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December 17, 2010

The General Assembly of Virginia
Division of Legislative Automated Systems
910 Capitol Square
General Assembly Building, Suite 660
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 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. Pursuant to the Act, a report of these evaluations shall be submitted annually to the General Assembly. Please find attached the current annual report.

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

Very truly yours,

A handwritten signature in black ink that reads "K R Hade".

Karl R. Hade

KRH:atp

Enclosure

**Virginia's Drug Treatment Courts
2010 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; see Appendix II) directs the Office of the Executive Secretary of the Supreme Court of Virginia (OES), in consultation with 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 directs the OES to annually provide the General Assembly with a report of these evaluations. This report reflects fiscal year 2010 data.

TABLE OF CONTENTS

Executive Summary	iv
Administration of Drug Treatment Courts in Virginia.....	iv
Funding for Drug Treatment Courts.....	v
Summary of 2010 Drug Treatment Court Program Activity	v
2010 Adult, Juvenile, & Family DTC Summary Table	vii
2010 DUI DTC Activity Summary Table	vii
Chapter One: Drug Treatment Courts in Virginia	1
Introduction	1
Operational Drug Treatment Courts.....	2
Administration of DTC in Virginia.....	3
Summary of 2010 DTC Program Activity	7
Summary of 2010 Participant Departures from DTC Programs	14
Summary of Re-arrest Rates Following Program Departure	16
Summary Tables of Program Activity.....	18
Figure 1: Drug Treatment Courts in Virginia	4
Figure 2: Implementation of Virginia’s Drug Treatment Courts.....	5
Figure 3: Administration of Drug Treatment Courts in Virginia	6
Table 1: 2010 Adult, Juvenile, and Family DTC Referrals and New Admissions	8
Table 2: 2010 DUI DTC Referrals and New Admissions.....	9
Table 3: 2010 Adult, Juvenile, and Family DTC Active Participants.....	10
Table 4: 2010 DUI DTC Active Participants	11
Table 5: 2010 Adult, Juvenile, and Family DTC Drug of Choice	12
Table 6: 2010 Adult, Juvenile, and Family DTC Drug Screenings	12
Table 7: 2010 Adult and Juvenile DTC Participant Entry Offense.....	13
Table 8: 2010 Adult, Juvenile & Family DTC Participant Departure Summary	14
Table 9: 2010 DUI Active Participant Departure Summary	15
Table 10: 2010 Adult, Juvenile, and Family DTC Mean & Median Length of Stay	15
Table 11: DTC Re-arrest Rates, 2008-2009	17
Table 12: 2010 Adult, Juvenile, and Family DTC Activity Summary.....	18
Table 13: 2010 DUI DTC Activity Summary	18
Chapter Two: Adult Drug Treatment Courts.....	19
Figure 4: Virginia Adult DTC Stakeholders, 2010.....	20
Figure 5: Map of Virginia’s Adult DTC.....	21
Table 14: Adult DTC Referrals, Participants, and Departures.....	22
Table 15: Adult DTC Drug of Choice	24
Table 16: Adult DTC Drug Screenings.....	25
Table 17: Adult DTC Participant Entry Offense.....	26
Table 18: Adult DTC Re-arrest Rates	28
Table 19: Adult DTC Activity Summary	29
Chapter Three: Juvenile Drug Treatment Courts.....	30
Figure 6: Virginia Juvenile DTC Stakeholders	31
Figure 7: Map of Virginia’s Juvenile DTC.....	33

TABLE OF CONTENTS

Table 20:	Juvenile DTC Referrals, Admissions, Participants, and Departures.....	34
Table 21:	Juvenile DTC Drug Screenings.....	35
Table 22:	Juvenile DTC Participant Entry Offense.....	36
Table 23:	Juvenile DTC Re-arrest Rates.....	38
Table 24:	Juvenile DTC Activity Summary.....	39
Chapter Four: Family Drug Treatment Courts.....		40
Figure 8:	Virginia Family DTC Stakeholders.....	43
Figure 9:	Map of Virginia’s Family DTC.....	44
Table 25:	Family DTC Referrals, Admissions, Participants, and Departures.....	45
Table 26:	Family DTC Drug of Choice.....	46
Table 27:	Family DTC Activity Summary.....	47
Chapter Five: DUI Drug Treatment Courts.....		48
Figure 10:	Virginia DUI DTC Stakeholders.....	49
Figure 11:	Map of Virginia’s DUI DTC.....	52
Table 28:	DUI DTC Referrals, Admissions, Participants, and Departures.....	53
Table 29:	DUI DTC Activity Summary.....	55
References.....		56
Appendices		
I.	State Drug Treatment Court Advisory Committee Membership List.....	57
II.	The Virginia Drug Treatment Court Act.....	61

EXECUTIVE SUMMARY

Virginia Drug Treatment Courts 2010 Annual Report

Executive Summary

This report reviews the basic operations and outcomes of Virginia's drug treatment courts in fiscal year 2010. Information is provided in the report on program participants including demographics, program entry offenses, program length, and re-arrest after program completion or termination. Details are provided separately for adult, juvenile, family, and driving under the influence (DUI) drug treatment court programs. The report is based on data from the drug court database established and maintained by the Office of the Executive Secretary (OES), as well as arrest data from the Virginia State Police, and DUI drug court data provided by the Fredericksburg Regional DUI Drug Treatment Court program. Only the Fredericksburg Regional DUI DTC is reviewed to represent the DUI drug treatment court model in this report.

Analyses provided in this report are based on data entered for participants in Virginia's drug treatment courts who entered a program after January 1, 2007, and either graduated or were terminated from a program between July 1, 2007, and June 30, 2010.

In 2010, there were 30 operational drug treatment court programs in Virginia: 16 adult, nine juvenile, three family, and two DUI DTCs.

The goals of Virginia drug treatment courts are:

1. to reduce drug addiction and drug dependency among offenders;
2. to reduce recidivism;
3. to reduce drug-related court workloads;
4. to increase personal, familial and societal accountability among offenders; and,
5. to promote effective planning and use of resources among the criminal justice system and community agencies.

Administration of Drug Treatment Courts in Virginia

The Supreme Court of Virginia facilitates the development, implementation and monitoring of local adult, juvenile, family, and driving under the influence (DUI) drug treatment courts through the Drug Treatment Court Division in the Department of Judicial Services for the Office of the Executive Secretary (OES). The State Drug Treatment Court Advisory Committee, established pursuant to statute, makes recommendations to the Chief Justice regarding recognition and funding for drug treatment courts, best practices based on research, and minimum standards for program operations. It also evaluates all proposals for the establishment of new programs and makes recommendation to the Chief Justice.

EXECUTIVE SUMMARY

Funding for Drug Treatment Courts

Virginia's drug treatment courts operate under a funding strategy implemented in 2005 to sustain operation and funding of the 14 original drug treatment courts after their federal grants expired. There are ten adult and four juvenile drug treatment courts included in this funding. Those drug treatment courts receiving state funds use the funds primarily for drug court personnel. Treatment services for drug treatment court participants are generally accessed through the public substance abuse treatment system also known as the Virginia Community Services Boards (CSBs).

Summary of 2010 Drug Treatment Court Program Activity

Summaries of the major measures of program activity for adult, juvenile, and family drug treatment court programs (DTC), as well as the DUI DTC, are presented in Executive Summary Tables 1 and 2 on page 4. A more detailed review of these measures can be found in Chapter One while separate reviews of program activity and outcomes are set forth for each model in succeeding chapters.

Fiscal Year 2010 Summary Measures

Referrals. Referrals to adult, juvenile, and family DTC totaled 695 an increase of 30.1% over 2009. Referrals to the DUI DTC totaled 734, a decline of 25.7% from 2009.

New Admissions. New admissions totaled 481 to adult, juvenile, and family programs. There were 428 new admissions to the DUI DTC.

Active Participants. In 2010, there were 906 active participants in the adult, juvenile, and family DTC programs while the number of active participants in the DUI DTC was 761.

Graduates. The number of individuals who successfully completed an adult, juvenile, or family drug treatment court program in 2010 totaled 145 for an overall graduation rate of 46.0%. The graduation rate for the DUI DTC was 74.0%.

Terminations. There were 170 persons terminated from an adult, juvenile, or family drug treatment court during the year, a termination rate of 54.0%. The DUI DTC reported a termination rate of 26.0%. Terminations constitute unsuccessful program completion.

Re-arrests. While not enough time has elapsed since program completion to reliably assess re-arrest for those departing a program through graduation or termination in 2010, the data that were available for what time has elapsed showed a re-arrest rate of 19.5% for adult, and juvenile DTC and 13.3% for the DUI DTC.

