requesting to establish new drug treatment court dockets and offers recommendations to the Chief Justice.

The “term ‘specialty dockets’ refers to specialized court dockets within the existing structure of Virginia's circuit and district court system offering judicial monitoring of intensive treatment, supervision, and remediation integral to case disposition.”⁵ “The Supreme Court of Virginia currently recognizes the following three types of specialty dockets: (i) drug treatment court dockets as provided for in the Drug Treatment Court Act, § 18.2-254.1, (ii) veterans dockets, and (iii) behavioral/mental health dockets. Drug treatment court dockets offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases.”⁶

Funding for Virginia’s Drug Treatment Court Dockets

Virginia’s drug treatment court dockets operate using a sustainable funding strategy approved by the Drug Treatment Court Advisory Committee. The goal was to address the long-term funding for all drug treatment court dockets in Virginia in a way that would support currently funded, unfunded, and future drug treatment court dockets. The Advisory Committee employs a data-driven formula to ensure accuracy and fairness of resource allocation to standardize the funding of as many drug court dockets as possible. Accuracy is measured using data entered in the specialty dockets database. Fairness is measured based on the distribution of funding to all Virginia Drug Treatment Court dockets. Transparency is achieved by clearly identifying the funding process and making the awarding procedures easily accessible for each drug treatment court docket. The Advisory Committee strives to ensure that jurisdictions that wish to create drug treatment court dockets to address substance misuse are encouraged to do so within the national evidence-based criteria that ensures consistent and predictable outcomes.

The Drug Treatment Court Advisory Committee will continue to pursue additional funds for drug treatment court dockets so eventually there will be enough resources to fund all eligible Virginia Drug Treatment Court Dockets. State drug treatment court funds are not intended to be the program’s sole source of funding. As a result, drug treatment court dockets must demonstrate sufficient local support for sustainability.

All dockets receiving these funds must meet the following minimum compliance standards:

- ✓ Obtain approval from the Drug Treatment Court Advisory Committee to begin operation;
- ✓ Meet all applicable Virginia Drug Treatment Court Standards;⁷
- ✓ Enter all required information and statistics into the Specialty Docket’s database to track compliance.
- ✓ Complete and submit quarterly grant reports on time;
- ✓ Identify and report retention and recidivism rates for all participants;⁸

⁵ Virginia Rule 1:25

⁶ *Ibid.*

⁷ <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/home.html>

⁸ This requires tracking and accurately reporting the number of months each participant was in the docket after entry into Phase 1, and whether and when a participant was convicted of a new criminal offense; this will be identified by VSP data.

- ✓ Demonstrate a match (cash/in-kind) of 25% based on the established formula utilized by the Bureau of Justice Assistance for Drug Court grants;

Currently, state funds are administered to twenty-eight (28) adult drug treatment court dockets through a reimbursable grant process. Dockets receiving these funds utilize the funds primarily for drug treatment court docket team personnel. Treatment services for drug treatment court docket participants are generally provided through local public substance abuse treatment systems also known as Community Services Boards (CSB) or Behavioral Health Authorities. Participant supervision is provided by state probation and parole officers or local community corrections officers.

The drug treatment court dockets receiving state grant funds establish a Memorandum of Agreement (MOA) with their local CSB for needed treatment services and the Department of Corrections, or local Community Corrections, for needed supervision of participants with agreed upon financial and/or professional personnel arrangements. The remaining dockets operate without state funds and draw upon local funds and in-kind services, augmented in a few situations by federal grant funds and other resources. The family drug treatment programs do not receive state funds administered by OES and the DUI drug treatment court docket operated by the local Alcohol Safety Action Program (ASAP) uses offender fees to support the docket.

All Virginia drug treatment court dockets find it challenging to secure and maintain adequate funding, especially to address issues specific to their unique participant populations. While all dockets support staff training, additional funding for topic specific training is needed: for example, training specific to using injectable naltrexone, naloxone, and other medications; relapse prevention warning signs, and cultural competency. These ongoing professional development increase staff skills and contribute to enhanced program quality.

As reported in the 2012 Virginia Drug Treatment Courts Cost Benefits Analysis, every adult participant accepted into a Virginia drug treatment court docket saves the Commonwealth \$19,234 compared to traditional case processing.⁹ (Additional details are reviewed in “Virginia Adult Treatment Court Dockets Cost Benefit Analysis” in page 11-12). These savings are due to positive drug court docket participant outcomes including fewer arrests, fewer court docket cases, less probation time, less jail time, and less prison time relative to the comparison group. Overall, the number of adult drug court docket participants served in FY 2023 saved local agencies and the Commonwealth of Virginia over \$4.8 million.

⁹ <https://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/resources/virginiadtccostbenefit.pdf>

FY 2023 Summary Measures

Figure 1. Drug Treatment Court Docket FY 2023 Summary Measures

- Virginia Adult Drug Treatment Court Dockets save \$19,234 per person as compared to traditional case processing. A total of 249 participants successfully completed an adult drug treatment court program.
 - FY 2023 yielded an estimated cost savings of over **\$4.8 million**.
- The number of adult drug treatment court participants decreased by 8.5% from the value reported in FY 2022.
- Almost 92% of accepted adult participants scored as high risk/high need on the RANT®.
- High levels of sobriety were measured by drug screens negative for alcohol and drugs for adult, juvenile, and family dockets at 84.5%, 68.9%, and 40.3% respectively.
- Juvenile dockets reported 20 active participants, a 33.3% decrease from FY 2022, while family treatment dockets reported 39 participants, a 44.4 % increase from FY 2022.
- A total of 523 participants exited an adult drug treatment court docket, a 2% decrease from the 531 departures reported in FY 2022.
- The 3-year reconviction rate for those who successfully completed an adult drug treatment court docket in FY 2020 was **22.1%**.

FY 2023 Activity Summary

Active Participants: Adult drug treatment dockets reported 1,283 active participants in FY 2023, a 8.5% decrease from the 1,403 reported in FY 2022. Juvenile drug treatment court dockets reported 20 active participants, a 33.3% decrease from the 30 reported in FY 2023, while family drug treatment court dockets reported 39 participants, a 44.4% increase from the 27 reported in FY 2022.

Graduates: A total of 525 participants exited an adult, family, or juvenile drug treatment court docket. Of the 525 departures, 259 successfully completed a program for an overall graduation rate of 49.3%.

Terminations: There were 265 participants terminated from an adult, family, or juvenile drug treatment court docket which resulted in a 50.4 % overall termination rate.

Referrals: The adult drug treatment court dockets had 1,077 referrals, which was a 16.18% increase from the 927 referrals reported in FY 2022. Twenty-Five referrals were made to juvenile drug treatment court dockets, while 33 were made to family drug treatment court dockets.

New Admissions: Of the 1,077 referrals made to the adult drug treatment court docket programs, 580 referrals were accepted, resulting in a 53.9% acceptance rate. Eight of the 25 referrals to the juvenile drug treatment court docket were accepted, resulting in an acceptance rate of 32.0%, while 23 of the

33 referrals to a family drug treatment court docket were accepted for an acceptance rate of 69.7%.

DRUG TREATMENT COURT DOCKETS IN VIRGINIA

Introduction

The General Assembly enacted the Virginia Drug Treatment Court Act (Virginia Code §18.2-254.1) in 2004. Pursuant to the Act, the Supreme Court of Virginia provides administrative oversight of all drug treatment court dockets. In addition, the State Drug Treatment Court Advisory Committee, chaired by the Chief Justice, was established to provide guidance on the implementation and operation of local drug treatment court dockets and is authorized to approve new applications for drug treatment court dockets.

Drug treatment court dockets are specialized dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision of individuals with substance use disorders in drug cases and drug-related cases. Local officials must complete an application and training prior to establishing a drug treatment court docket in Virginia. Once implemented, drug treatment court dockets become an integral part of the court and community response to substance use disorder and misuse. As the number of treatment dockets grows and the number of Virginians served increases, the Commonwealth continues to experience savings compared to traditional case processing. Using evidence-based practices and collaboration, Virginia's drug treatment court dockets continue to see improved outcomes for adult offenders, DUI offenders, juvenile delinquents and parent respondents in abuse, neglect, and dependency cases.

Data are provided for adult drug treatment court docket models, with program descriptions provided separately for adult, juvenile, and family drug treatment court dockets. Analyses provided in this report were based on participants served at any point during FY 2023 (July 1, 2022 – June 30, 2023). DUI drug treatment court data is unavailable for inclusion in the FY 2023 Annual Report.

Drug Treatment Court Dockets Approved to Operate

Adult drug treatment court dockets operate in circuit courts, DUI drug treatment court dockets operate in general district courts, and both juvenile and family drug treatment court dockets operate in the juvenile and domestic relations district courts as described below (see Figures 2 and 3). Family drug treatment court dockets are distinct from other treatment dockets because they involve civil (not criminal) cases and are referred from petitions filed by local Departments of Social Services.

Figure 2: Drug Treatment Court Dockets within the Virginia Judicial System

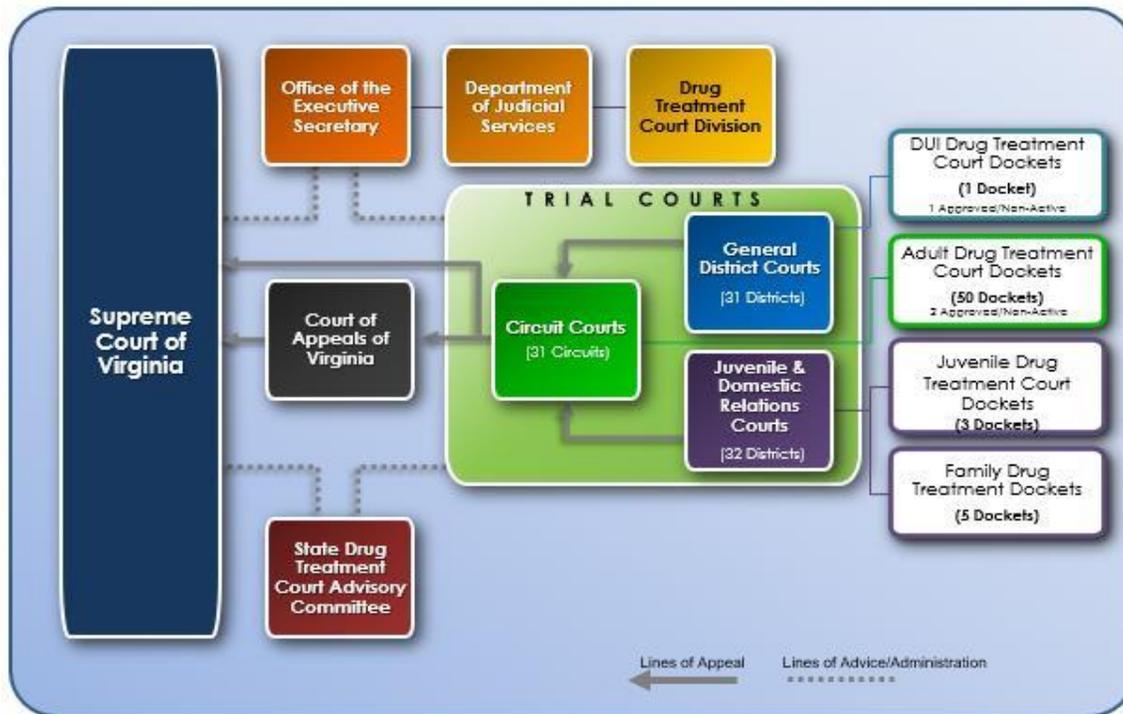


Figure 3. Types of Drug Treatment Court Dockets in Virginia

- **Adult** drug treatment court dockets in circuit courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.
- **Juvenile** drug treatment court dockets in juvenile and domestic relations district courts monitor adjudicated delinquents on supervised probation.
- **DUI** drug treatment court dockets in general district courts monitor (post-conviction) sentenced DUI offenders through the local Alcohol Safety Action Program.
- **Family** drug treatment court dockets in juvenile and domestic relations district courts aid in equipping parents with substance use treatment and parenting skills to promote long-term stabilized recovery, providing permanency for the child(ren), and enhancing the possibility of reuniting families within mandatory legal timeframes for child dependency cases.

Administration of Drug Treatment Court Dockets in Virginia

The State Drug Treatment Court Advisory Committee, established pursuant to Virginia Code §18.2-254.1, makes recommendations to the Chief Justice regarding approval and funding for drug treatment court dockets, as well as best practices based on research and minimum standards for docket operations. It also evaluates all proposals for the establishment of new drug treatment court dockets and makes recommendations to the Chief Justice. OES staff along with the Drug Treatment Court Advisory Committee/Evaluation Committee prepared this report. See Figure 5 for a map of Virginia's drug treatment court dockets. See Appendix C for a list of Virginia's drug treatment court dockets.

ADULT DRUG TREATMENT COURT DOCKETS

Adult drug treatment court dockets are an alternative to incarceration for non-violent offenders who have also been identified as having a substance use disorder. Instead of incarcerating offenders, the drug treatment court docket offers a voluntary, therapeutic program designed to break the cycle of substance use and criminal behavior. The drug treatment court docket provides an opportunity for early, continuous, intense judicial supervision, treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and other rehabilitation services. Drug treatment court dockets reflect a high degree of collaboration between judicial, criminal justice, and treatment systems.

Drug treatment court dockets are a highly specialized team process that functions within the existing judicial system structure to address nonviolent drug and drug-related cases. They are unique in the criminal justice setting because they build a close collaborative relationship between criminal justice and drug treatment professionals. Adult drug treatment court dockets employ a program designed to reduce drug use relapse and criminal recidivism among participants through a treatment needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment, and various rehabilitation services. Within a cooperative courtroom atmosphere, the judge heads a team of drug court personnel, including a coordinator, attorneys, probation officers, and substance use treatment counselors all working in concert to support and monitor drug testing and court appearances. Depending upon the program, adult dockets may regularly involve law enforcement and/or jail staff. A variety of local, state, and federal stakeholders may provide support to programs in addition to that provided by OES (See Appendix B).

The drug treatment court docket process begins with a legal review of the participant's current and prior offenses and a clinical assessment of their substance use history. Offenders who meet eligibility criteria and are found to have a substance use disorder may volunteer to be placed in the drug treatment court docket and referred to ancillary service providers. A unique element of the drug treatment court docket is that the participants must appear in court regularly, even weekly, and report to the drug treatment court docket judge on their compliance with docket requirements. The intervention of the judge in participants' lives is a major factor in the success of these dockets. Criminal justice supervision and sanctions without involvement in treatment do not reduce recidivism among offenders with a substance use disorder. Substance use and criminal behavior is most likely to change when both incentives and sanctions are applied in a certain, swift, and fair manner. Long-term changes in behavior are most strongly influenced by use of incentives. Contingency management approaches that provide systematic incentives for achieving treatment goals have been shown to reduce recidivism and substance use.¹⁰

Because of this multifaceted approach to crime and addiction, participants in drug treatment court dockets have a lower recidivism rate than drug-related offenders who are incarcerated in state prisons. This success rate is due in large measure to the fact that drug treatment court docket partnerships develop comprehensive and tightly structured regimens of treatment and recovery services. The primary difference between drug treatment court dockets and traditional case processing is the

¹⁰ Prendegast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction Science and Clinical Practice* (April), 4-13. Retrieved at: <https://www.cmcainternational.org/wp-content/uploads/2019/10/interventions-to-promote-succesful-re-entry-among-drug-abusing-parolees.pdf>

continued oversight and involvement of the judge in the monitoring process. By closely monitoring participants, the court actively supports the recovery process and reacts swiftly to impose appropriate therapeutic sanctions or to reinstate criminal proceedings when participants cannot comply with the docket. Together, the treatment team maintains a critical balance of authority, supervision, accountability, support, and encouragement.