EXECUTIVE SUMMARY

A more reliable examination of re-arrest rates requires looking at 2008 and 2009 departures. In 2008, the overall re-arrest rate for those departing adult and juvenile programs was 43.9%, 20.0% for graduates compared to 49.1% for those terminated. In 2009, 12.4% of graduates were re-arrested compared to 39.3% for those terminated, an overall rate of 26.4%.

EXECUTIVE SUMMARY

Executive Summary Table 1: 2010 Adult, Juvenile, and Family DTC Activity Summary

	Adult DTC			Juvenile DTC			Family DTC			Totals		
	2009	2010	%Change	2009	2010	%Change	2009	2010	%Change	2009	2010	%Change
Referrals	442	554	25.3%	79	119	50.6%	13	22	69.2%	534	695	30.1%
Row %	82.8%	79.7%		14.8%	17.1%		2.4%	3.2%		100.0%	100.0%	
New Admissions	295	379	28.5%	66	82	24.2%	10	20	100.0%	371	481	29.6%
Row %	79.5%	78.8%		17.8%	17.0%		2.7%	4.2%		100.0%	100.0%	
Active Participants During Year	537	727	35.4%	86	145	68.6%	18	34	88.9%	641	906	41.3%
Row %	83.8%	80.2%		13.4%	16.0%		2.8%	3.8%		100.0%	100.0%	
Graduated	133	102	-23.3%	10	39	290.0%	2	4	100.0%	145	145	0.0%
Row %	91.7%	70.3%		6.9%	26.9%		1.4%	2.8%		100.0%	100.0%	
Graduation Rate	52.6%	43.0%		38.5%	60.0%		33.3%	30.8%		50.9%	46.0%	
Terminated	120	135	12.5%	16	26	62.5%	4	9	125.0%	140	170	21.4%
Row %	85.7%	79.4%		11.4%	15.3%		2.9%	5.3%		100.0%	100.0%	
Termination Rate	47.4%	57.0%		61.5%	40.0%		66.6%	69.2%		49.1%	54.0%	
Re-arrested	80	51	-36.3%	3	8	166.7%				83	59	-28.9%
Row %	92.0%	86.4%		3.4%	13.6%					100.0%	100.0%	
Re-arrest Rate	27.8%	21.5%		11.5%	12.3%					26.4%	19.5%	
Mean Length of Stay	412 Days	453 Days	10.0%	289 Days	335 Days	15.9%	380 Days	382 Days	0.5%	402 Days	425 Days	5.7%
Median Length of Stay	414 Days	427 Days	3.1%	245 Days	319 Days	30.2%	487 Days	357 Days	-26.7%	406 Days	315 Days	-22.4%

Executive Summary Table 2: 2010 DUI DTC Activity Summary

	2009	2010	%Change
Referrals	988	734	-25.7%
New Admissions	663	428	-35.4%
Active Participants During Year	557	761	36.6%
Graduated	239	279	16.7%
Graduation Rate	72.6%	74.0%	
Terminated	90	98	8.9%
Termination Rate	27.4%	26.0%	
Re-arrested	-	50	-
Re-arrest Rate	-	13.3%	
Mean Length of Stay	-	454 Days	-
Median Length of Stay	-	341 Days	-

**Virginia Drug Treatment Courts
2010 Annual Report**

Introduction

The General Assembly enacted the Virginia Drug Treatment Court Act (§18.2-254.1) in 2004. The Act authorizes the Supreme Court of Virginia to provide administrative oversight of all drug treatment courts and establishes the statewide Drug Treatment Court Advisory Committee chaired by the Chief Justice. The Advisory Committee provides guidance on the implementation and operation of local drug treatment courts.

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. Drug treatment courts (DTC) 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 and approved planning process before establishing a drug treatment court program in Virginia.

Once implemented, drug courts in Virginia and nationwide become an integral part of the court and community response to drug addiction and abuse. As the number of programs grows and the number of Virginians served increases, the Commonwealth continues to improve its development and operation of evidence-based treatment court practices. Virginia's drug treatment courts remain in the forefront of collaboration between the judiciary and partner agencies to improve outcomes for adult offenders, DUI offenders, juvenile delinquents, and parent respondents in abuse/neglect/dependency cases.

The goals of Virginia drug treatment courts are:

1. to reduce drug addiction and drug dependency among offenders;
2. to reduce recidivism;
3. to reduce drug-related court workloads;
4. to increase personal, familial and societal accountability among offenders; and,
5. to promote effective planning and use of resources among the criminal justice system and community agencies.

This report reviews the basic operations and outcomes of Virginia's drug treatment courts in fiscal year 2010. Information is provided in the report on program participants including demographics, program entry offenses, program length, and re-arrest after program completion or termination. Details are provided separately for adult, juvenile, family, and driving under the influence (DUI) drug treatment court programs. The report is based on data from the drug court database established and maintained by the Office of the Executive Secretary (OES), as well as arrest data from the Virginia State Police, and DUI drug court data provided by the Fredericksburg Regional DUI Drug Treatment Court program.

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Drug treatment court staff in local programs enter data on program participants into the OES drug court database. Local Virginia Alcohol Safety Action Programs (VASAP) enter the data for DUI drug courts into their separate data system. Only data for the Fredericksburg Regional DUI Drug Treatment Court for 2010 were available for this report.

Analyses provided in this report are based on data entered for participants in Virginia's drug treatment courts who entered a program after January 1, 2007, and either graduated or were terminated from a program between July 1, 2007, and June 30, 2010.

Operational Drug Treatment Courts

In 2010, there were 30 operational drug treatment court programs in Virginia: 16 adult, nine juvenile, three family, and two DUI DTCs. Sixteen programs were operating in circuit courts, with two in general district courts and 12 in juvenile and domestic relations district (J&DR) courts. The two programs operating in the general district courts were both DUI drug treatment court programs. Adult programs were operating in the circuit courts, and both juvenile and family programs were operating in the juvenile and domestic relations district courts. Twenty-three Virginia localities currently have at least one type of drug treatment court program in operation. Figure 1.

In 2010, the General Assembly approved an additional adult program in Bristol Circuit Court which began operation in March. During the year, the Drug Court Advisory Committee reviewed and approved applications for six additional programs. These include three separate adult programs in Buchanan, Dickenson, and Russell Circuit Courts (29th Judicial Circuit), and a fourth unified program for the 30th Judicial Circuit (Lee, Scott, and Wise counties). Two family drug treatment courts were approved, one in Goochland J&DR District Court (16th Judicial District) and the other in Montgomery J&DR (27th Judicial District). These additional drug treatment court applications will be presented to the 2011 General Assembly for their approval.

The adult felony drug treatment court program serving Roanoke City, Roanoke County, and the city of Salem (23rd Judicial Circuit) is the oldest operating drug treatment court in the state hav-

General Description of Operational Drug Treatment Courts

- 16 Adult drug treatment courts in circuit courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.
- 9 Juvenile drug treatment courts in juvenile and domestic relations district courts monitor adjudicated delinquents on supervised probation.
- 3 Family drug treatment courts in juvenile and domestic relations district courts monitor parent respondents adjudicated for child abuse, neglect, and/or dependency who are seeking custody of their children.
- 2 DUI drug treatment courts in general district courts monitor DUI offenders through the local Alcohol Safety Action Program.

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

ing been implemented in September 1995. The program implemented in Bristol Circuit Court in March 2010, as mentioned above, is the newest program. Additionally, the DUI DTC operating since 2002 in Waynesboro General District Court was formally approved by the Drug Court Advisory Committee in May 2010 to be compliant with DUI Drug Treatment Court Standards. Figure 2.

Administration of Drug Treatment Courts in Virginia

The Supreme Court of Virginia facilitates the development, implementation and monitoring of local adult, juvenile, family, and driving under the influence (DUI) drug treatment courts through the Drug Treatment Court Division in the Department of Judicial Services for the Office of the Executive Secretary (OES). The state Drug Treatment Court Advisory Committee, established pursuant to statute, makes recommendations to the Chief Justice regarding recognition and funding for drug treatment courts, best practices based on research, and minimum standards for program operations. It also evaluates all proposals for the establishment of new programs and makes recommendation to the Chief Justice. Figure 3.

Funding for Drug Treatment Courts

Virginia's drug treatment courts operate under a funding strategy implemented in 2005 to sustain operation and funding of the 14 original drug treatment courts after their federal grants expired. There are ten adult and four juvenile drug treatment courts included in this funding. Those drug treatment courts receiving state funds use the funds primarily for drug court personnel. Treatment services for drug treatment court participants are generally accessed through the public substance abuse treatment system also known as the Virginia Community Services Boards (CSBs).

Training Highlights

New and refresher drug court database training is offered three times annually at the OES or on-site upon request. The drug court database is mandated for use by all operational drug treatment courts. The information in the drug court database was used to generate the statistics contained in this report for the adult, juvenile, and family DTC programs.