Virginia Adult Drug Treatment Court Dockets Cost Benefit Analysis

In July 2011, the Office of the Executive Secretary contracted with the National Center for State Courts (NCSC) to complete a cost-benefit analysis of Virginia's adult drug treatment court dockets. An impact study measuring drug court dockets' effectiveness was required to be completed prior to the cost-benefit analysis study. The cost-benefit analysis report included twelve out of the sixteen adult drug treatment court dockets operating at the time (2012) in Virginia. There are 51 adult drug treatment court dockets operating in fiscal year 2023.

The critical evaluation finding was that drug treatment court docket participants were significantly less likely to recidivate than the carefully matched traditional comparison group, and that this recidivism reduction had a robust and sustained effect. The cost model designed to determine the average cost of a drug treatment court docket in Virginia was based on six basic transactions: screening and assessment for drug court placement; drug court staffing and court sessions; treatment; drug testing; drug court supervision; and drug court fees collected. The cost model determined that the average cost of a drug court participant to Virginia taxpayers is slightly less than \$18,000 from the time of acceptance to the time of completion, which is typically longer than one year. Treatment transactions account for 76% of the costs.

The costs and benefits of drug treatment court docket participation were calculated and compared to the costs of processing a case through the traditional approach. The cost and benefit domains investigated include:

- Placement costs, including all costs of involvement in the criminal justice system from arrest, to either drug treatment court docket entry or sentencing for the comparison group;
- Drug treatment court docket costs as determined above, \$17,900.82;
- Outcome costs, including all costs of involvement in the criminal justice system for a new offense, beginning either from drug treatment court docket entry (less the actual cost of drug treatment court docket) or sentences for the comparison group;
- Victimization costs resulting from recidivism for both property offenses and violent offenses.

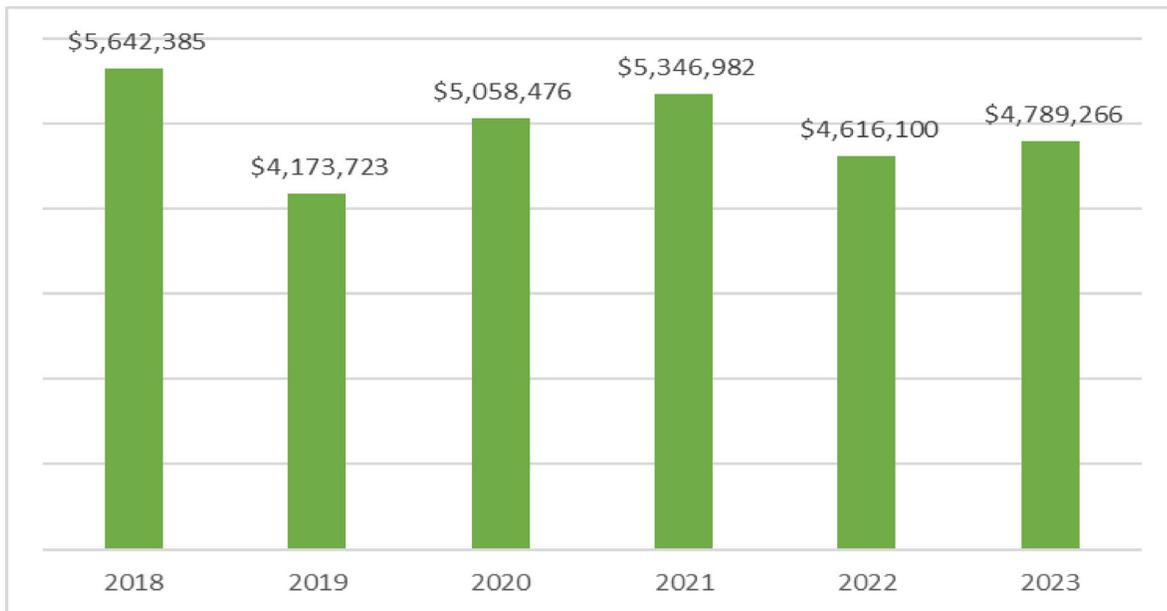
These lower costs within the criminal justice system, including lower placement costs and reduced victimization costs, result in average savings of \$19,234 per drug court departure, relative to the costs of traditional processing (see Table 1).

Table 1. Costs of Adult Drug Court Compared to Traditional Costs

	Adult Drug Court	Traditional	Total
Placement	\$1,441.76	\$4,651.21	(\$3,209.45)
Drug Court	\$17,900.82	\$0.00	\$17,900.82
Outcome	\$10,913.55	\$36,753.96	(\$25,840.41)
Victimization	\$14,583.73	\$22,668.44	(\$8,084.71)
Total	\$44,839.86	\$64,073.61	(\$19,233.75)

Increasing the number of drug treatment court dockets and the number of participants completing these dockets increases the estimated savings generated to the Commonwealth compared to treating these offenders via traditional case processing (see Figure 4).

Figure 4. Estimated Adult Drug Treatment Court Docket Savings by Fiscal Year, 2018-2023



Risk and Needs Triage (RANT®)

A critical task facing most jurisdictions is to develop a rapid, reliable, and efficient system to assess drug-involved offenders and direct them into the most effective programs without increasing costs unnecessarily. This requires attention to offenders’ criminogenic risks and clinical needs.

Criminogenic risks are those offender characteristics that make them less likely to succeed in traditional forms of rehabilitation and thus more likely to return to drinking, drug-taking, or crime. In this context, “risk” refers to participants’ behaviors, past, and actions. Examples of high-risk factors as described by RANT® include, but are not limited to, an earlier onset of substance use or crime, recurring criminal activity, and previously unsuccessful attempts at rehabilitation.

Clinical needs are psychosocial needs that, if effectively addressed, can substantially reduce the likelihood of return to substance use, crime, and other misconduct. Examples of high needs factors include, but are not limited to, addiction to drugs or alcohol, psychiatric symptoms, chronic medical conditions, and illiteracy. Importantly, the RANT® result does not imply that high risk or high needs individuals should be denied opportunities to participate in rehabilitation or diversionary programs. Rather, more intensive, and better skilled community-based programming is required to improve outcomes for such individuals. Table 2 below describes the various effective responses for those who score in the other than high risk high needs quadrant.

The Risk and Needs Triage (RANT®) is a simple but compelling tool for placement and dispositions. It is a web-based decision support tool designed for criminal justice professionals and offers instant, individual participant-level reporting.

All Virginia adult drug treatment court dockets are now required to complete the RANT® questionnaire in the specialty dockets database prior to accepting the candidate. Treatment court dockets can better allocate resources to those who will most benefit from varying types and intensities of intervention, if participants are matched to services based on their risks and needs. Research has demonstrated the importance of matching the risk and need levels of drug-involved offenders to appropriate levels of judicial supervision and treatment services.

The RANT® score assigns offenders to one of four quadrants with two scales, one of risk and one of need, based upon their RANT® score. Using a 2-by-2 matrix (see Table 2), offenders are simultaneously matched on risk and need to one of four quadrants having direct implications for selecting suitable community correctional decisions and behavioral care treatment. Provided in each of the four quadrants below, in italics, are some examples of practice implications and indicated interventions for selecting suitable community correctional decisions and behavioral care treatment for individuals:

Table 2. RANT® Practice Implication or Alternative Tracks

	High Risk	Low Risk
High Needs (dependent)	• Status calendar	• Noncompliance calendar
	• Treatment	• Treatment (separate milieu)
	• Prosocial & adaptive habilitation	• Adaptive habilitation
	• Abstinence is distal	• Positive reinforcement
	• Positive reinforcement	• Self-help/alumni groups
	• Self-help/alumni groups	• ~12-18 months
	• ~18-24 months	
	<i>Drug Court Track</i>	<i>Treatment Track</i>
Low Needs (abuse)	• Status calendar	• Noncompliance calendar
	• Prosocial habilitation	• Psychoeducation
	• Abstinence is proximal	• Abstinence is proximal
	• Negative reinforcement	• Individualized/stratified groups
	• ~12-18 months	• Self-help/alumni groups
		• ~3-6 months
	<i>Supervision Track</i>	<i>Diversion Track</i>

Based on available data, the RANT® trends for adult drug treatment court dockets fall in line with best practices, with many participants falling into the high risk/high needs categories (91.7%) (see Table 3). The RANT® distributions by gender and race are comparable to the demographic distributions of Virginia drug treatment court docket participants, with a greater percentage of white males in each category (see Table 4).

Table 3. Adult Drug Treatment Court Docket RANT® Distributions, FY 2023

	RANT®	High Risk	Low Risk
High Need	%	91.7%	4.1%
	#	565	23
Low Need	%	3.4%	0.9%
	#	19	5

Table 4. Adult Drug Treatment Court Docket RANT® Distributions by Race and Gender, FY 2023

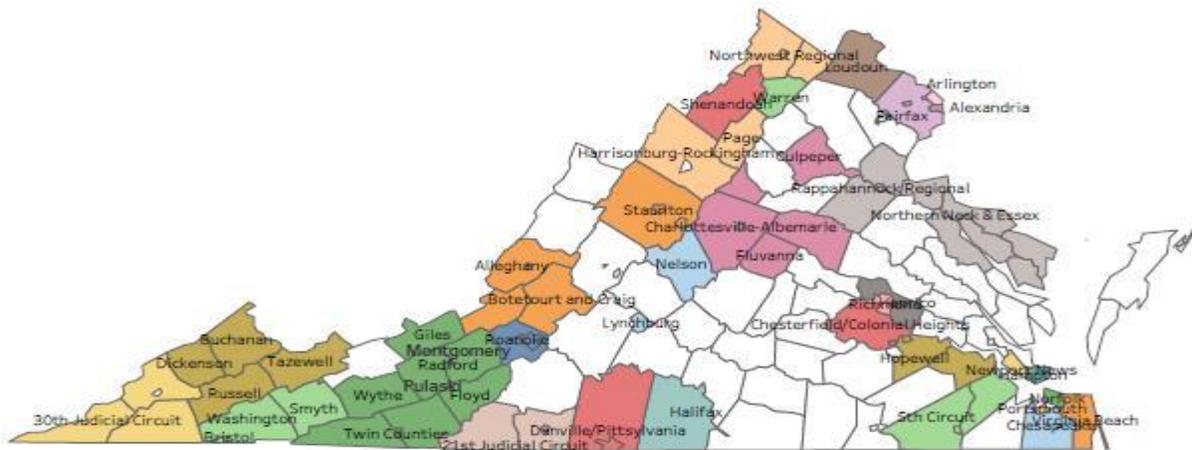
	High Risk/High Need	High Risk/Low Need	Low Risk/ High Need	Low Risk/Low Need
Race				
White	75.9% (<i>n</i> = 393)	52.2% (<i>n</i> = 12)	100% (<i>n</i> = 19)	60.0% (<i>n</i> = 3)
Black/African American	22.6% (<i>n</i> = 117)	47.8% (<i>n</i> = 11)	0.0% (<i>n</i> = 0)	40.0% (<i>n</i> = 2)
Asian/Pacific Islander	0.4% (<i>n</i> = 2)	0.0% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)
American Indian or Alaska Native	0.2% (<i>n</i> = 1)	0.0% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)
Other/Unknown	1% (<i>n</i> = 5)	0.0% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)
Gender				
Male	59.3% (<i>n</i> = 307)	78.3% (<i>n</i> = 18)	31.6% (<i>n</i> = 6)	40% (<i>n</i> = 2)
Female	41.0% (<i>n</i> = 211)	21.7% (<i>n</i> = 5)	68.4% (<i>n</i> = 13)	60% (<i>n</i> = 3)
Unknown	0.2% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)	0.0% (<i>n</i> = 0)
Total	100.0% (<i>n</i> = 518)	100.0% (<i>n</i> = 23)	100.0% (<i>n</i> = 19)	100.0% (<i>n</i> = 5)

Note. Table 4 depicts the RANT® distribution for all active adult drug treatment court docket participants for whom data are available during FY 2023.

Adult Drug Treatment Court Dockets Approved

Data from 51 dockets are included in this report on FY 2023 data. Some dockets began operating too late to be included in the data used for this report (see Figure 5).

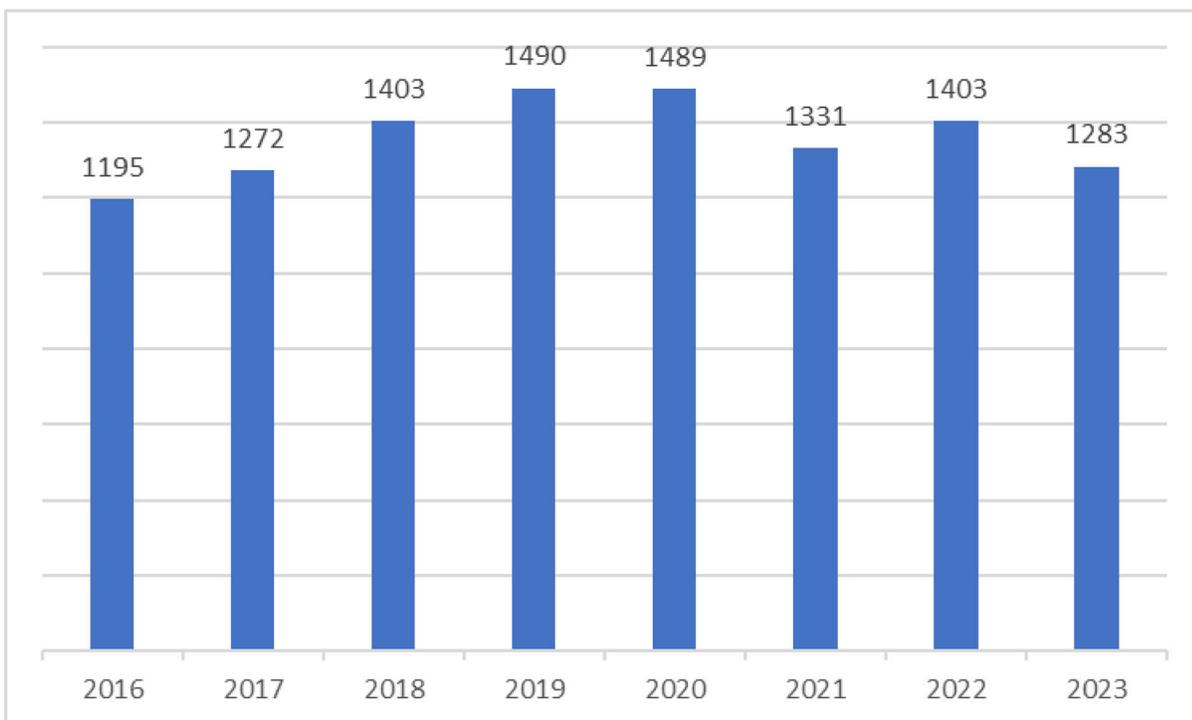
Figure 5. Approved Adult Drug Treatment Court Dockets in Virginia, FY 2023



In Figure 5, non-operational dockets in FY 2023 are Danville, Nelson, Shenandoah, and Warren.

As displayed in Figure 6 below, the number of adult drug treatment court docket participants followed a general trend upward until FY 2019, when there was a decrease from the number of active cases reported from FY 2020; however, that number rose again in FY 2022 and decreased in FY 2023. (This is most likely the result of the pandemic and fewer referrals were made and accepted. However, there is no cause generated from the data).

Figure 6. Number of Adult Drug Treatment Court Docket Participants by Fiscal Year, 2016-2023



Summary of Adult Drug Treatment Court Docket Activity FY 2023

Of the 1,283 active adult drug treatment court docket participants in FY 2023, the majority were White (75.1%), male (59.2%), single (29.0%), and unemployed (30.0%) (see Tables 5 and 6).

Referrals: Programs reported a total of 1,077 referrals in FY 2023, a 16.1% increase from the 927 reported in FY 2022.

Admissions: Of the 1077 referrals reported, 580 were accepted into an adult drug treatment court docket, resulting in a 53.9% acceptance rate.

Participants: Programs reported 1,283 active participants in FY 2023, an 8.5% decrease from the 1,403 reported for FY 2022.

Gender: Most participants identified as male 759 (59.2%), while 523 (40.8%) identified as female.

Race: Most participants identified as White 963 (75.1%), and 290 self-identified as Black/African American (22.6%).

Age: The most common starting age group for active participants was ages 30-39 515(40.1%). The median age of a participant was 36-years old.

Marital Status: Among active participants, 372 (29.0%) were single, while 80 (6.2%) were married at the time of referral.

Employment: Participants were most commonly unemployed at the time of referral 385(30.0%), while 111 (8.7%) were employed 32+ hours a week but not employed full-time.

Education: Of the 1,283 active participants, 438 (34.1.0%) reported having a high school diploma or equivalent at the time of referral, while 98 (7.6%) reported having some College education.

Table 5. Demographics of Adult Drug Treatment Court Docket Participants, FY 2023

Gender	#	%
Male	759	59.2
Female	523	40.8
Unknown	1	0.1
Race		
White	963	75.1
Black/African American	290	22.6
Asian/Pacific Islander	4	0.3
Native American	2	0.2
Other	21	1.6
Unknown	3	0.2
Ethnicity		
Hispanic	36	2.8
Non-Hispanic	1,215	94.7
Unknown	32	2.5
Age at Start of Program		
18-29 years old	281	21.9
30-39 years old	515	40.1
40-49 years old	334	26.0
50-59 years old	115	9.0
60 years and older	36	2.8
Unknown	2	0.2
Total	1,283	100.0

Note: Data reflect self-reported demographics at the time of referral.

Table 6. Social Characteristics of Adult Drug Treatment Court Docket Participants, FY 2023

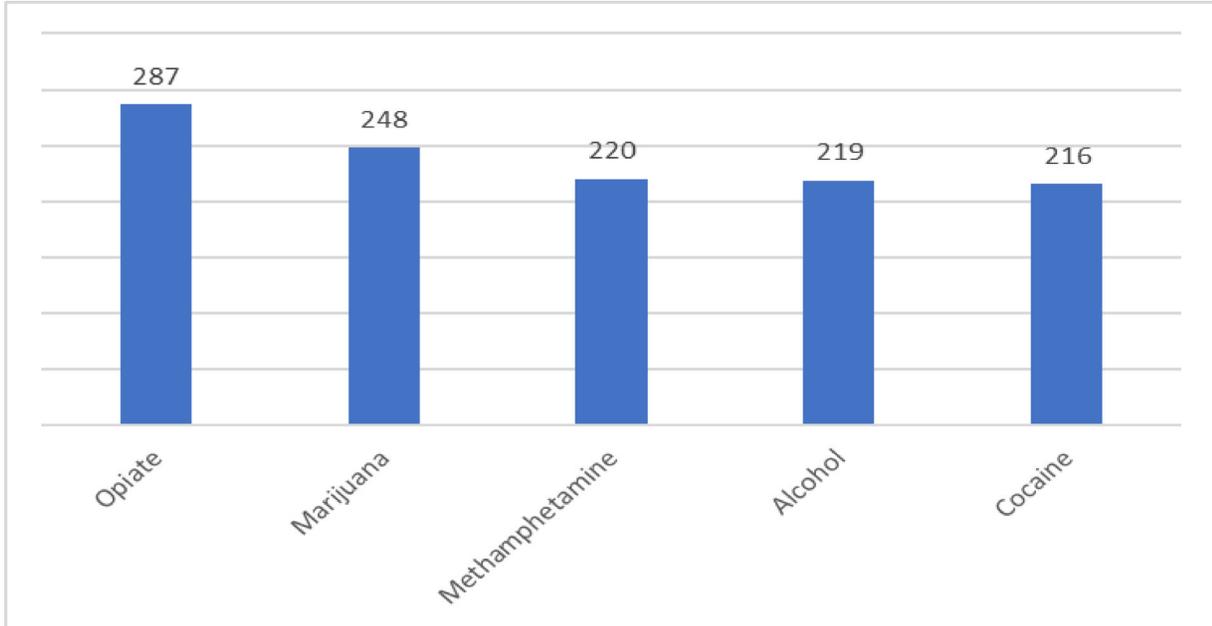
Marital Status	#	%
Single	372	29.0
Married	80	6.2
Divorced	79	6.2
Separated	67	5.2
Cohabiting	20	1.6
Widowed	16	1.2
Other	6	0.5
Unknown	643	50.1
Employment		
Unemployed	385	30.0
32+ hours/week	111	8.7
Less than 32+ hours/week	78	6.1
Disabled	19	2.3
Full-Time w/Benefits	19	1.5
Seasonal Employment	5	0.4
Unknown	656	51.1
Education		
High School/GED	438	34.1
Less than High School	14	1.1
Some College	98	7.6
Vocational Training	10	0.8
Associate degree	6	0.5
Bachelor's Degree	14	1.1
Post-Bachelor's	4	0.3
Unknown	699	54.5
Total	1,283	100.0

Note: Data reflect self-reported characteristics at the time of referral.

Drug History and Drug Screens

Drug History: When referred to a drug treatment court docket, participants are asked to disclose previously used drugs. Participants may have used multiple drugs. The data confirm that participants used a variety of drugs prior to referral (see Figure 7). The five most frequently reported drugs used were opiates (287 participants, 61.1%), followed by marijuana (participants 248, 49.7%), and methamphetamine (220 participants, 47.7%).

Figure 7. Drugs Most Frequently Used by Adult Drug Treatment Court Docket Participants, FY 2023



Note: Figure 7 should be interpreted with caution. Data are based on self-reported drug use. Participants may report using more than one substance or may choose to not disclose previous drug use.

Program Drug Screenings: In adult drug treatment court dockets, 45,877 drug screens were conducted for the 1,037 participants for whom data were available. This resulted in an average of 44 drug screens per participant. The administrative positive numbers below are those who did not appear to provide a sample for drug testing that is recorded as administrative positive in the absence of a sample to test. Of the 45,877 drug screens, 38,763 (84.5%) were negative (see Table 7).

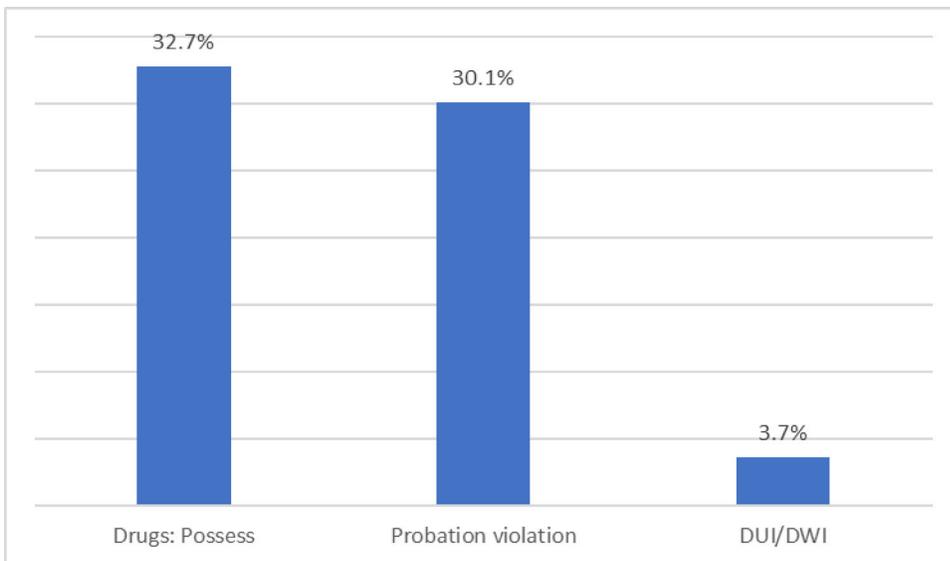
Table 7. Adult Drug Treatment Court Docket Drug Screens, FY 2023

	#	%
Negative	38,763	84.5
Positive	3,089	15.5
Positive: Allowed Substance	3649	7.9
Administrative Positive	376	0.9
Total Screens	45,877	100.0

Offenses

Analyses of types of offenses that lead to docket referral for adult drug treatment court docket show three major areas: probation violation, drug possession, and DUI/DWI (see Figure 8). Of all listed offenses for adult drug court most of the docket participants, were charged for drug possession (32.7%), followed by probation violation charges (30.1%). DUI/DWI (3.7%) charges are the next largest category.

Figure 8. Offense Types: Ault Drug Treatment Court Dockets, FY 2023



Departures

Graduation and Termination Rates: Among the 1,283 FY 2023 adult drug treatment court docket participants, 523 exited the program by graduation, termination, or voluntary withdrawal. The graduation rate was 19.4% (249 participants), which was a 2.4% increase from FY 2022. The termination rate was 19.6% (252 participants), which was a 9.3% decrease from FY 2022.

Length of Stay: Length of stay was calculated as the number of days from program entry to departure (graduation, termination, or withdrawal). The mean length of stay for graduates was 642 days compared to a mean length of stay of 379 days for those who were terminated and 238 days for those who withdrew (see Table 8).

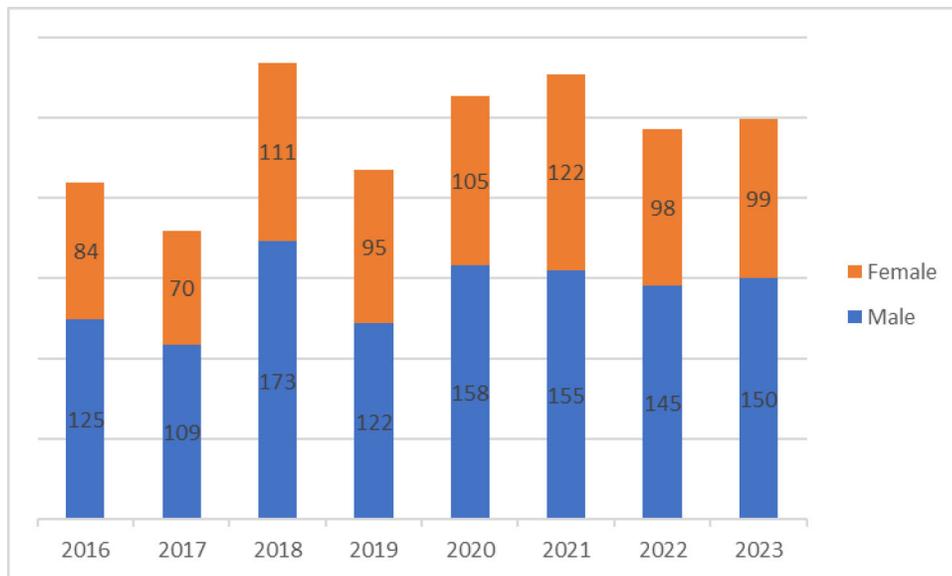
Table 8. Adult Drug Treatment Court Docket Length of Stay, Departures, FY 2023

Mean Length of Stay (Days)	
Graduates	642
Terminations	379
Withdrawals	238

Departures by Gender

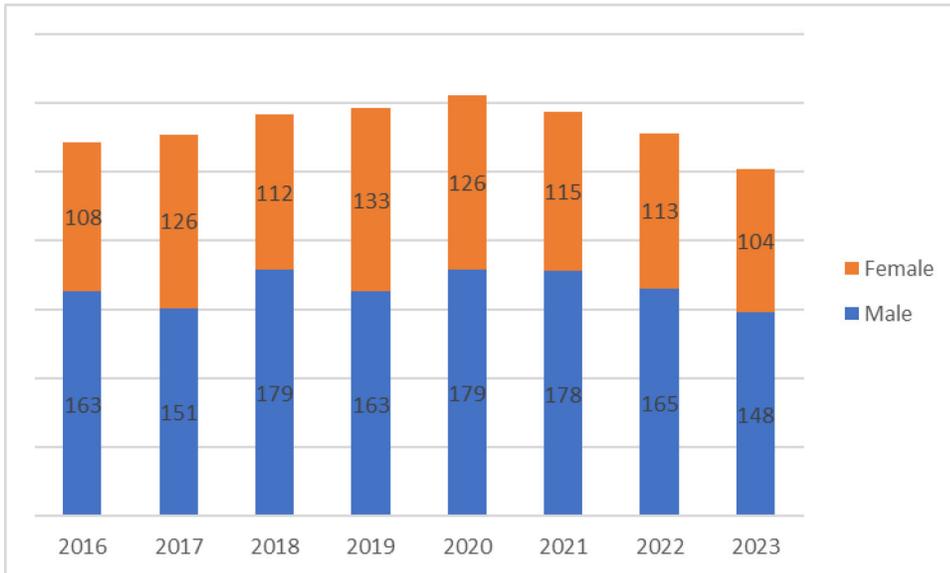
Graduations: 99 female participants graduated, a 1% increase from the 98 female graduates reported in FY 2023, and 150 male participants graduated, a 3.4% increase from the 145 reported in FY 2022 (see Figure 9).