Statewide training efforts for drug treatment courts are funded through a federal grant administered through the Department of Motor Vehicles (DMV). These grant funds have been received for in-state training purposes for the past four years. This training is offered to all existing drug court staff and drug court staff who are involved in the planning for new drug court programs. The 2010 training was in Williamsburg with presentations on Best Practices in Drug Courts by renowned drug court expert Dr. Doug Marlowe, DUI issues by a Georgia DUI Drug Court Judge, Virginia Judge Sharp presented on prosecution, Hampton Public Defender presented defense issues and suboxone expert Dr. McMasters presented on Project Remote among many other expert topics.

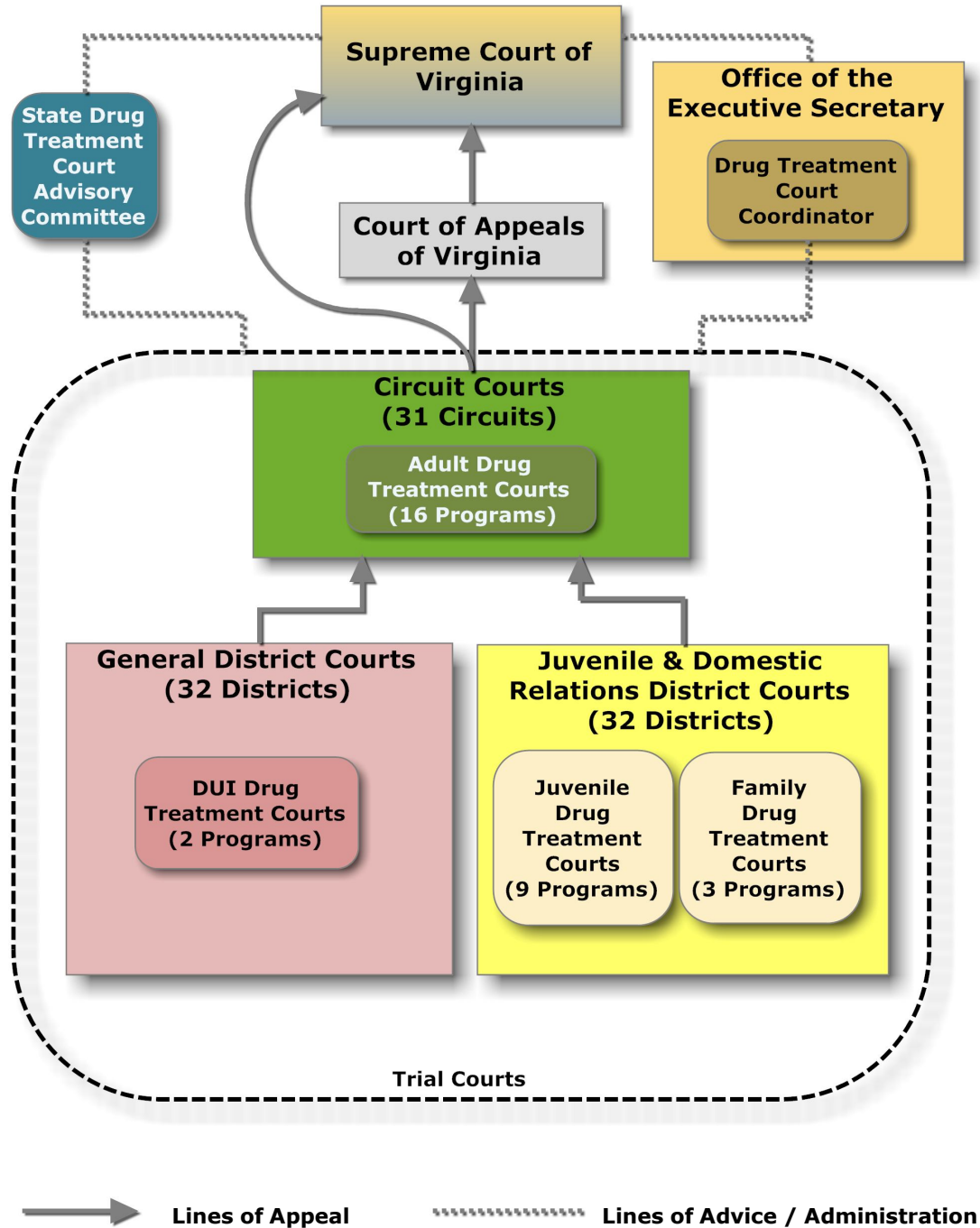
CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Figure 2: Implementation of Virginia's Drug Treatment Courts

Locality	Court	Court Type	Date Implemented
Roanoke City, Salem City & Roanoke County	Circuit	Adult felony (1)	September 1995
Charlottesville/Albemarle County	Circuit	Adult felony (2)	July 1997
Richmond City	Circuit	Adult felony (3)	March 1998
Rappahannock Area Programs:	Circuit,	Adult felony (4)	October 1998
Fredericksburg, Spotsylvania County & Stafford County	J&DR	Juvenile (5)	November 1998
Norfolk	Circuit	Adult felony (6)	November 1998
Newport News	Circuit	Adult felony (7)	November 1998
Fredericksburg Area Programs: Fredericksburg Spotsylvania County King George County	Gen. District	DUI (8)	May 1999
Richmond City	J&DR,	Juvenile (9)	July 1999
Chesterfield County, Colonial Heights	Circuit	Adult felony (10)	September 2000
Portsmouth	Circuit	Adult felony (11)	January 2001
Alexandria	J&DR	Family (12)	September 2001
Newport News	J&DR	Juvenile (13)	March 2002
Charlottesville, Albemarle County	J&DR	Family (14)	July 2002
Staunton	Circuit	Adult felony (15)	July 2002
Hopewell, Prince George County	Circuit	Adult felony (16)	September 2002
Lee/Scott/Wise County	J&DR	Juvenile (17)	September 2002
Chesterfield County, Colonial Heights	J&DR	Juvenile (18)	January 2003
Henrico County	Circuit	Adult felony (19)	January 2003
Hampton	Circuit	Adult felony (20)	February 2003
Hanover County	J&DR	Juvenile (21)	May 2003
Fairfax County	J&DR	Juvenile (22)	May 2003
Prince William County	J&DR	Juvenile (23)	May 2004
Loudoun County	Circuit	Adult felony (24)	May 2004
Chesapeake	Circuit	Adult felony (25)	August 2005
Newport News	J&DR	Family (26)	July 2006
Tazewell	Circuit	Adult Felony (27)	March 2009
Franklin County	J&DR	Juvenile (28)	July 2009
Bristol	Circuit	Adult (29)	March 2010
Waynesboro	Gen. District	DUI (30)	2002 Approved May 2010

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Figure 3: Administration of Drug Treatment Courts in Virginia



CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Summary of 2010 Drug Treatment Court Program Activity

Referrals. In 2010, 695 referrals were made to Virginia's adult, juvenile, and family drug court treatment programs. Referrals include all sources through which participants are recommended to participate in a program. Of these 695 referrals, 554 (79.7%) were referred to an adult program, 119 (17.1%) were referred to a juvenile program, and 22 (3.2%) to a family program. There were 734 referrals made during the year to the operating DUI DTC. Tables 1 and 2.

Admissions. Not all of those referred to a DTC program are accepted or admitted. In 2010, only 379 (or 68.4%) of those referred to an adult program were admitted. For juvenile programs, 82 (68.9%) were admitted; and for family programs, 20 (90.9%) of those referred were admitted. The overall admittance rate for adult, juvenile and family programs was 69.2%. For the DUI DTC in 2010, 428 participants were admitted out of 734 referrals, an admittance rate of 58.3%.

Participants. The number of active participants in local programs (not including DUI) during 2010 totaled 906. Among these were 727 in adult programs, 145 in juvenile programs, and 34 in family programs. The total number of active participants in the DUI DTC was 761 during the year. For all drug treatment court models, there were 1,665 participants in 2010. Tables 3 and 4.

In 2010, the typical participant in non-DUI drug treatment court programs was a white single male, high school graduate between the ages of 20 and 39.

Race. Adult, juvenile, and family drug treatment courts all had a majority of white participants in 2010. Interestingly, the highest percentage of white participants (66.2%) occurred in the juvenile drug treatment courts while in both adult and family programs, approximately 41% of participants were black. In the DUI DTC, 74.1% of 2010 participants were white and 22.5% were black.

Gender. While in both adult and juvenile programs, the majority of participants were male (56.7% and 74.5%, respectively), only 20.6% of family drug treatment court participants were male. In DUI drug treatment court, males comprised 74.6% of 2010 participants.

Age. The most commonly occurring age range of participants in both adult and family programs was 20-29 with 37.3% and 60.6% of participants, respectively. All participants in the juvenile programs ranged between 10 and 18 years of age. In adult programs, 7.5% of participants were over 50 while in family programs only 3.0% were over 50 years old. Just over 44% of DUI DTC participants were between 20 and 29 years old while 24.% were age 30-39.