Figure 9: Adult Drug Treatment Court Docket Graduates by Gender, FY 2016-2023



Terminations: Female and male terminations decreased from the counts reported in FY 2022. Specifically, 104 female participants were terminated in FY 2023, an 8% decrease from the 113 reported in FY 2022, and 148 male participants were terminated, a 10.3% decrease from the 165 reported in FY 2022 (see Figure 10).

Figure 10: Adult Drug Treatment Court Docket Terminations by Gender, FY 2016-2023



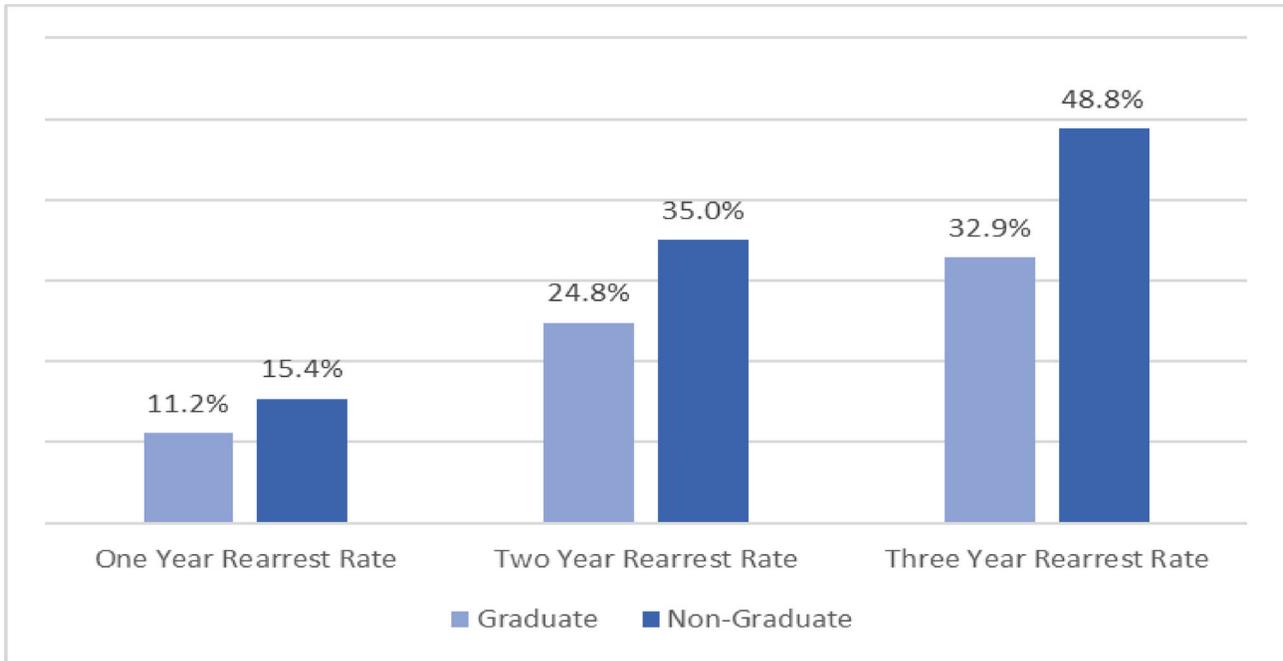
Adult Drug Treatment Court Docket Recidivism

Criminal history records obtained from the Virginia State Police for all program departures occurring in FY 2020 were used to calculate recidivism. Recidivism is defined as any rearrest or reconviction. Offenses marked as Good Behavior, Probation Violations, and Contempt of Court were excluded. Per national standards, one, two, and three-year recidivism rates were calculated. The one-year recidivism rate includes participants whose first rearrest occurred within 0-365 days of program departure. Two-year recidivism rate includes those whose first rearrest occurred within two years of program departure (0-730 days), while the three-year recidivism rate includes those with a first rearrest occurred within three years of program departure (0-1,095 days). Findings between graduates and unsuccessful departures were compared to assess if there were any differences. Exercise caution when comparing recidivism rates for adult drug treatment docket exits and any recidivism provided by the Virginia Department of Corrections, as varying methodologies are used.

FY 2020 Rearrest Rates

The overall rearrest rate for non-graduates was 2.2 times that of graduates (see Figure 11 and Table 9).¹¹

Figure 11. Adult Drug Treatment Court Graduate and Non-Graduate Rearrest Rates, Post-Departure, Persons Exiting a Docket During FY 2020



There is also some preliminary evidence that recidivism rates can also be reduced by duration in the docket: those who did not graduate but stayed in the docket for a shorter period (< 177 days) had an overall re-arrest rate that was 1.3 times the rate of those who stayed in the docket for a longer period. The overall re-arrest rate for graduates (32.9%) was lower than for non-graduates (48.8%). These data suggest that not graduating from a docket increases risk for recidivism, but that being involved with the docket for a longer period may also have a protective factor, even if graduation is not achieved.

¹¹ The one, two, and three-year rearrest rates are cumulative.

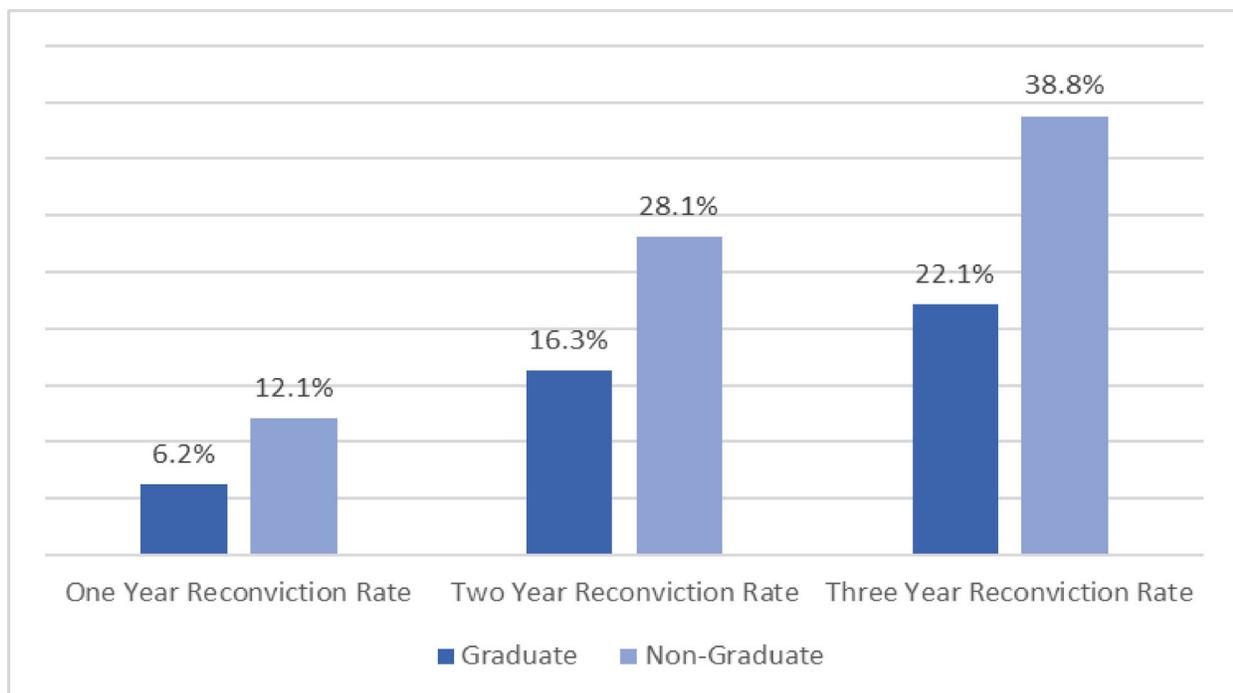
Table 9. Adult Drug Treatment Court Graduate and Non-Graduate Rearrest Rates, Post-Departure, Persons Exiting a Docket During FY 2020

Time Post Departure	Graduates	Non-Graduates	Total
One Year Count	29	56	85
One Year Rearrest Rate	11.2%	15.4%	13.7%
Two Year Count	64	127	191
Two Year Rearrest Rate	24.8%	35.0%	30.8%
Three Year Count	85	177	262
Three Year Rearrest Rate	32.9%	48.8%	42.2%
Total Departures	258	363	621

FY 2020 Reconviction Rates

The data follow previous annual report trends, with graduates showing a lower reconviction rate than their non-graduate counterparts. The overall reconviction rate for unsuccessful completion was higher than that of graduates (see Table 10 and Figure 12).¹²

Figure 12. Adult Drug Treatment Court Graduate and Non-Graduate Completions Reconviction Rates, Post-Departure, Persons Exiting a Docket During FY 2020



¹² The one-, two-, and three-year reconviction rates are cumulative.

Table 10. Adult Drug Treatment Court Graduate and Non-Graduate Reconviction Rates, Post-Departure, Persons Exiting a Docket During FY 2020

	Graduates	Non-Graduates	Total
One Year Count	16	44	60
One Year Reconviction Rate	6.2%	12.1%	9.7%
Two Year Count	42	102	144
Two Year Reconviction	16.3%	28.1%	23.2%
Three Year Count	57	141	198
Three Year Reconviction	22.1%	38.8%	31.9%
Total Departures	258	363	621

*See appendix E for 2022 Reconviction comparison

Adult Drug Treatment Court Equity and Inclusion

In 2010, the Board of Directors of All Rise passed a resolution directing drug courts to examine and monitor disparities among gender, racial, and ethnic groups in their programs, and to take steps to actively reduce or mitigate these disparities. In keeping with this resolution, OES monitors the distribution of key demographics in the referral, acceptance, and successful or unsuccessful completion stages to ensure equitable access to adult drug treatment court and to ensure equivalent retention among ethnic, racial, and gender groups.

OES adopted the Equity and Inclusion Tool developed by All Rise and NCSC, which tracks a referral cohort as its members progress through the various stages of their respective adult drug treatment court programs.¹³ The 2020 cohort includes individuals referred to an active adult drug treatment court docket during FY 2020 (July 1, 2019 – June 30, 2020). Specific attention is given to tracking the progression from referral to admission through successful or unsuccessful completion. Each member of the FY 2020 cohort was assessed for three fiscal years through June 30, 2023. The information contained in Tables 11 and 12 may be helpful in assessing fairness in the referral process and access to participation by comparing the acceptance rate among demographic groups. To examine the equivalence of retention, the figures below compare successful completion among demographic groups.

¹³ <https://allrise.org/wp-content/uploads/2023/05/Equity-and-Inclusion-Toolkit.pdf>

Table 11. Adult Drug Treatment Court 2020 Cohort, Admission and Graduation Rates, Race and Ethnicity

Race	Referrals			Admission	Graduation
	Total	Admitted	Graduated	Rate	Rate
White	821	399	171	49%	43%
Black/African/American	407	146	45	36%	31%
Asian/Pacific Islander	4	2	1	50%	50%
Other Race	20	13	7	65%	54%
Total	1252	560	224	45%	40%

Note: Excludes persons with unknown or blank race.

Ethnicity	Referrals			Admission	Graduation
	Total	Admitted	Graduated	Rate	Rate
Hispanic	18	7	2	39%	29%
Non-Hispanic	986	504	211	51%	42%
Total	1,004	511	213	51%	42%

Note: Excludes persons with unknown or blank ethnicity.

Table 12. Adult Drug Treatment Court 2020 Cohort, Admission and Graduation Rates, Gender

Gender	Referrals			Admission	Graduation
	Total	Admitted	Graduated	Rate	Rate
Male	806	333	140	46%	38%
Female	477	230	85	55%	36%
Total	1,283	563	225	44%	40%

Note: Excludes persons with unknown or blank gender.

DUI DRUG TREATMENT COURT DOCKETS

DUI drug treatment court dockets utilize the drug treatment court model with impaired drivers. A DUI drug treatment court docket is a distinct court docket dedicated to changing the behavior of alcohol/drug dependent offenders arrested for driving while intoxicated (DWI). The goal of DUI drug treatment court dockets is to protect public safety by using the drug treatment court docket model to address the root cause of impaired driving and alcohol and other substance use. With the chronic drinking driver as its primary target population, DUI drug treatment court dockets follow the Ten Key Components of Drug Courts and the Ten Guiding Principles of DWI Courts as established by the All Rise and Impaired Driving Solutions. DUI drug treatment court dockets operate within a post-conviction model.

The DUI drug treatment court docket is designed to hold DWI offenders to the highest level of accountability while receiving long-term intensive substance use treatment and compliance monitoring before a DUI drug treatment court judge. The judicial response aims to encourage the participant to take responsibility for their individual behavior. This usually involves an established set of sanctions that include the imposition of community service hours, return to jail for a specified period, intensified treatment, and other measures designed to increase the defendant's level of motivation.

The DUI drug treatment court docket works closely with Virginia Alcohol Safety Action Program (VASAP) during the planning process to develop appropriate assessment and supervision criteria. Because of mandatory DWI sentencing and administrative licensing requirements, it is critical that local DUI drug treatment court docket teams work with the Department of Motor Vehicles and the Commission on VASAP, the agencies responsible for driver's license restoration, and state and local non-governmental organizations.

In Virginia, DUI drug treatment court dockets are funded entirely by participant fees through the local Alcohol Safety Action Program (ASAP). The local ASAPs are overseen by the Commission on Virginia Alcohol Safety Action Program (VASAP). Each local ASAP operates autonomously and is governed by a Policy Board with representatives from the jurisdictions it serves. The DUI drug treatment court docket is mandatory if the offender is assessed as needing treatment. At the request of the court or the Commonwealth's Attorney, the local ASAP will evaluate an individual for placement in the DUI drug treatment court docket program prior to conviction or post-conviction.

First offenders, who are before the court for failure to comply and were not ordered into the DUI drug treatment court docket at the time of conviction, are potential candidates for the DUI drug treatment court docket due to their violation and failure to comply. These offenders may be ordered to participate by the court. Other potential candidates include offenders who were arrested with a Blood Alcohol Content (BAC) more than .20, a failed breath test for alcohol, a positive Ethyl Glucuronide (EtG) urine test for alcohol, a failed drug test after entering ASAP, or those who were arrested for non-compliance with ignition interlock.¹⁴

Participants will not have their charges reduced or dismissed upon the successful completion of the DUI drug treatment court docket. The goal is to address the reoccurrence rate of DWI and to address

¹⁴ Note: Ethyl Glucuronide (EtG) is a direct metabolite of alcohol (ethanol). The presence of EtG in urine is an indicator that ethanol was ingested.

the lifelong sobriety of the participants.

The local ASAP monitors each participant throughout the probationary period ordered by the court. The program requires a minimum participation period of twelve months consisting of 4-6 months of active treatment and an additional monitoring period of at least 8 months. The local ASAP works with Community Services Boards and other treatment and recovery providers to provide counseling and treatment for individuals participating in the DUI drug treatment court docket, as well as with judges, prosecutors, and defense bar to coordinate the functions of the court. The Ten Guiding Principles of DWI Courts established by the National Drug Court Institute provide best practices used to establish the standards that guide the operation of Virginia's DUI drug treatment court dockets.

Currently, there is only one regional DUI drug court docket operating in Waynesboro Area. This report does not include data to report regarding this docket. OES has been collaborating with VASAP and the Adystech team to migrate DUI drug court data. At the time of this report, however, that migration has not produced reliable numbers to include in this evaluation.

JUVENILE DRUG TREATMENT COURT DOCKETS

Juvenile drug treatment court dockets are a collaboration of the judicial system, the juvenile justice system, and treatment providers. The juvenile drug treatment court dockets strive to reduce rearrests and substance use by juveniles who are engaging in substance use and are charged with acts of delinquency in juvenile and domestic relations district courts. The juvenile model, similar in concept to the adult drug court docket model, incorporates probation, supervision, drug testing, treatment, court appearances, and behavioral sanctions and incentives. Such programs strive to address issues that are unique to the juvenile population and their families, such as school attendance, conflict resolution, and parenting skills. The families of these juveniles play a very important role in the drug treatment court docket process. The nature of both the delinquent behavior and the dependency matters being handled in our juvenile courts are more complex and often involve serious and violent criminal activity and escalating degrees of substance use. The situations that are bringing some juveniles under the court's jurisdiction are often closely linked with substance use disorders.

The following section reviews the basic operations and outcomes of Virginia's juvenile drug treatment court dockets in FY 2023. Over the past few years there has been a decreasing number of participants statewide in the juvenile drug treatment court dockets, and some juvenile drug treatment court dockets have ceased operation; this is in line with national trends. This is believed to be a result of increased community-based programs and interventions. Information is provided in this report on program participants, including demographics, program entry offenses, program length, and program completion. Due to the small number of participants in each juvenile drug treatment court docket, these results should be considered with caution. In some cases, there were too few cases to extract conclusions. As a result of the limited number of participants, recidivism data for this model was not generated.

Juvenile Drug Treatment Court Dockets

In FY 2023, there were three operational Juvenile Drug Treatment Courts throughout Virginia (see Figure 13 and Table 13).

Figure 13. Approved Juvenile Drug Treatment Court Dockets in Virginia, FY 2023

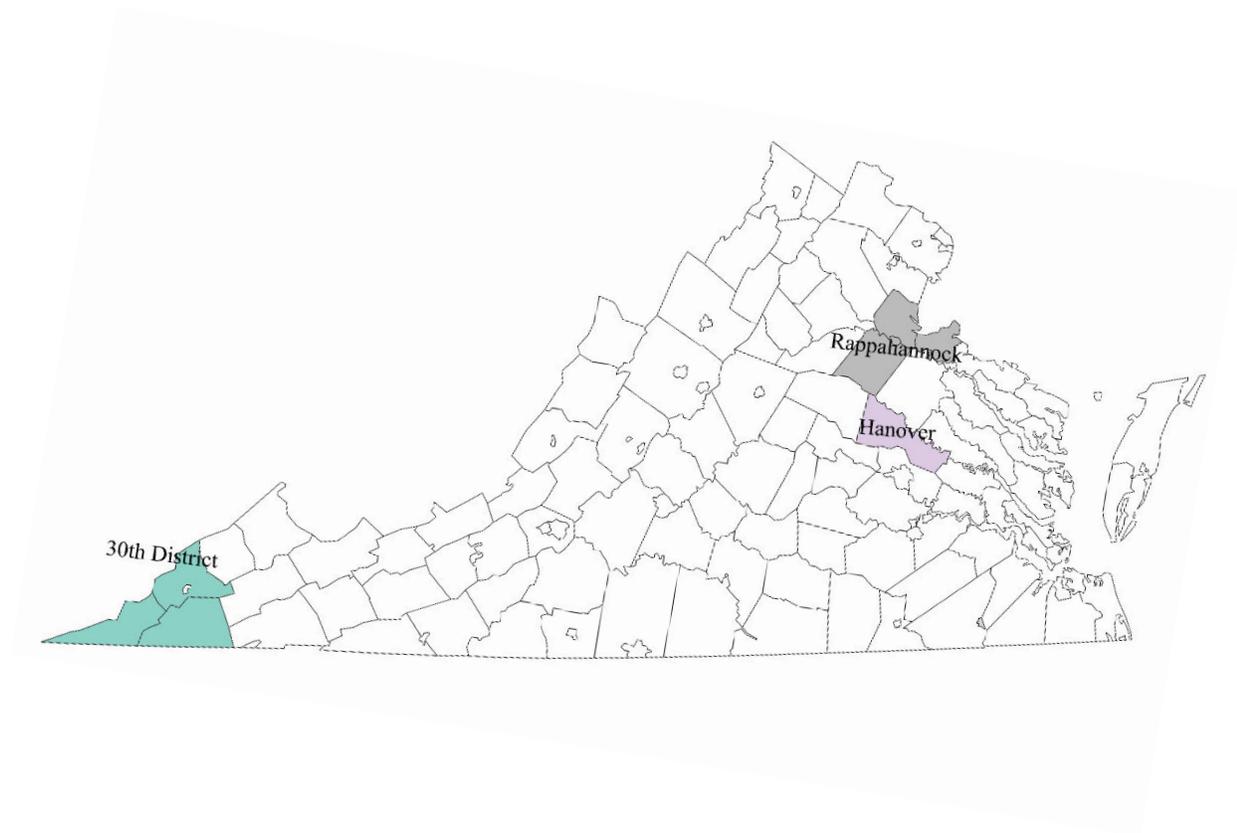


Table 13. Juvenile Drug Treatment Court Dockets in Virginia, FY 2023

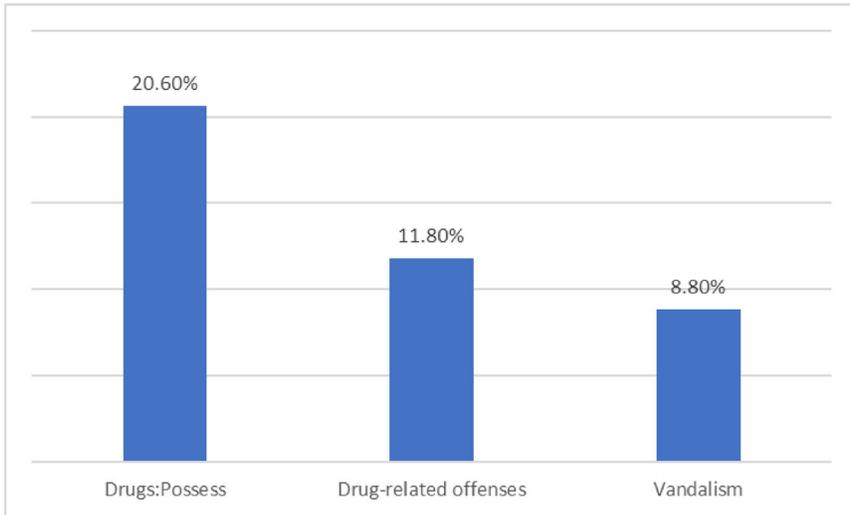
Hanover County

Rappahannock Regional

Thirtieth Circuit (Lee, Scott & Wise Counties)

There were 20 active participants in the juvenile drug treatment court docket programs during FY 2023. The most common offenses committed by juvenile participants included drug possession, drug-related offense, and vandalism (Figure 14). Of all listed offenses for juvenile drug court participants, 7 participants (20.6%) had at least one drug possession charge, 4 (11.8%) had at least one drug-related charge, and 3 (8.8%) had at least one vandalism charge.

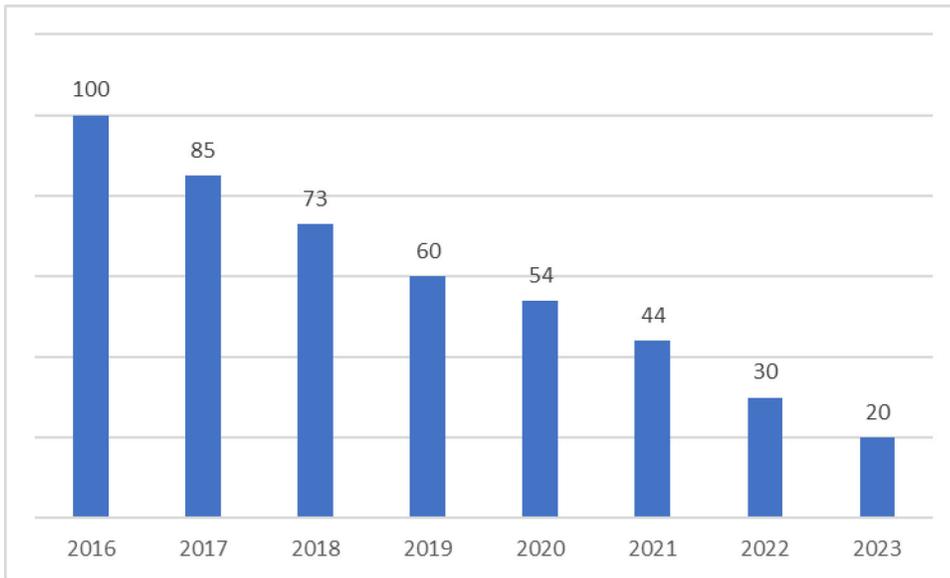
Figure 14. Offense Types: Juvenile Drug Treatment Court Dockets, FY 2023



As shown in Figure 15 below, the number of active juvenile drug treatment court participants has been declining. The Office of Juvenile Justice and Delinquency suggests the national declines may result from the decline in the overall arrest rates for juveniles and the increase in community- based programs and interventions.¹⁵

¹⁵ https://www.urban.org/sites/default/files/publication/91566/data_snapshot_of_youth_incarceration_in_virginia_1.pdf

Figure 15. Number of Active Juvenile Drug Treatment Court Participants FY 2016-2023



Summary of Juvenile Drug Treatment Court Docket Activity

In FY 2023, most participants were White (80.0%), male (80.0%) and 16 years old (60%), as shown in Table 14.

Referrals: There were 25 referrals to the juvenile drug treatment court dockets in FY 2023, which was a 78.6% increase from the 14 reported in FY 2022.

Admissions: There were 8 newly admitted program participants, which was the same number as reported in FY 2022.

Participants: There were 20 active juvenile participants during FY 2023, a 33.3% decrease from the 30 active participants reported in FY 2022.

Gender: Of the participants, 80.0% identified as male, and 20.0% identified as female.

Race and Ethnicity: Most participants self-identified as White (16 or 80.0%), and 2 (10.0%) identified as Black/African American.

Age: Most active participants were 16 years of age at the time of referral (60.0%).

Table 14. Demographics of Juvenile Participants at the Time of Referral, FY 2023

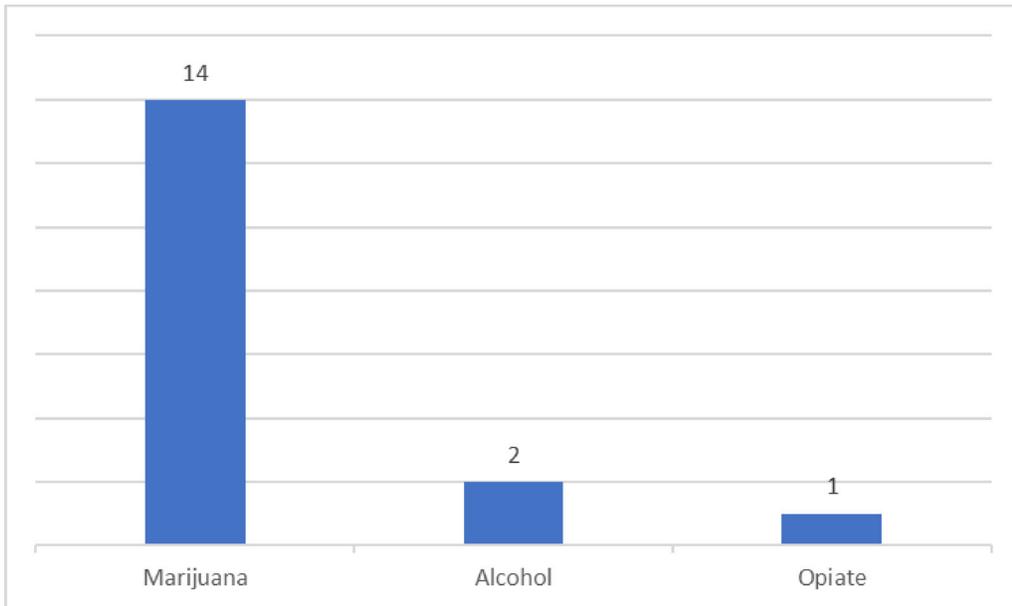
Gender	#	%
Male	16	80.0
Female	4	20.0
Race		
White	16	80.0
Black/African/American	2	10.0
Other	2	10.0
Ethnicity		
Hispanic	2	10.0
Non-Hispanic	17	85.0
Unknown	1	5.0
Age		
Less than 15 years old	1	5.0
15 years old	1	5.0
16 years old	12	60.0
17 years old	4	20.0
18+ years old	2	10.0
Total	20	100.0

Note: Data reflect self-reported demographics at the time of referral.

Drugs of Choice and Drug Screens

Primary Drug of Choice: When admitted into a juvenile drug treatment court docket and asked to disclose their primary drug of choice, 82.4% of juvenile participants reported marijuana as their primary drug of choice. Alcohol was second (11.8%) (see Figure 16).

Figure 16. Primary Drug of Choice among Active Juvenile Participants, FY 2023



Note: Figure 16 should be interpreted with caution. Data are based on self-reported primary drug of choice.

Program Drug Screenings: In FY 2023, there were 454 drug screens administered for participants for whom data were available. The administrative positive numbers below are those who did not appear to provide a sample for drug testing that is recorded as administrative positive in the absence of a sample to test. Of the 454 total screenings administered, 313 (68.9%) were negative (see Table 15).