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Table 1: 2010 Adult, Juvenile, & Family DTC Referrals and New Admissions

	Adult DTC			Juvenile DTC			Family DTC			Totals		
	N	%	Valid %	N	%	Valid %	N	%	N	%	Valid %	
Referred	554			119			22		695			
Admitted	379			82			20		481			
Admittance Rate	68.4%			68.9%			90.9%		69.2%			
Demographic Characteristics of Admits	N	%	N	Valid %	N	%	N	Valid %	N	%	N	Valid %
Gender												
Males	217		57.3%	61		74.4%	2		280		58.2%	
Females	162		42.7%	21		25.6%	18		201		41.8%	
Total	379		100.0%	82		100.0%	20		481		100.0%	
Race												
White	229		60.4%	47		0.0%	12		288		59.9%	
Black	143		37.7%	26		0.0%	8		177		36.8%	
Hispanic	4		1.1%	4		0.0%	0		8		1.7%	
Asian	2		0.3%	2		0.0%	0		4		0.8%	
Other	1		0.5%	3		0.0%	0		4		0.8%	
Total	379		100.0%	82		0.0%	20		481		100.0%	
Age												
Ages 10-19	21		5.5%	82		100.0%	0		103		21.4%	
Ages 20-29	142		37.5%	0		0.0%	13		155		32.2%	
Ages 30-39	103		27.2%	0		0.0%	4		107		22.2%	
Ages 40-49	89		23.5%	0		0.0%	3		92		19.1%	
Ages 50-59	21		5.5%	0		0.0%	0		21		4.4%	
Ages 60+	3		0.8%	0		0.0%	0		3		0.6%	
Total	379		100.0%	82		100.0%	20		481		100.0%	
Marital Status												
Single	191		65.4%	65		100.0%	10		266		70.7%	
Separated	27		9.2%	0		0.0%	3		30		8.0%	
Divorced	26		8.9%	0		0.0%	0		26		6.9%	
Married	42		14.4%	0		0.0%	1		43		11.4%	
Cohabiting	6		2.1%	0		0.0%	5		11		2.9%	
No Data	87		23.0%	17		20.7%	1		105		21.8%	
Total	379		100.0%	82		100.0%	20		481		100.0%	
Education (Highest Level Attained)												
Middle School	9		3.4%	2		3.6%	1		12		3.5%	
9th grade	13		4.9%	9		16.1%	0		22		6.4%	
10th grade	29		10.9%	20		35.3%	6		55		16.1%	
11th grade	27		10.1%	9		16.1%	1		37		10.8%	
12th grade	39		14.6%	9		16.1%	2		50		14.6%	
High School Graduate	25		9.4%	0		0.0%	1		26		7.6%	
GED	41		15.4%	6		10.7%	3		50		14.6%	
Vocational Training	4		1.5%	0		0.0%	2		6		1.8%	
Some College	65		24.3%	1		1.8%	2		68		19.9%	
Associate's Degree	10		3.7%	0		0.0%	0		10		2.9%	
Bachelor's Degree	5		1.9%	0		0.0%	1		6		1.8%	
No Data	112		29.6%	26		31.7%	1		139		28.9%	
Total	379		100.0%	82		100.0%	20		481		100.0%	

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Table 2: 2010 DUI DTC Referrals and New Admissions

DUI DTC				
Referred	734			
Admitted	428			
Admittance Rate	58.3%			
Demographic Characteristics of Admits	<i>N</i>	<i>%</i>	<i>N</i>	<i>Valid %</i>
Gender				
Males	332			77.6%
Females	96			22.4%
Total	428			100.0%
Race				
White	317			74.1%
Black	99			23.1%
Hispanic	7			1.6%
Asian	3			0.7%
Other	2			0.5%
Total	428			100.0%
Age				
Ages 10-19	13		13	3.1%
Ages 20-29	190		190	44.7%
Ages 30-39	108		108	25.4%
Ages 40-49	72		72	16.9%
Ages 50-59	36		36	8.5%
Ages 60+	6		6	1.4%
No Data	3	0.7%		
Total	428		425	100.0%
Marital Status				
Single	243		243	57.7%
Separated	35		35	8.3%
Divorced	60		60	14.3%
Married	79		79	18.8%
Widowed	4		4	1.0%
No Data	7	1.6%		
Total	428	100.0%	421	100.0%
Education				
Middle School	7		7	1.7%
9th grade	12		12	2.8%
10th grade	17		17	4.0%
11th grade	35		35	8.3%
12th grade	223		223	52.7%
College	113		113	33.0%
Post Graduate	10		10	2.4%
Other	6		6	1.4%
No Data	5	1.2%		
Total	428	100.0%	423	100.0%

Marital Status. In 2010, among those for whom data were available, 66.9% of participants in adult programs were single while 45.5% were single in family drug treatment courts. Overall, in non-DUI programs, 12.1% of participants were married, 8.8% separated, and 6.3% divorced.

Education. Approximately 49% (48.5%) of participants in 2010 failed to graduate from high school. Just over 25% (25.3%) graduated from high school or had achieved a GED certificate. Interestingly, 39.8% of adult participants failed to graduate from high school while only 28.2% of family DTC participants did not graduate. Nearly 24% (23.7%) of adult participants had some level of college compared to only 12.5% of those admitted to family court programs.

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Table 3: 2010 Adult, Juvenile, & Family DTC Active Participants

Active Participants During Year	Adult DTC				Juvenile DTC				Family DTC				Totals			
	N	%	N	Valid %	N	%	N	Valid %	N	%	N	Valid %	N	%	N	Valid %
Demographic Characteristics of Participants																
Gender																
Males	412			56.3%	108			74.5%	7			20.6%	527			56.2%
Females	315			43.3%	37			25.5%	27			79.4%	379			41.8%
Total	727			100.0%	145			100.0%	34			100.0%	906			100.0%
Race																
White	414			56.9%	96			66.2%	18			52.9%	528			58.3%
Black	301			41.4%	37			25.5%	14			41.2%	352			38.9%
Hispanic	6			0.8%	6			4.1%	1			2.9%	13			1.4%
Asian	2			0.3%	2			1.4%	0			0.0%	4			0.4%
Other	4			0.6%	4			2.8%	1			2.9%	9			1.0%
Total	727			100.0%	145			100.0%	34			100.0%	906			100.0%
Age																
Ages 10-19	32			4.5%	145			100.0%	0			0.0%	177			19.9%
Ages 20-29	265			37.3%	0			0.0%	20			60.6%	285			32.1%
Ages 30-39	185			26.1%	0			0.0%	7			21.2%	192			21.6%
Ages 40-49	175			24.6%	0			0.0%	5			15.2%	180			20.3%
Ages 50-59	48			6.8%	0			0.0%	1			3.0%	49			5.5%
Ages 60+	5			0.7%	0			0.0%	0			0.0%	5			0.6%
No Data	17			2.3%	0			0.0%	1			2.9%	18			2.0%
Total	727			100%	145			100.0%	34			100.0%	888			100.0%
Marital Status																
Single	363			66.9%	108			99.1%	15			45.5%	486			70.9%
Separated	53			9.8%	0			0.0%	7			21.2%	60			8.8%
Divorced	40			7.4%	0			0.0%	3			9.1%	43			6.3%
Married	80			14.7%	0			0.0%	0			0.0%	83			12.1%
Cohabiting	6			1.1%	0			0.0%	5			15.2%	11			1.6%
Widowed	1			0.2%	0			0.0%	0			0.0%	1			0.1%
Other	0			0.0%	1			0.9%	0			0.0%	1			0.1%
No Data	184			25.3%	36			24.8%	1			2.9%	221			24.4%
Total	727			100.0%	145			100.0%	109			100.0%	685			100.0%
Education (Highest Level Attained)																
Middle School	15			2.9%	10			10.3%	2			6.3%	27			4.2%
9th grade	22			4.2%	19			19.6%	1			3.1%	42			6.5%
10th grade	50			9.6%	30			30.9%	10			31.3%	90			13.9%
11th grade	48			9.2%	17			17.5%	2			6.3%	67			10.3%
12th grade	72			13.9%	13			13.4%	3			9.4%	88			13.6%
High School Graduate	73			14.1%	0			0.0%	3			9.4%	76			11.7%
GED	77			14.8%	7			7.2%	4			12.5%	88			13.6%
Vocational Training	9			1.7%	0			0.0%	2			6.3%	11			1.7%
Some College	123			23.7%	1			1.0%	4			12.5%	128			19.8%
Associate's Degree	20			3.9%	0			0.0%	0			0.0%	20			3.1%
Bachelor's Degree	10			1.9%	0			0.0%	0			0.0%	11			1.7%
No Data	208			28.6%	48			33.4%	2			5.9%	258			28.5%
Total	727			100.0%	145			100.0%	97			100.0%	648			100.0%

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Table 4: 2010 DUI DTC Active Participants		
	DUI DTC	
Active Participants During Year	761	
Demographic Characteristics of Participants	<i>N</i>	<i>%</i>
Gender		
Males	591	77.7%
Females	170	22.3%
Total	761	100.0%
Race		
White	568	74.6%
Black	171	22.5%
Hispanic	15	2.0%
Asian	4	0.5%
Other	3	0.4%
Total	761	100.0%
Age		
Ages 10-19	23	3.0%
Ages 20-29	336	44.2%
Ages 30-39	184	24.2%
Ages 40-49	130	17.1%
Ages 50-59	74	9.7%
Ages 60+	14	1.8%
Total	761	100.0%

Drugs of Choice. When admitted to a drug treatment court program, participants are assessed as to their “drugs of choice.” Among 2010 participants, data were available for 711 individuals and 2,554 separate selections were made by these individuals among the long list of possible drug choices, or 3.6 drug of choice selections per person. By far, the most commonly selected drugs of choice were marijuana (20.3% of reported selections) and alcohol (20.0%). Seventy-three percent (73.0%) of participants with drug of choice data showed marijuana, and 71.7% showed alcohol as drugs of choice. Just over 78% (78.1%) showed some sort of cocaine which totaled 21.7% of selections; 28.3% of individuals showed heroin (7.9% of all selections made) while 17.2% showed opiates (4.8% of selections made) and 17.7% showed benzodiazepine (4.9% of selections made). Table 5.

Program Drug Screenings. In the non-DUI drug treatment court programs in 2010, there were 49,056 drug screenings conducted for the 906 participants, an average of 54.1 screenings per participant for the year. Among participants, 55.2% had a positive drug screening during the year and participants averaged two positive results each. Table 6.

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Table 5: 2010 Adult, Juvenile, and Family DTC Drugs of Choice

Table 5: 2010 Adult, Juvenile, and Family DTC Drugs of Choice			
Total Participants	906		
Total Participants w/ Drug Choice Data Available	711		
Total Drugs Indicated	2,554		
Drug Type	Total Participants w/ Drug Choice Indicated	%	% of Available Participants (N=711)
Alcohol	510	20.0%	71.7%
Amphetamine	36	1.4%	5.1%
Barbiturate	7	0.3%	1.0%
Benzodiazepine	126	4.9%	17.7%
Cocaine	7	0.3%	1.0%
Cocaine Crack	325	12.7%	45.7%
Cocaine Powder	223	8.7%	31.4%
Ecstasy	66	2.6%	9.3%
Hallucinogen	29	1.1%	4.1%
Hashish	26	1.0%	3.7%
Heroin	201	7.9%	28.3%
Inhalant	10	0.4%	1.4%
Ketamine (Special K)	2	0.1%	0.3%
LSD	65	2.5%	9.1%
Marijuana	519	20.3%	73.0%
Methadone	56	2.2%	7.9%
Methamphetamine	42	1.6%	5.9%
Mushrooms	52	2.0%	7.3%
Opiate	122	4.8%	17.2%
Over the Counter	9	0.4%	1.3%
Oxycontin	66	2.6%	9.3%
PCP	21	0.8%	3.0%
Prescription	34	1.3%	4.8%
Total	2,554	100.0%	

Table 6: 2010 Adult, Juvenile, and Family DTC Drug Screenings

Table 6: 2010 Adult, Juvenile, and Family DTC Drug Screenings								
	Adult DTC				Juvenile DTC			
Participants	727				145			
	<i>N</i>	%	<i>N</i>	Valid %	<i>N</i>	%	<i>N</i>	Valid %
Negative	333		333	47.9%	48		48	35.3%
Positive	362		362	52.1%	88		88	64.7%
No Data	32	4.4%			9	6.2%		
Total	727		695	100.0%	145		136	100.0%
Drug Screenings	40,842				6,933			
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Negative	39,694	97.2%			6,482	93.5%		
Positive	1,148	2.8%			451	6.5%		
Total	40,842			100.0%	6,933			100.0%
Screenings Per Participant	58.8				51.0			
Positive Screenings Per Participant	1.7				3.3			
	Family DTC				Totals			
Participants	34				906			
	<i>N</i>	%	<i>N</i>	Valid %	<i>N</i>	%	<i>N</i>	Valid %
Negative	5		5	16.7%	386		386	44.8%
Positive	25		25	83.3%	475		475	55.2%
No Data	4	11.8%			45	5.0%		
Total	34		30	100.0%	906		861	100.0%
Drug Screenings	1,281				47,775			
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Negative	1,084			84.6%	46,178			96.3%
Positive	197			15.4%	1,796			3.7%
Total	1,281			100.0%	47,974			100.0%
Screenings Per Participant	42.7				55.7			
Avg. Positive Screenings/Participant	6.6				2.1			

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Table 7: 2010 Adult and Juvenile DTC Participant Entry Offense

Offense	Total Participants w/ Offense Indicated	%	% of Available Participants (N=792)
Total Participants	872		
Total Participants with Available Arrest Data	792		
Total Offenses Indicated	1,143		
Drugs: Possess Schedule I Or II	300	26.2%	37.9%
Probation Violation	269	23.5%	34.0%
Prescriptions: Obtain By Fraud/Forgery/Etc	50	4.4%	6.3%
Grand Larceny: \$200+ Not From A Person	41	3.6%	5.2%
Drugs: Possess with Intent To Manufacture/Sell Sch I, II	40	3.5%	5.1%
Other Forgery Writing:Not In 18.2-168 & 18.2-170	25	2.2%	3.2%
Shoplift/Alter Price: Larceny >=\$200	24	2.1%	3.0%
Petit Larceny: <\$200 Not From A Person	20	1.7%	2.5%
Prescriptions: Make Or Utter False Written Order	18	1.6%	2.3%
Other Forgery Writing: Employ As True	18	1.6%	2.3%
Credit Card Larceny: Take/Obtain No.	15	1.3%	1.9%
Embezzlement: >=\$200	14	1.2%	1.8%
Obtain Money/Etc: False Pretense, Larceny<\$200	13	1.1%	1.6%
Burglary: Enter House To Commit Larceny/A&B/Etc	12	1.0%	1.5%
Burglary: Enter Bldg To Commit Larceny/A&B/Etc	12	1.0%	1.5%
Drugs: Sell/Provide For Resale Schedule I or II	10	0.9%	1.3%
Credit Card Fraud: Conspire with Person>\$200 In 6M	10	0.9%	1.3%
Drugs: Distribute/PWI Marijuana >1/2 Oz To 5 Lbs	9	0.8%	1.1%
DWI: 3rd Offense within 5 years	9	0.8%	1.1%
First Offender, Prescription Fraud Violation	8	0.7%	1.0%
Identity Theft: Fraud. Use Of ID, Loss >=\$200	7	0.6%	0.9%
Monument: Intentional Damage, Value >=\$1000	7	0.6%	0.9%
Abuse/Neglect Child: Reckless Disregard For Life	7	0.6%	0.9%
Computer Forgery: 18.2-172, "Other" Writing	7	0.6%	0.9%
Credit Card Application: Larceny, Obtain <\$200	7	0.6%	0.9%
Credit Card Forgery	6	0.5%	0.8%
Drugs: Possess Marijuana, 1st Offense	5	0.4%	0.6%
DWI: 3rd Offense within 10 years	4	0.3%	0.5%
Grand Larceny: \$5+ From A Person (Pick Pocket)	4	0.3%	0.5%
Obtain Money/Etc: False Pretense, Larceny>=\$200	4	0.3%	0.5%
Others	168	14.7%	21.2%
Total	1,143	100.0%	

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Program Entry Offenses. There were 872 participants in adult and juvenile DTC programs in 2010, 727 adults and 145 juveniles. Offenses with which participants are charged and for which they are referred to a DTC are noted at program entry. Such data were available for 792 of the 872 participants during 2010. An average of 1.4 charges per participant was recorded. By far, the most frequent charge reported for DTC participants in 2010 was possession of a Schedule I or II drug (37.9% of participants and 26.2% of charges reported), and violation of probation (34.0% of participants and 23.5% of charges reported). Other offenses were much less likely among drug treatment court participants such as prescriptions obtained by fraud/forgery, etc. (6.3% of participants) and grand larceny (5.2% of participants). Table 7.

Summary of 2010 Participant Departures from Drug Treatment Court Programs

Graduation Rates. Among the 906 non-DUI program participants in 2010, 315 exited program participation in 2010 through either graduation or program termination. A total of 145 (or 46.0%) graduated and 170 (54.0%) were terminated. The graduation rate was highest among juvenile participants (60.%) and lowest in family DTC programs (30.8%). The 2010 graduation rate among adult DTC participants was 43.0%. Tables 8 and 9.