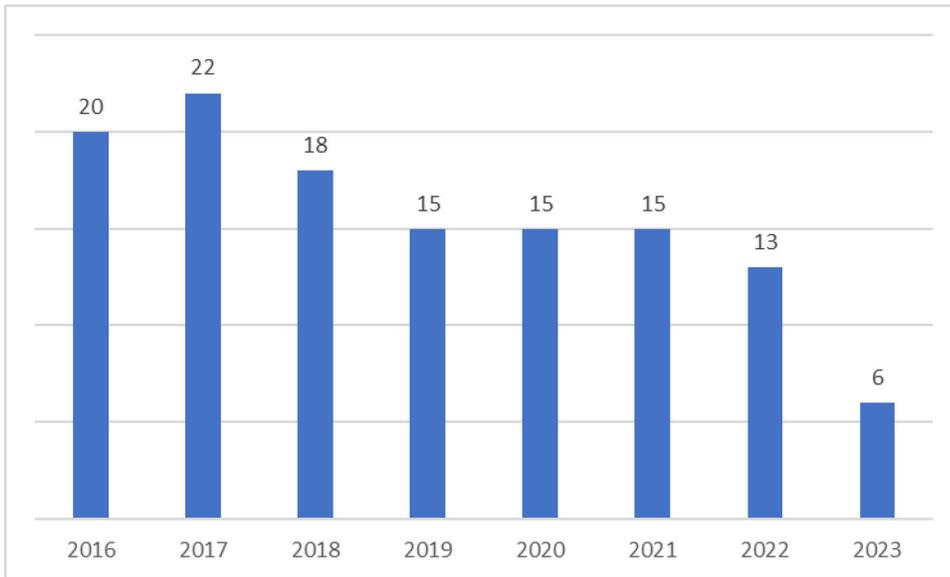
Table 15. Juvenile Drug Treatment Court Docket Drug Screens, FY 2023

	#	%
Negative	313	68.9
Positive	141	31.1
Administrative Positive	0	0.0
Total Screens	454	100.0

Summary of Departures

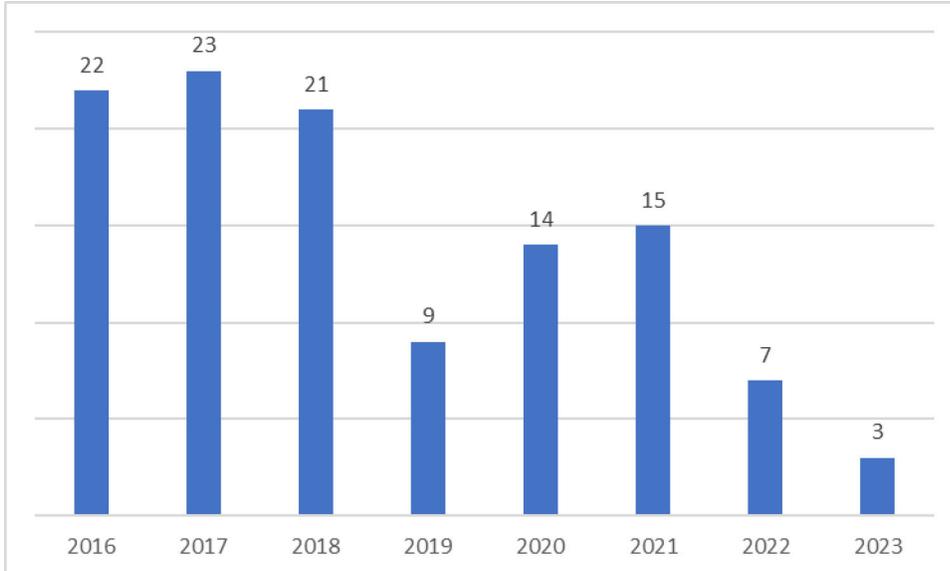
Graduation Rates: Among the active juvenile drug treatment court docket participants in FY 2023, 6 (30.0%) exited by graduating the program (see Figure 17).

Figure 17. Juvenile Drug Treatment Court Docket Graduates, FY 2016-2023



Terminations: Three juvenile participants were terminated from the program in FY 2023 (see Figure 18). The termination rate was 23.3%.

Figure 18: Juvenile Drug Treatment Court Docket Terminations, FY 2016-2023



Length of Stay: Length of stay was measured by calculating the number of days from program entry (acceptance date) to completion date (either graduation date or date of termination) (see Table 16). Graduates had a mean length of stay of 442 days. Those terminated from the program had a mean length of stay of 196 days.

Table 16: Juvenile Drug Treatment Court Dockets Length of Stay, Departures, FY 2023

Mean Length of Stay (Days)	
Graduates	442
Terminations	196

FAMILY DRUG TREATMENT COURT DOCKETS

A family drug treatment court docket is a specialized civil docket for parents/guardians in dependency proceedings facing allegations of child abuse or neglect caused or influenced by a moderate-to-severe substance use disorder. Its purpose is to protect the safety and welfare of children while giving parents/guardians the tools they need to become sober, responsible caregivers. Family drug treatment court dockets seek to do what is in the best interest of the child by providing a safe and secure environment for the child while intensively intervening and treating the parent's/guardian's substance use disorder and other co-morbidities. To accomplish this, the family drug treatment court docket draws together an interdisciplinary team that works collaboratively to assess the family's situation and to devise a comprehensive case plan that addresses the needs of both the child or children and the parents/guardians. In this way, the family drug treatment court docket team provides children with quick access to permanency and offers parents/guardians a viable chance to achieve sustained recovery, provide a safe and nurturing home, and hold their families together.¹⁶

Family drug treatment court dockets serve parents/guardians with a substance use disorder who come to the court's attention in the following situations: (1) hospital tests that indicate substance-exposed infants; (2) founded cases of child neglect or abuse; (3) child in need of services cases; (4) custody or temporary entrustment cases; and (5) delinquency cases. The parents/guardians may enter the family drug treatment court docket pre-adjudication (at day one or child planning conferences) or post-adjudication. In all cases, at the time of referral and admission to family drug treatment court dockets, there must be a case plan for family reunification. Before being admitted to family drug treatment court dockets, the parents/guardians are screened, and substance use is determined to be a factor that contributed to the substantiation of neglect, abuse, or dependency. The major incentive for parents/guardians to adhere to the rigorous recovery program is the potential of their children's return to their custody. Instead of probation officers providing supervision services, as they do in adult drug treatment court docket programs, social services professionals provide case management and supervision and fill other roles in family drug treatment court dockets.

Family drug treatment court dockets are civil dockets. This model emphasizes the immediate access to services to address substance use disorder coupled with intensive judicial monitoring to support reunification of families affected by substance use disorders. The focus, structure, purpose, and scope of family drug treatment court dockets differ significantly from the adult criminal or juvenile delinquency drug treatment court docket models.

Family drug treatment court dockets draw on best practices from both the drug court docket model and dependency court practice to effectively manage cases within Adoption and Safe Families Act (ASFA) mandates.¹⁷ By doing so, they ensure the best interests of children while providing coordinated substance use treatment and family-focused services to timely secure a safe and permanent placement for the children.

¹⁶ Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model Monograph. Washington, DC: US Department of Justice.

¹⁷ <https://www.gpo.gov/fdsys/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf>

The Virginia family drug treatment court dockets provide: (1) timely identification of defendants in need of substance use treatment; (2) the opportunity to participate in the family drug treatment court docket for quicker permanency placements for their children; (3) judicial supervision of structured community-based treatment; (4) regular status hearings before the judge to monitor treatment progress and program compliance; (5) increased defendant accountability through a series of graduated sanctions and rewards or increased parenting skills and monitoring; (6) mandatory periodic drug testing; and (7) assistance with employment, housing, and other necessary skills to enable parents to be better equipped at parenting.

All family drug treatment court docket participants must submit to frequent and random drug testing, intensive group and individual outpatient therapy two to three times per week, and regular attendance at recovery meetings. Participants are required to pay child support and, in some cases, their treatment fees. Child visitation is also monitored as needed. Additionally, participants must be employed or in school full-time, if capable. Failure to participate or to produce these outcomes results in immediate sanctions, including termination from the docket.

Virginia created and adopted the Family Drug Treatment Court Standards.¹⁸ Although modified for use within Virginia, these standards reflect the existing common characteristics outlined in Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model Monograph published by the Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, December 2004.¹⁹

There are and will continue to be differences among individual family drug treatment court dockets based on the unique needs and operational environments of the local court jurisdictions and the target populations served. However, there is also a need for overall uniformity as to basic program components and operational procedures and principles. Therefore, these standards are an attempt to outline those fundamental standards and practices to which all family drug treatment court dockets in the Commonwealth of Virginia should subscribe.

Family Drug Treatment Court Dockets Approved to Operate

In FY 2023, there were five family drug treatment court dockets in Virginia. They are located in Charlottesville/Albemarle County, Bedford County, Franklin County, Giles County, and Goochland County (see Figure 19 and Table 17). These family drug treatment court dockets operate in the juvenile and domestic relations district courts.

¹⁸ http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/admin/family_standards.pdf

¹⁹ Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model Monograph. Washington, DC: US Department of Justice.

Figure 19: Approved Family Drug Treatment Court Dockets in Virginia, FY 2023

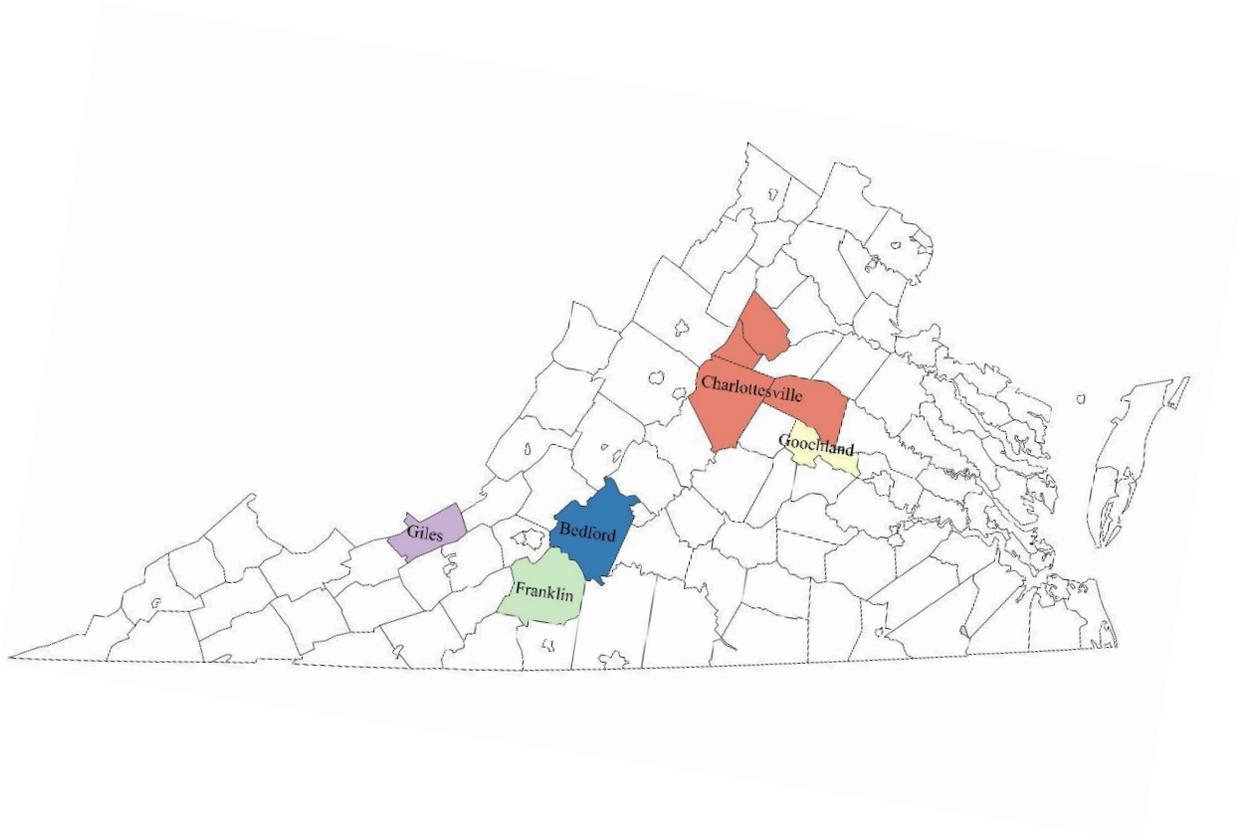


Table 17: Operational Family Drug Treatment Court Dockets in Virginia, FY 2023

Bedford County

Charlottesville/Albemarle County

Franklin County

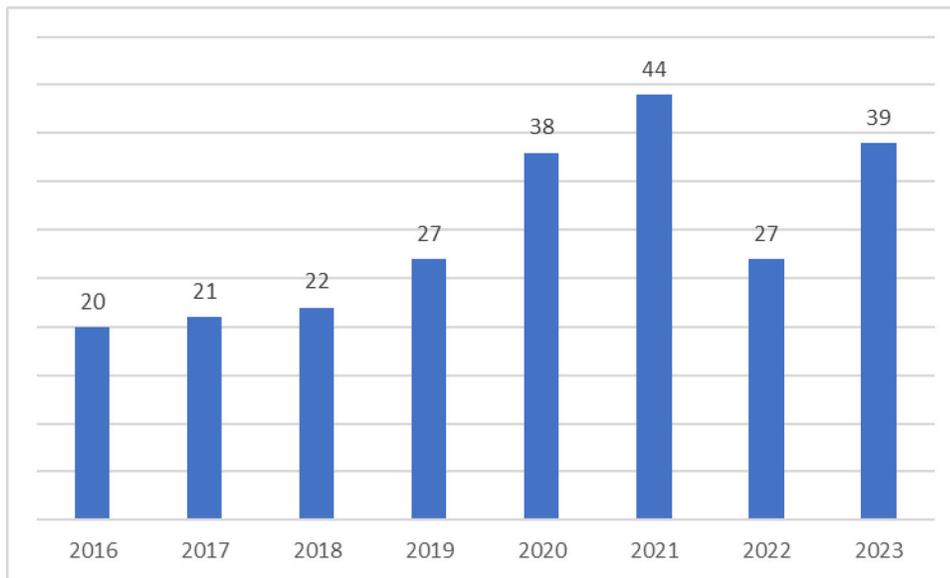
Giles County

Goochland County

Summary of Family Drug Treatment Court Docket Activity

As shown in Figure 20, the number of active family drug treatment court docket participants has varied. In FY 2023, docket programs reported 39 active participants, a 44.4% increase from the 27 reported in FY 2022. The information listed as unknown below is a result of no data entered for the item listed. See Tables 18 and 19 for socio-demographic specific information.

Figure 20. Number of Active Family Drug Treatment Court Docket Participants, FY 2016- 2023



Referrals: Family drug treatment court dockets had 33 referrals, an 43.5% increase from the 23 referrals reported for FY 2022.

Admissions: 23 of the 33 referrals were accepted for an acceptance rate of 69.7%.

Race: Most participants identified as White (34 or 87.2%). 2 participants (5.1%) identified as Black/African American.

Gender: Most active participants identified as female (66.7%) and 13 (33.3%) identified as male.

Age: At the time of referral, 38.5% percent of participants were between 18 and 29 years old (15 participants), while 20, or 51.3%, were between 30 and 39 years old. The median age was 32 years old.

Marital Status: Among participants for whom data were available, 12 (30.8%) were single. Only 20.5% reported being married at the time of referral.

Education: 64.1% of active participants reported having obtained at least a high school diploma at the time of referral, while 5.1% had some college education.

Table 18. Demographics of Active Family Drug Court Participants, FY 2023

Gender	#	%
Female	26	66.7
Male	13	33.3
Race		
White	34	87.2
Black/African American	2	5.1
Other	2	5.1
Ethnicity		
Hispanic	1	2.6
Non-Hispanic	38	97.4
Age		
18-29 years old	15	38.5
30-39 years old	20	51.3
40-49 years old	4	10.3
50-59 years old	0	0.0
60 years and older	0	0.0
Unknown	0	0
Total	39	100.0

Note: Data reflect self-reported demographic status at the time of referral.

Table 19. Social Characteristics of Active Family Drug Court Participants, FY 2023

Marital Status	#	%
Single	12	30.8
Married	8	20.5
Divorced	2	5.1
Separated	2	5.1
Cohabiting	5	13.5
Unknown	10	25.0
Employment		
Unemployed	16	41.0
32+ Hours/Week	6	15.4
Full-time w/Benefits	2	5.1
Less than 32 hours/Week	6	15.4
Disabled	0	0
Unknown	9	23.1
Education		
High school or equivalent	25	64.1
Bachelor's College	1	2.6
Some College	2	5.1
Unknown	11	28.2
Total	39	100.0

Note: Data reflect self-reported social characteristics at the time of referral.

Drug Screens

Program Drug Screenings: In FY 2023, 1,222 drug screens were administered to family drug treatment court docket participants for whom data are available, an 29.3% increase from the 945 screens administered in FY 2022. Of the 1,222 screens administered, 59.7% were positive (see Table 20).

Table 20. Family Drug Treatment Court Docket Drug Screens, FY 2023

	#	%
Negative	492	40.3
Positive	730	59.7
Administrative Positive	0	0
Total Screens	1222	100.0

Summary of Departures

Graduation and Termination Rates: Among the 39 family drug treatment court docket participants, 15 exited the program by graduation, termination, or withdrawal. The graduation rate was 10 % (4 participants), the termination rate was 26% (10 participants), and the withdrawal rate was 3% (1 participant).

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APPENDICES

***Appendix A: § 18.2-254.1. Drug Treatment
Court Act***

A. This section shall be known and may be cited as the "Drug Treatment Court Act."

B. The General Assembly recognizes 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. It is the intent of the General Assembly by this section to enhance public safety by facilitating the creation of drug treatment courts as means by which to accomplish this purpose.

C. The goals of drug treatment courts include: (i) reducing drug addiction and drug dependency among offenders; (ii) reducing recidivism; (iii) reducing drug-related court workloads; (iv) increasing personal, familial and societal accountability among offenders; and, (v) promoting effective planning and use of resources among the criminal justice system and community agencies.

D. Drug treatment courts are specialized court dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision of addicts in drug and drug-related cases. Local officials must complete a recognized planning process before establishing a drug treatment court program.

E. Administrative oversight for implementation of the Drug Treatment Court Act shall be conducted by the Supreme Court of Virginia. The Supreme Court of Virginia shall be responsible for (i) providing oversight for the distribution of funds for drug treatment courts; (ii) providing technical assistance to drug treatment courts; (iii) providing training for judges who preside over drug treatment courts; (iv) providing training to the providers of administrative, case management, and treatment services to drug treatment courts; and (v) monitoring the completion of evaluations of the effectiveness and efficiency of drug treatment courts in the Commonwealth.

F. A state drug treatment court advisory committee shall be established to (i) evaluate and recommend standards for the planning and implementation of drug treatment courts; (ii) assist in the evaluation of their effectiveness and efficiency; and (iii) encourage and enhance cooperation among agencies that participate in their planning and implementation. The committee shall be chaired by the Chief Justice of the Supreme Court of Virginia or his designee and shall include a member of the Judicial Conference of Virginia who presides over a drug treatment court; a district court judge; the Executive Secretary or his designee; the directors of the following executive branch agencies: Department of Corrections, Department of Criminal Justice Services, Department of Juvenile Justice, Department of Behavioral Health and Developmental Services, Department of Social Services; a representative of the following entities: a local community-based probation and pretrial services agency, the Commonwealth's Attorney's Association, the Virginia Indigent Defense Commission, the Circuit Court Clerk's Association, the Virginia Sheriff's Association, the Virginia Association of Chiefs of Police, the Commission on VASAP, and two representatives designated by the Virginia Drug Court Association.

G. Each jurisdiction or combination of jurisdictions that intend to establish a drug treatment court or continue the operation of an existing one shall establish a local drug treatment court advisory committee. Jurisdictions that establish separate adult and juvenile drug treatment courts may establish an advisory committee for each such court. Each advisory committee shall ensure

quality, efficiency, and fairness in the planning, implementation, and operation of the drug treatment court or courts that serve the jurisdiction or combination of jurisdictions. Advisory committee membership shall include, but shall not be limited to the following people or their designees: (i) the drug treatment court judge; (ii) the attorney for the Commonwealth, or, where applicable, the city or county attorney who has responsibility for the prosecution of misdemeanor offenses; (iii) the public defender or a member of the local criminal defense bar in jurisdictions in which there is no public defender; (iv) the clerk of the court in which the drug treatment court is located; (v) a representative of the Virginia Department of Corrections, or the Department of Juvenile Justice, or both, from the local office which serves the jurisdiction or combination of jurisdictions; (vi) a representative of a local community-based probation and pretrial services agency; (vii) a local law-enforcement officer; (viii) a representative of the Department of Behavioral Health and Developmental Services or a representative of local drug treatment providers; (ix) the drug court administrator; (x) a representative of the Department of Social Services; (xi) county administrator or city manager; and (xii) any other people selected by the drug treatment court advisory committee.

H. Each local drug treatment court advisory committee shall establish criteria for the eligibility and participation of offenders who have been determined to be addicted to or dependent upon drugs. Subject to the provisions of this section, neither the establishment of a drug treatment court nor anything herein shall be construed as limiting the discretion of the attorney for the Commonwealth to prosecute any criminal case arising therein which he deems advisable to prosecute, except to the extent the participating attorney for the Commonwealth agrees to do so. As defined in § 17.1-805 or 19.2-297.1, adult offenders who have been convicted of a violent criminal offense within the preceding 10 years, or juvenile offenders who previously have been adjudicated not innocent of any such offense within the preceding 10 years, shall not be eligible for participation in any drug treatment court established or continued in operation pursuant to this section.

I. Each drug treatment court advisory committee shall establish policies and procedures for the operation of the court to attain the following goals: (i) effective integration of drug and alcohol treatment services with criminal justice system case processing; (ii) enhanced public safety through intensive offender supervision and drug treatment; (iii) prompt identification and placement of eligible participants; (iv) efficient access to a continuum of alcohol, drug, and related treatment and rehabilitation services; (v) verified participant abstinence through frequent alcohol and other drug testing; (vi) prompt response to participants' noncompliance with program requirements through a coordinated strategy; (vii) ongoing judicial interaction with each drug court participant; (viii) ongoing monitoring and evaluation of program effectiveness and efficiency; (ix) ongoing interdisciplinary education and training in support of program effectiveness and efficiency; and (x) ongoing collaboration among drug treatment courts, public agencies, and community-based organizations to enhance program effectiveness and efficiency.

J. Participation by an offender in a drug treatment court shall be voluntary and made pursuant only to a written agreement entered into by and between the offender and the Commonwealth with the concurrence of the court.

K. Nothing in this section shall preclude the establishment of substance abuse treatment programs and services pursuant to the deferred judgment provisions of § 18.2-251.

L. Each offender shall contribute to the cost of the substance abuse treatment he receives

while participating in a drug treatment court pursuant to guidelines developed by the drug treatment court advisory committee. Nothing contained in this section shall confer a right or an expectation of a right to treatment for an offender or be construed as requiring a local drug treatment court advisory committee to accept for participation every offender.

M. The Office of the Executive Secretary shall, with the assistance of the state drug treatment court advisory committee, develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. A report of these evaluations shall be submitted to the General Assembly by December 1 of each year. Each local drug treatment court advisory committee shall submit evaluative reports to the Office of the Executive Secretary as requested.

N. Notwithstanding any other provision of this section, no drug treatment court shall be established subsequent to March 1, 2004, unless the jurisdiction or jurisdictions intending or proposing to establish such court have been specifically granted permission under the Code of Virginia to establish such court. The provisions of this subsection shall not apply to any drug treatment court established on or before March 1, 2004, and operational as of July 1, 2004.

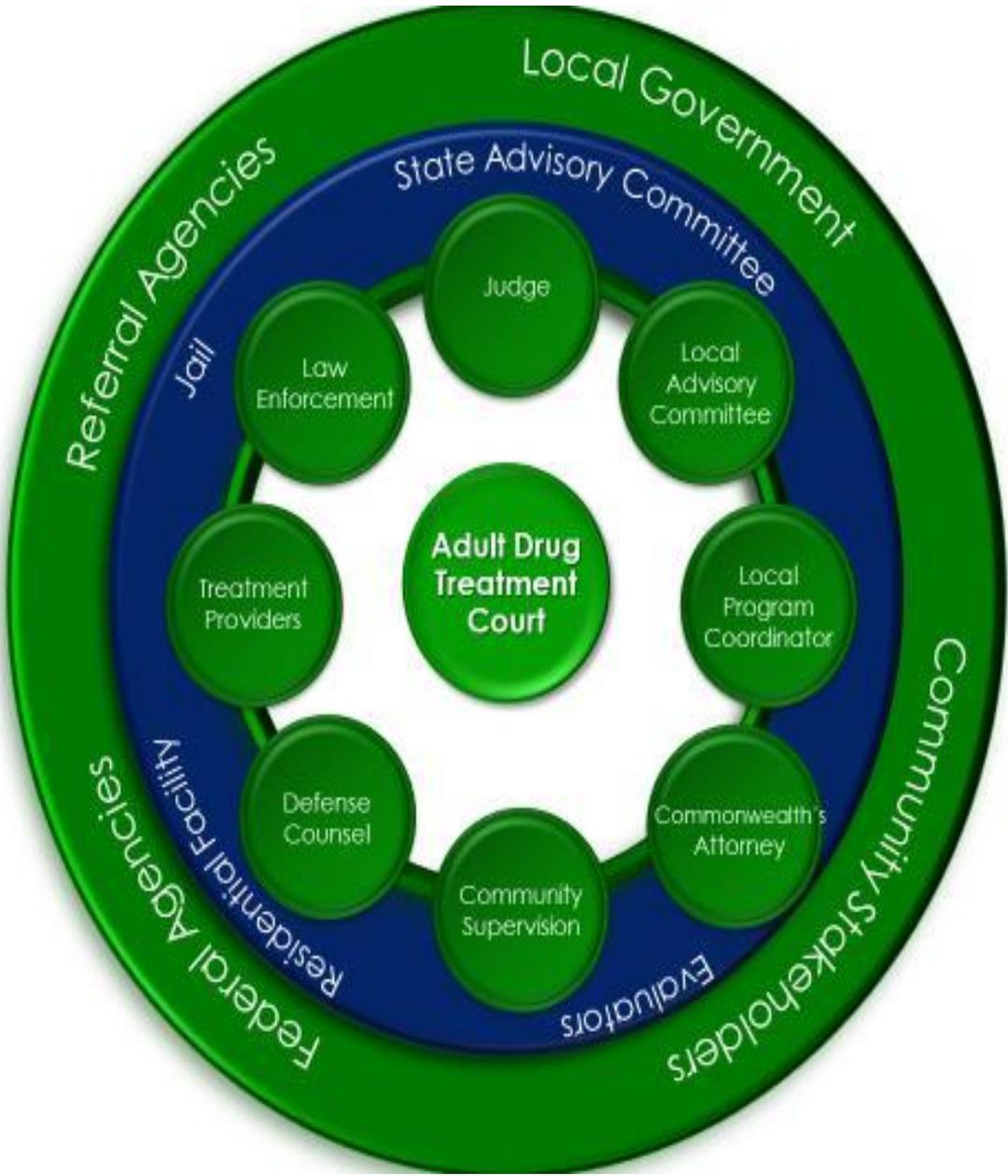
O. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the following jurisdictions: The City of Chesapeake and the City of Newport News.

P. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the Juvenile and Domestic Relations District Court for the County of Franklin, provided that such court is funded solely through local sources.

Q. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the City of Bristol and the County of Tazewell, provided that the court is funded within existing state and local appropriations.

(2004, c. 1004; 2005, cc. 519, 602; 2006, cc. 175, 341; 2007, c. 133; 2009, cc. 205, 281, 294, 813, 840; 2010, c.258.)

Appendix B: Diagram of Virginia Adult Drug Treatment Court Docket Stakeholders



**Appendix C: Operational Virginia Drug Treatment Court Dockets,
FY 2023 (N =60)**

Name	Localities	Court Type	Docket Type	Approved Date
Alexandria Adult	Alexandria	Circuit	Adult	October, 2018
Alleghany Adult	Alleghany, Covington	Circuit	Adult	April, 2020
Arlington Adult	Arlington	Circuit	Adult	October, 2012
Bedford Family	Bedford	J&DR	Family	May, 2018
Botetourt and Craig Adult	Botetourt, Craig	Circuit	Adult	May, 2021
Bristol Adult	Bristol	Circuit	Adult	March, 2010
Buchanan Adult	Buchanan	Circuit	Adult	July, 2012
Charlottesville Family	Charlottesville, Albemarle, Greene, Louisa, Madison	J&DR	Family	July, 2002
Charlottesville-Albemarle Adult	Charlottesville, Albemarle, Greene, Louisa	Circuit	Adult	July, 1997
Chesapeake Adult	Chesapeake	Circuit	Adult	August, 2005
Chesterfield Adult	Chesterfield, Colonial Heights	Circuit	Adult	September, 2000
Culpeper Adult	Culpeper	Circuit	Adult	October, 2019
Danville Adult	Danville	Circuit	Adult	October, 2021
Dickenson Adult	Dickenson	Circuit	Adult	July, 2012
Fairfax Adult	Fairfax County, Fairfax City	Circuit	Adult	October, 2017
Fifth Circuit Adult	Suffolk, Franklin City, Isle of Wight, Southampton	Circuit	Adult	April, 2020
Floyd Adult	Floyd	Circuit	Adult	October, 2015
Fluvanna Adult	Fluvanna	Circuit	Adult	October, 2019
Franklin Co. Family	Franklin County	J&DR	Family	May, 2023
Giles Adult	Giles	Circuit	Adult	October, 2015
Giles Family	Giles	J&DR	Family	October, 2018
Goochland Family	Goochland	J&DR	Family	December, 2008
Halifax Adult	Halifax	Circuit	Adult	April, 2015
Hampton Adult	Hampton	Circuit	Adult	February, 2003
Hanover Juvenile	Hanover	J&DR	Juvenile	May, 2003
Harrisonburg-Rockingham Adult	Harrisonburg, Rockingham	Circuit	Adult	April, 2017
Henrico Adult	Henrico	Circuit	Adult	January, 2003
Hopewell Adult	Hopewell, Prince George, Surry	Circuit	Adult	September, 2002
Loudoun Adult	Loudoun	Circuit	Adult	October, 2018
Lynchburg Adult	Lynchburg	Circuit	Adult	October, 2016
Montgomery Adult	Montgomery	Circuit	Adult	April, 2020
Nelson Adult	Nelson County	Circuit	Adult	May, 2022
Newport News Adult	Newport News	Circuit	Adult	November, 1998
Norfolk Adult	Norfolk	Circuit	Adult	November, 1998
Northern Neck/Essex Adult	Essex, Lancaster, Northumberland, Richmond County, Westmoreland	Circuit	Adult	October, 2017
Northwest Regional Adult	Clarke, Frederick, Shenandoah, Warren, Winchester	Circuit	Adult	April, 2016
Orange & Madison Adult	Orange, Madison	Circuit	Adult	October, 2020
Page Adult	Page	Circuit	Adult	November, 2020
Portsmouth Adult	Portsmouth	Circuit	Adult	January, 2021
Prince William Adult	Prince William, Manassas, Manassas Park	Circuit	Adult	May, 2023