Terminations. The most frequent reasons for program termination in adult DTC programs in 2010 were unsatisfactory performance (40.7%) and absconding (25.2%). The incidence of unsatisfactory performance among family DTC participants who were terminated was high at 88.9%. Among juvenile DTC participants, while 22.2% were terminated for unsatisfactory performance and 18.5% for a new criminal offense, 33.3% were terminated for a reason not specified in the data.

Table 8: 2010 Adult, Juvenile, & Family DTC Active Participants Departure Summary

	Adult DTC		Juvenile DTC		Family DTC		Totals	
Active Participants During Year	727		145		34		906	
	N	%	N	%	N	%	N	%
Active Participants Who Left During Year	237	32.6%	65	44.8%	13	38.2%	315	34.8%
Active Participants Who Completed/Graduated	102	43.0%	39	60.0%	4	30.8%	145	46.0%
Active Participants Who Left by Termination	135	57.0%	26	40.0%	9	69.2%	170	54.0%
Total	237	100.0%	65	100.0%		100.0%	315	100.0%
Type of Terminations:								
Absconded	34	25.2%	3	11.1%	0	0.0%	37	21.8%
Excessive relapses	11	8.1%	1	3.7%	1	11.1%	13	7.6%
Minor violations	0	0.0%	1	3.7%	0	0.0%	1	0.6%
New criminal offense	12	8.9%	5	18.5%	0	0.0%	17	10.0%
Other reason (not specified)	16	11.9%	8	33.3%	0	0.0%	24	14.1%
Unsatisfactory performance	55	40.7%	6	22.2%	8	88.9%	69	40.6%
Withdrawal	6	4.4%	2	7.4%	0	0.0%	8	4.7%
Death	1	0.7%	0	0.0%	0	0.0%	1	0.6%
Total	135	100.0%	26	100.0%	9	100.0%	170	100.0%

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Table 9: 2010 DUI Active Participants Departure Summary

			DUI DTC	
Active Participants During Year			761	
			<i>N</i>	<i>%</i>
Active Participants Who Left During Year			377	49.5%
Active Participants Who Completed/Graduated			279	74.0%
Active Participants Who Left by Termination			98	26.0%
Total			377	100.0%
Type of Terminations:				
<i>Appealed</i>			3	3.1%
<i>Drinking</i>			25	25.5%
<i>Fees</i>			12	12.2%
<i>No Contact</i>			6	6.1%
<i>Non Attendance</i>			50	51.0%
<i>Other Unsuccessful</i>			2	2.0%
Total			98	100.0%

Length of Stay. In 2010, the average (mean) length of stay (LOS) in a non-DUI drug treatment court program was 425 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2010 mean was 23 days greater than in 2009. The median LOS for 2010 departures was 315 days, 91 fewer days than in 2009. For 2010 program graduates, the mean LOS was 558 days compared to 312 days for those terminated. The median LOS for 2010 graduates was 484 days versus 265 days for those terminated. Table 10.

Table 10: 2010 Adult, Juvenile, and Family DTC Mean & Median Length of Stay

Court Type	Graduates		Non-Graduates		All Departures	
	Mean Days	Median Days	Mean Days	Median Days	Mean Days	Median Days
2009						
Adult DTC	505	490	323	825	412	414
Juvenile DTC	329	307	263	231	289	245
Family DTC	522	513	310	280	380	487
Statewide	494	477	317	281	402	406
2010						
Adult DTC	627	555	321	267	453	427
Juvenile DTC	382	365	263	214	335	319
Family DTC	513	473	324	175	382	357
Statewide	558	484	312	265	425	315

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Summary of Re-arrest Rates Following Program Departure

An examination of re-arrest rates requires looking at 2008 and 2009 departures since too little time has elapsed to adequately assess re-arrests for those departing DTC programs in 2010. In fiscal year 2008, there were 139 adult and juvenile DTC departures. A total of 61 (43.9%) of these were re-arrested, 23.7% within one year, 15.1% between one and two years after departure, and 5.0% over two years after departure. This compares to an overall re-arrest rate of 26.4% among 2009 departures. Table 11.

Re-arrest rates for all DTC programs are consistently lower for graduates than for those terminated. In 2008, the overall re-arrest rate for graduates was 20.0% compared to 49.1% for those terminated. In 2009, 12.6% of graduates were re-arrested compared to 39.3% for those terminated.

In 2009, among adult programs, 19 out of 141 graduates (13.5%) were re-arrested: 13 (9.2%) within one year and six (4.3%) within two years of graduation. Out of 147 terminated, 41.5% were re-arrested: 41 (27.9%) within one year and 20 (13.6%) between one and two years from termination.

There were 26 departures from juvenile DTC programs in 2009, 10 graduates and 16 terminations. None of the 10 graduates showed re-arrests within two years of graduation. Three or 18.8% of the juvenile terminations and 11.5% of all juvenile departures were re-arrested within two years.

Across adult and juvenile departures in 2009, then, the overall re-arrest rate was 26.4%, 12.6% for graduates and 39.3% for those terminated. Among the 237 adult DTC departures in 2010, 51 (21.5%) were re-arrested within one year. Nine graduates (8.8%) were re-arrested within one year of graduation while 42 (31.1%) of those terminated were re-arrested within one year of termination. Among the 65 participants departing juvenile programs during the year, eight (12.3%) were re-arrested within one year: 10.3% of graduates and 15.4% of those terminated.

As mentioned above, arrest data provided by the Virginia State Police for this report were available only through October 2010, only four months since the end of fiscal year 2010. In addition, only the last year of data was requested from the program thus only twelve months of data on participants were available. Therefore, re-arrest rates should be interpreted with caution. For the 375 departures during fiscal year 2010 from the DUI drug treatment court program, 50 (13.3%) were re-arrested with several months of program departure. Among graduates, 10.4% were re-arrested while 21.6% of those terminated were re-arrested.

Re-arrest rates for all criminal DTC programs are consistently lower for graduates than for those terminated. In 2008, the overall re-arrest rate for graduates was 20.0% compared to 48.3% for those terminated. In 2009, 12.4% of graduates were re-arrested compared to 40.7% for those terminated.

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Table 11: DTC Re-arrest Rates, 2008-2010

	2008						2009					
	Adult DTC		Juvenile DTC		Totals		Adult DTC		Juvenile DTC		Totals	
Total Departures	121		18		139		288		26		314	
Graduates	22	18.2%	3	16.7%	25	18.0%	141	49.0%	10	38.5%	151	48.1%
Termination	99	81.8%	15	83.3%	114	82.0%	147	51.0%	16	61.5%	163	51.9%
Total	121	100.0%	18	100.0%	139	100.0%	288	100.0%	26	100.0%	314	100.0%
Graduates												
Re-arrested	3		2		5		19		0		19	
Re-arrest Rate	13.6%		66.7%		20.0%		13.5%		0.0%		12.6%	
Within 1 Year	1		0		1		13		0		13	
Re-arrest Rate	4.5%		0.0%		4.0%		9.2%		0.0%		8.6%	
1-2 Years	2		1		3		6		0		6	
Re-arrest Rate	9.1%		33.3%		12.0%		4.3%		0.0%		4.0%	
Over 2 years	0		1		0		0		0		0	
Re-arrest Rate	0.0%		33.3%		0.0%		0.0%		0.0%		0.0%	
Terminated												
Re-arrested	47		9		56		61		3		64	
Re-arrest Rate	47.5%		60.0%		49.1%		41.5%		18.8%		39.3%	
Within 1 Year	29		3		32		41		2		43	
Re-arrest Rate	29.3%		20.0%		28.1%		27.9%		12.5%		26.4%	
1-2 Years	13		5		18		20		1		21	
Re-arrest Rate	13.1%		33.3%		15.8%		13.6%		6.3%		12.9%	
Over 2 years	5		1		6		0		0		0	
Re-arrest Rate	5.1%		6.7%		5.3%		0.0%		0.0%		0.0%	
Total Departures	121		18		139		288		26		314	
Re-arrested	50		11		61		80		3		83	
Re-arrest Rate	41.3%		61.1%		43.9%		27.8%		11.5%		26.4%	
Within 1 Year	30		3		33		54		2		56	
Re-arrest Rate	24.8%		16.7%		23.7%		18.8%		7.7%		17.8%	
1-2 Years	15		6		21		26		1		27	
Re-arrest Rate	12.4%		33.3%		15.1%		9.0%		3.8%		8.6%	
Over 2 years	5		2		7		0		0		0	
Re-arrest Rate	4.1%		11.1%		5.0%		0%		0%		0%	

	2010					
	Adult DTC		Juvenile DTC		Totals	
Total Departures	237		65		302	
Graduates	102	43%	39	60.0%	141	46.0%
Termination	135	57%	26	40.0%	161	54.0%
Total	237	100%	65	100.0%	302	100.0%
Graduates						
Re-arrested	9		4		13	
Re-arrest Rate	8.8%		10.3%		9.0%	
Within 1 Year	9		4		13	
Re-arrest Rate	8.8%		10.3%		9.0%	
Terminated						
Re-arrested	42		4		46	
Re-arrest Rate	31.1%		15.4%		28.6%	
Within 1 Year	42		4		46	
Re-arrest Rate	31.1%		15.4%		28.6%	
Total Departures	237		65		302	
Re-arrested	51		8		59	
Re-arrest Rate	21.5%		12.3%		19.5%	
Within 1 Year	51		8		59	
Re-arrest Rate	21.5%		12.3%		19.5%	

CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

Summary Tables of Program Activity

A summary of the major measures of program activity for adult, juvenile, and family drug treatment court programs discussed above is presented in Table 12. Table 13 presents similar activity information for the DUI drug treatment court program. In the sections of this report that follow, separate reviews of program activity and outcomes are set forth for each type of program.