Name	Localities	Court Type	Docket Type	Approved Date
Pulaski Adult	Pulaski	Circuit	Adult	October, 2014
Radford Adult	Radford	Circuit	Adult	October, 2017
Rappahannock Juvenile	Fredericksburg, King George, Stafford, Spotsylvania	J&DR	Juvenile	October, 1998
Rappahannock Regional Adult	Fredericksburg, King George, Stafford, Spotsylvania	Circuit	Adult	October, 1998
Richmond Adult	Richmond City	Circuit	Adult	March, 1998
Roanoke Adult	Roanoke City, Roanoke County, Salem	Circuit	Adult	September, 1995
Russell Adult	Russell	Circuit	Adult	July, 2012
Shenandoah Adult	Shenandoah	Circuit	Adult	June, 2023
Smyth Co. Recovery Court	Smyth	Circuit	Adult	April, 2016
Staunton Adult	Staunton, Augusta, Waynesboro	Circuit	Adult	July, 2002
Tazewell Adult	Tazewell	Circuit	Adult	March, 2009
Thirtieth District Juvenile	Lee, Scott, Wise	J&DR	Juvenile	September, 2002
Thirtieth Judicial Circuit Adult	Lee, Scott, Wise	Circuit	Adult	July, 2012
Twenty-First Judicial Circuit Adult	Henry, Martinsville, Patrick	Circuit	Adult	May, 2021
Twin Counties Recovery Court	Grayson, Carroll, Galax	Circuit	Adult	October, 2017
Virginia Beach Adult	Virginia Beach	Circuit	Adult	April, 2016
Washington Adult	Washington	Circuit	Adult	July, 2012
Waynesboro DUI	Waynesboro, Augusta, Staunton	General District	DUI	June, 2011
Warren Adult	Warren	Circuit	Adult	June, 2023
Wythe Adult	Wythe	Circuit	Adult	April, 2020

***Appendix D: Rule 1:25
Specialty Dockets***

VIRGINIA:

***In the Supreme Court of Virginia held at the Supreme Court Building in the
City of Richmond on Monday the 14th day of November, 2016.***

It is ordered that the Rules heretofore adopted and promulgated by this Court and now in effect be and they hereby are amended to become effective January 16, 2017.

Rule 1:25. Specialty Dockets.

(a) Definition of and Criteria for Specialty Dockets.

- (1) When used in this Rule, the term "specialty dockets" refers to specialized court dockets within the existing structure of Virginia's circuit and district court system offering judicial monitoring of intensive treatment, supervision, and remediation integral to case disposition.
- (2) Types of court proceedings appropriate for grouping in a "specialty docket" are those which (i) require more than simply the adjudication of discrete legal issues,
(ii) present a common dynamic underlying the legally cognizable behavior,
(iii) require the coordination of services and treatment to address that underlying dynamic, and (iv) focus primarily on the remediation of the defendant in these dockets. The treatment, the services, and the disposition options are those which are otherwise available under law.
- (3) Dockets which group cases together based simply on the area of the law at issue, e.g., a docket of unlawful detainer cases or child support cases, are not considered "specialty dockets."

(b) Types of Specialty Dockets. -The Supreme Court of Virginia currently recognizes only the following three types of specialty dockets: (i) drug treatment court dockets as provided for in the Drug Treatment Court Act, § 18.2-254.1, (ii) veterans dockets, and (iii) behavioral/mental health dockets. Drug treatment court dockets offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases.

The dispositions in the family drug treatment court dockets established in juvenile and domestic relations district courts may include family and household members as defined in Virginia Code § 16.1-228. Veterans dockets offer eligible defendants who are veterans of the armed services with substance dependency or mental illness a specialized criminal specialty docket that is coordinated with specialized services for veterans. Behavioral/mental health dockets offer defendants with diagnosed behavioral or mental health disorders judicially supervised, community-based treatment plans, which a team of court staff and mental health professionals design and implement.

- (c) *Authorization Process.* - A circuit or district court which intends to establish one or more types of these recognized specialty dockets must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty docket or, in the instance of an existing specialty docket, continuing its operation. A petitioning court must demonstrate sufficient local support for the establishment of this specialty docket, as well as adequate planning for its establishment and continuation.
- (d) *Expansion of Types of Specialty Dockets.* - A circuit or district court seeking to establish a type of specialty docket not yet recognized under this rule must first demonstrate to the Supreme Court that a new specialty docket of the proposed type meets the criteria set forth in subsection (a) of this Rule. If this additional type of specialty docket receives recognition from the Supreme Court of Virginia, any local specialty docket of this type must then be authorized as established in subsection (c) of this Rule.
- (e) *Oversight Structure.* - By order, the Chief Justice of the Supreme Court may establish a Specialty Docket Advisory Committee and appoint its members. The Chief Justice may also establish separate committees for each of the approved types of specialty dockets. The members of the Veterans Docket Advisory Committee, the Behavioral/Mental Health Docket Advisory Committee, and the committee for any other type of specialty docket recognized in the future by the Supreme Court shall be chosen by the Chief Justice. The State Drug Treatment Court Advisory Committee established pursuant to Virginia Code § 18.2-254.1 shall constitute the Drug Treatment Court Docket Advisory Committee.
- (f) *Operating Standards.* - The Specialty Docket Advisory Committee, in consultation with the committees created pursuant to subsection (e), shall establish the training

and operating standards for local specialty dockets.

(g) *Financing Specialty Dockets.* -Any funds necessary for the operation of a specialty docket shall be the responsibility of the locality and the local court but may be provided via state appropriations and federal grants.

(h) *Evaluation.* -Any local court establishing a specialty docket shall provide to the Specialty Docket Advisory Committee the information necessary for the continuing evaluation of the effectiveness and efficiency of all local specialty dockets.

A Copy,

Teste:

A handwritten signature in black ink that reads "Paul L. Hamrick". The signature is written in a cursive, flowing style.

Clerk

Appendix E: DOC Incarceration and Drug Court Comparison: 3-year reconviction rates

National usage standards, the Virginia Department of Corrections and the Virginia Office of the Executive Secretary use the word “recidivism” in specific and technically defined - but different - ways. Therefore, “Recidivism rates” studies and reports from these groups are not comparable. However, details in these reports do overlap – specifically in “reconviction” data.

Both offices report reconviction data for 3 years after exit; this data tracks how many people have been reconvicted within 3 years of their exit (from incarceration for the DOC or drug court for OES). The importance of this longer duration metric is in evaluating *sustained* recovery and rehabilitation.

While the features of the reconviction status and 3-year duration line up, the below chart is not for directly comparable populations. The OES reports ²⁰ are exclusively for offenders with drug and drug motivated offences by those (primarily) with substance use disorder, while the report published by the Virginia DOC in January 2023, ²¹ gives data for all formerly incarcerated individuals, including an unknown portion of non-similar offences/population. However, in a ²² published by the DOC, they recognize that “inmates with a history of testing positive for both opioids and cocaine [...] had a reincarceration rate substantially higher than those with no history of testing positive for opioids or cocaine.”

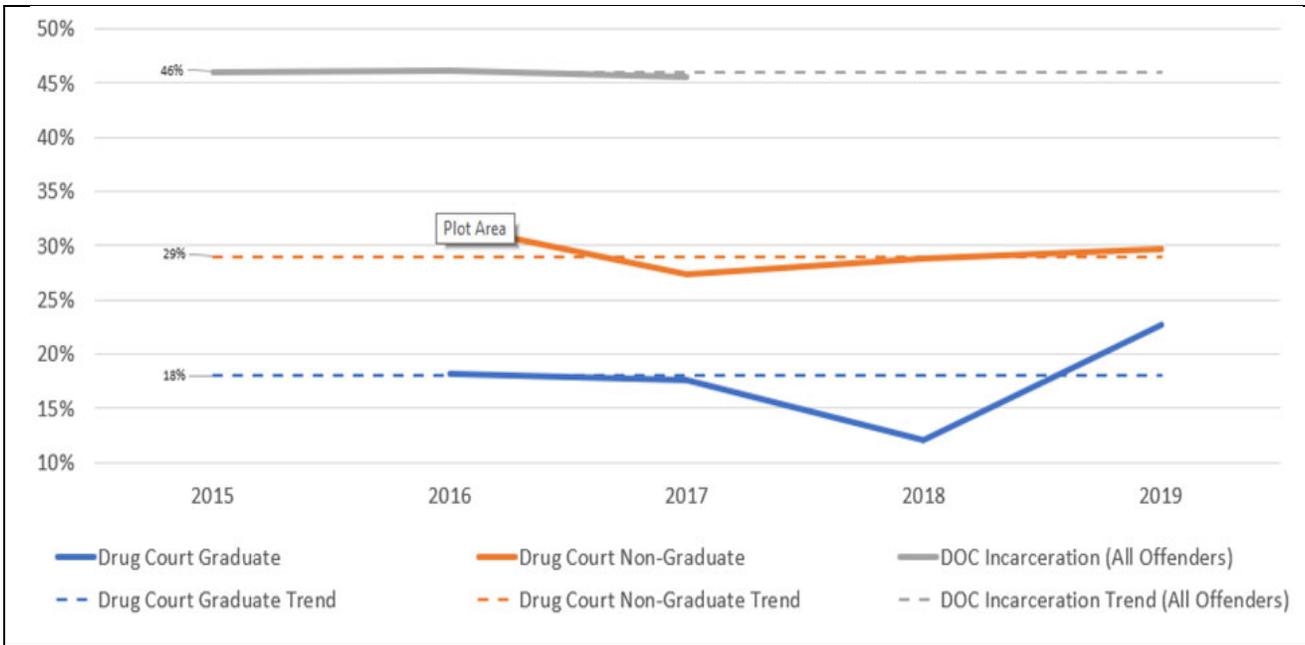
This indicates that substance-using offenders are driving up their recidivism metric by a “substantial” amount. It can be extrapolated that if the DOC report did pull out data for like-offences/populations, that number would be some amount higher than their below reported overall reconviction numbers.

²⁰ https://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/resources/2022_dtc_report.pdf
https://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/resources/2021_dtc_report.pdf
<https://rga.lis.virginia.gov/Published/2020/RD591/PDF>

https://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/resources/2019_dtc_report.pdf

²¹ <https://vadoc.virginia.gov/media/1817/vadoc-state-recidivism-report-2023-01.pdf>

²² <https://vadoc.virginia.gov/news-press-releases/2021/virginia-s-recidivism-rate-remains-among-the-lowest-in-the-country/>



The above chart shows 3-year reconviction data for persons exiting incarceration in 2015, 2016, and 2017 in solid grey. In solid orange and blue, it shows the non-graduate and graduate 3-year reconviction rates for persons exiting drug court in 2016, 2017, 2018, and 2019, respectively. The trend lines in chart 1 indicate what the average reconviction rate is per the annual reports (not compiled data) – in other words, drug court graduates tend to have a reconviction rate close to 18% on each annual report. Non graduates tend to have a reconviction rate close to 29% on each annual report. Former inmates tend to have a reconviction rate close to 46% on the DOC report.

***Appendix F: State Drug Treatment Court Advisory Committee
Membership Roster***

Chair:

The Honorable S. Bernard Goodwyn
Chief Justice
Supreme Court of Virginia

Vice-Chair:

The Honorable Jack S. Hurley*
Judge
Tazewell Circuit Court
Tazewell Adult Drug Court

Members:

Major William H. Anspach
Chief
Colonial Heights Police Department
Virginia Association of Chiefs of Police

The Honorable David B. Carson
Judge
Twenty-Third Judicial Circuit
Member At-Large

Harold Clark
Director
Virginia Department of Corrections

Nikki Clarke
Program Manager
Legislation, Regulations & Guidance
Virginia Department of Social Services

Angela Coleman
Executive Director
Commission on Virginia Alcohol Safety Action
Program

Tim Coyne
Deputy Executive Director
Virginia Indigent Defense Commission

The Honorable Louise DiMatteo*
Judge

Arlington Circuit Court

The Honorable Llezelle Dugger
Clerk
Charlottesville Circuit Court
Circuit Court Clerks Association

Karl Hade
Executive Secretary
Office of the Executive Secretary

The Honorable Karl Leonard
Sheriff
Chesterfield County
Virginia Sheriff's Association

Jennifer MacArthur
Manager
Division of Programs and Adult Services

The Honorable Collette McEachin
Commonwealth's Attorney
City of Richmond Commonwealth's Attorney
Assoc.

The Honorable Eric Olsen
Commonwealth's Attorney
Stafford County
Member At-Large

Megan Roane
Director
Blue Ridge Court Services
Virginia Community Criminal Justice Association

** Executive Committee member*

Cheryl Robinette
Coordinator
Tazewell Adult Drug Court
Member At-Large

The Honorable Charles S. Sharp*
Judge (Retired)
Stafford Circuit Court
Member At-Large

The Honorable Deborah S. Tinsley
Judge
Goochland Co. Juvenile & Domestic Relations
District Court
Goochland Family Drug Treatment Court

Julie Truitt
Substance Use Disorder Quality Manager
Office of Adult Behavioral Health
Dept. of Behavioral Health and Developmental
Services

The Honorable Robert Turk*
Judge
Montgomery Circuit Court
Montgomery Adult Drug Court

The Honorable Joseph A. Vance, IV*
Judge
Fredericksburg Juvenile & Domestic Relations
District Court
Rappahannock Juvenile Drug Court

Natalie Ward-Christian
Executive Director
Hampton/Newport News CSB
Virginia Assoc. of CSBs

Staff:
Paul DeLosh
Director
Judicial Services Department
Office of the Executive Secretary

Anna T. Powers
State Specialty Dockets Coordinator
Judicial Services Department
Office of the Executive Secretary

Auriel Diggs
Specialty Dockets Grants Analyst
Judicial Services Department
Office of the Executive Secretary

Celin Job
Specialty Dockets Analyst
Judicial Services Department
Office of the Executive Secretary

Danny Livengood
Specialty Dockets Training Coordinator
Judicial Services Department
Office of the Executive Secretary

Liane Hanna
Specialty Dockets Compliance Analyst
Department of Judicial Services
Office of the Executive Secretary

Olivia Terranova
Specialty Dockets Compliance Analyst
Department of Judicial Services
Office of the Executive Secretary

Taylor Crampton
Specialty Dockets Administrative Assistant
Judicial Services Department
Office of the Executive Secretary