Table 12: 2010 Adult, Juvenile, and Family DTC Activity Summary

	Adult DTC			Juvenile DTC			Family DTC			Totals		
	2009	2010	%Change	2009	2010	%Change	2009	2010	%Change	2009	2010	%Change
Referrals	442	554	25.3%	79	119	50.6%	13	22	69.2%	534	695	30.1%
Row %	82.8%	79.7%		14.8%	17.1%		2.4%	3.2%		100.0%	100.0%	
New Admissions	295	379	28.5%	66	82	24.2%	10	20	100.0%	371	481	29.6%
Row %	79.5%	78.8%		17.8%	17.0%		2.7%	4.2%		100.0%	100.0%	
Active Participants During Year	537	727	35.4%	86	145	68.6%	18	34	88.9%	641	906	41.3%
Row %	83.8%	80.2%		13.4%	16.0%		2.8%	3.8%		100.0%	100.0%	
Graduated	133	102	-23.3%	10	39	290.0%	2	4	100.0%	145	145	0.0%
Row %	91.7%	70.3%		6.9%	26.9%		1.4%	2.8%		100.0%	100.0%	
Graduation Rate	52.6%	43.0%		38.5%	60.0%		33.3%	30.8%		50.9%	46.0%	
Terminated	120	135	12.5%	16	26	62.5%	4	9	125.0%	140	170	21.4%
Row %	85.7%	79.4%		11.4%	15.3%		2.9%	5.3%		100.0%	100.0%	
Termination Rate	47.4%	57.0%		61.5%	40.0%		66.6%	69.2%		49.1%	54.0%	
Re-arrested	80	51	-36.3%	3	8	166.7%				83	59	-28.9%
Row %	92.0%	86.4%		3.4%	13.6%					100.0%	100.0%	
Re-arrest Rate	27.8%	21.5%		11.5%	12.3%					26.4%	19.5%	
Mean Length of Stay	412 Days	453 Days	10.0%	289 Days	335 Days	15.9%	380 Days	382 Days	0.5%	402 Days	425 Days	5.7%
Median Length of Stay	414 Days	427 Days	3.1%	245 Days	319 Days	30.2%	487 Days	357 Days	-26.7%	406 Days	315 Days	-22.4%

Table 13: 2010 DUI DTC Activity Summary

	2009	2010	%Change
Referrals	988	734	-25.7%
New Admissions	663	428	-35.4%
Active Participants During Year	557	761	36.6%
Graduated	239	279	16.7%
Graduation Rate	72.6%	74.0%	
Terminated	90	98	8.9%
Termination Rate	27.4%	26.0%	
Re-arrested	-	50	-
Re-arrest Rate	-	13.3%	
Mean Length of Stay	-	454 Days	-
Median Length of Stay	-	341 Days	-

CHAPTER TWO: ADULT DRUG TREATMENT COURTS

Introduction

Adult drug treatment courts (DTCs) are specially-designed court dockets, the purposes of which are to achieve a reduction in recidivism and substance abuse among nonviolent substance abusing offenders and to increase the offender's likelihood of successful habilitation through early, continuous, and intense judicially supervised treatment, mandatory periodic drug testing, community supervision, and use of appropriate sanctions and other rehabilitation services. Adult DTCs serve as an alternative to incarceration for drug-dependent offenders. Instead of imprisoning offenders, the DTC offers a voluntary, therapeutic program designed to break the cycle of addiction and crime by addressing the underlying cause of repeated criminal behavior. Drug treatment courts reflect a high degree of collaboration between the judicial, criminal justice, and treatment systems.

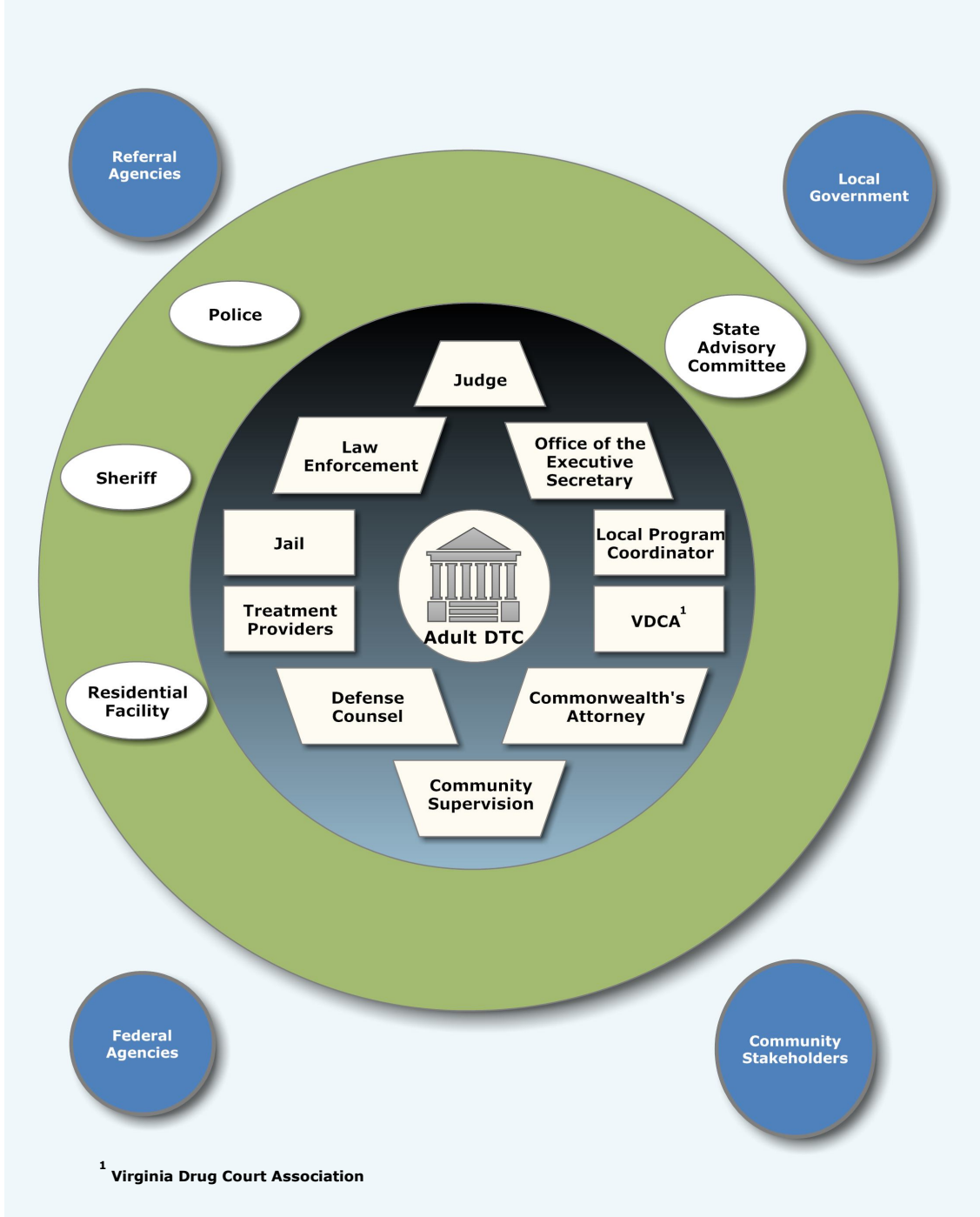
Drug treatment courts are a highly specialized team process that functions within the existing judicial system structure to address nonviolent drug related cases. They are unique in the criminal justice environment because they build a close collaborative relationship between criminal justice and drug treatment professionals. Within a cooperative courtroom atmosphere, the judge heads a team of drug court staff, including a coordinator, attorneys, probation officers, substance abuse treatment counselors all working in concert to support and monitor drug testing and court appearances. Depending upon the program, adult DTCs 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 the Office of the Executive Secretary. Figure 4.

The DTC process begins with a legal review of the offender's current and prior offenses and a clinical assessment of his or her substance abuse history. Offenders who meet eligibility criteria and are found to be drug and/or alcohol dependent are placed in the drug treatment court program and referred to a treatment level of care that meets their clinical need. Over several years, the participant receives substance abuse treatment, intensive probation supervision, and frequent and random drug testing and may be referred to a variety of ancillary service providers. A unique element of the drug treatment court program is that the participants must appear in court regularly—even weekly—and report to the drug treatment court judge on their compliance with program requirements. The personal intervention of the judge in participants' lives is a major factor in the success of drug treatment court.

As a result of this multifaceted approach to crime and addiction, participants in drug treatment court have a lower recidivism rate nationally than drug offenders who are incarcerated in state prisons. This success rate is due in large measure to the fact that drug treatment court partnerships develop comprehensive and tightly structured regimens of treatment and recovery services. What is different in drug treatment court compared to the usual criminal justice system process is the continuing oversight and personal 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

CHAPTER TWO: ADULT DRUG TREATMENT COURTS

Figure 4: Virginia Adult Drug Treatment Court Stakeholders, 2010



CHAPTER TWO: ADULT DRUG TREATMENT COURTS

participants cannot comply with the program. Together, the judge, prosecutor, defense attorney, probation officers, and treatment professionals maintain a critical balance of authority, supervision, support, and encouragement.

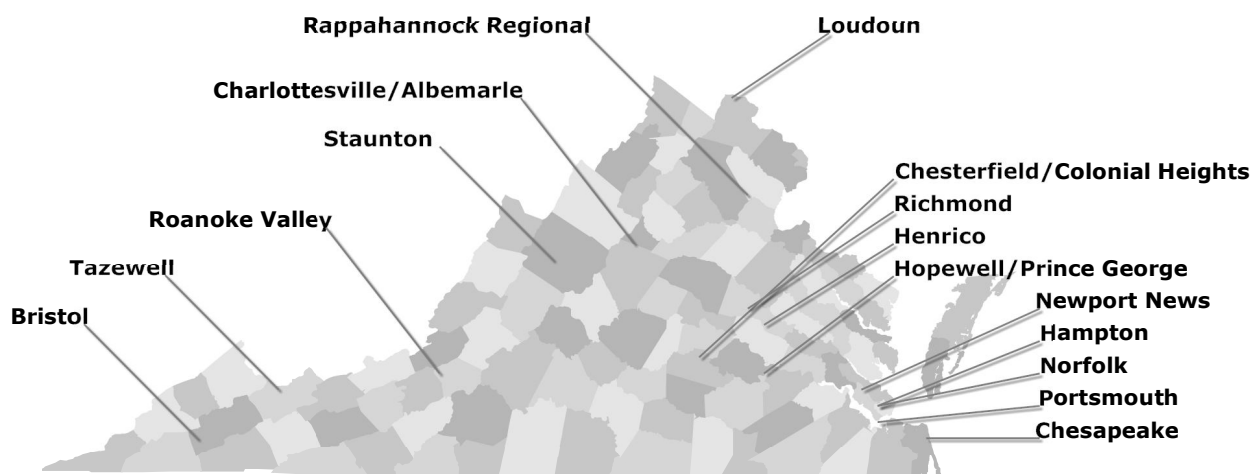
Operational Adult Drug Treatment Courts

In 2010, there were 16 operational adult DTC programs in Virginia. All 16 adult programs operate in circuit courts. In 2010, the General Assembly approved an additional adult program in Bristol Circuit Court which began operation in March. During the year, the Drug Court Advisory Committee reviewed and approved applications for four additional adult programs. These include three separate programs in Buchanan, Dickenson, and Russell Circuit Courts (29th Judicial Circuit) and a fourth, unified program for Lee, Scott, and Wise Circuit Courts (30th Judicial Circuit). These new adult programs are among six that will be submitted to the General Assembly in 2011 for its approval. Figure 5.

The adult felony DTC serving Roanoke City, Roanoke County, and the city of Salem (23rd Judicial Circuit) is the oldest operating drug treatment court in the state having been implemented in September 1995. The program implemented in Bristol Circuit Court in March 2010, as mentioned above, is the newest program.

Figure 5: Adult Drug Treatment Courts

During FY 2009 Suffolk Adult DTC program closed.



CHAPTER TWO: ADULT DRUG TREATMENT COURTS

Table 14: 2010 Adult DTC Referrals, Admissions, Participants & Departures

Referrals & Admissions					Participants & Departures					
Referred					554					
Admitted					379					
Admittance Rate					68.4%					
Demographic Characteristics					N	%	N	Valid %		
Gender					Gender					
Males	217			57.3%	Males	412			56.7%	
Females	162			42.7%	Females	315			43.3%	
Total	379			100.0%	Total	727			100.0%	
Race					Race					
White	229			60.4%	White	414			56.9%	
Black	143			37.7%	Black	301			41.4%	
Hispanic	4			1.1%	Hispanic	6			0.8%	
Asian	2			0.3%	Asian	2			0.3%	
Other	1			0.5%	Other	4			0.6%	
Total	379			100.0%	Total	727			100.0%	
Age					Age					
Ages 10-19	21			5.5%	Ages 10-19	32		32	4.5%	
Ages 20-29	142			37.5%	Ages 20-29	265		265	37.3%	
Ages 30-39	103			27.2%	Ages 30-39	185		185	26.1%	
Ages 40-49	89			23.5%	Ages 40-49	175		175	24.6%	
Ages 50-59	21			5.5%	Ages 50-59	48		48	6.8%	
Ages 60+	3			0.8%	Ages 60+	5		5	0.7%	
No Data					No Data	17	2.3%			
Total	379			100.0%	Total	727	100%	710	100.0%	
Marital Status					Marital Status					
Single	191		191	65.4%	Single	363		363	66.9%	
Separated	27		27	9.2%	Separated	53		53	9.8%	
Divorced	26		26	8.9%	Divorced	40		40	7.4%	
Married	42		42	14.4%	Married	80		80	14.7%	
Cohabiting	6		6	2.1%	Cohabiting	6		6	1.1%	
No Data	87	23.0%			Widowed	1		1	0.2%	
Total	379	100.0%	292	100.0%	Other	0		0	0.0%	
Education (Highest Level Attained)					Education (Highest Level Attained)					
Middle School	9		9	3.4%	Middle School	15		15	2.9%	
9th grade	13		13	4.9%	9th grade	22		22	4.2%	
10th grade	29		29	10.9%	10th grade	50		50	9.6%	
11th grade	27		27	10.1%	11th grade	48		48	9.2%	
12th grade	39		39	14.6%	12th grade	72		72	13.9%	
High School Graduate	25		25	9.4%	High School Graduate	73		73	14.1%	
GED	41		41	15.4%	GED	77		77	14.8%	
Vocational Training	4		4	1.5%	Vocational Training	9		9	1.7%	
Some College	65		65	24.3%	Some College	123		123	23.7%	
Associate's Degree	10		10	3.7%	Associate's Degree	20		20	3.9%	
Bachelor's Degree	5		5	1.9%	Bachelor's Degree	10		10	1.9%	
No Data	112	29.6%			No Data	208	28.6%			
Total	379	100.0%	267	100.0%	Total	727	100.0%	519	100.0%	
					Departures					
					N	%				
					Participants Who Left During Year	237	32.6%			
					Completed/Graduated	102	43.0%			
					Terminated	135	57.0%			
					Total	237	100.0%			
					Type of Terminations:					
					Absconded	34	25.2%			
					Excessive relapses	11	8.1%			
					Minor violations	0	0.0%			
					New criminal offense	12	8.9%			
					Other reason (not specified)	16	11.9%			
					Unsatisfactory performance	55	40.7%			
					Withdrawal	6	4.4%			
					Death	1	0.7%			
					Total	135	100.0%			

CHAPTER TWO: ADULT DRUG TREATMENT COURTS

Summary of 2010 Drug Treatment Court Program Activity

Referrals. In 2010, 554 referrals were made to Virginia’s adult DTC programs. Referrals include all sources through which participants are recommended to participate in a program. Table 14.

Admissions. DTC programs do not accept or admit all of those referred to them. In 2010, only 379 (or 68.4%) of those referred to an adult program were admitted. This admission rate is comparable to that for juvenile programs (68.9%).

Participants. The number of active adult participants in local programs during 2010 totaled 727. Individuals admitted prior to 2010 made up almost half (47.9%) of this total. Table 14.

Race. During 2010, the majority of participants in adult drug treatment courts were white (414 or 56.9%). There were 301 black participants (41.4%). Individuals claiming other racial or ethnic backgrounds made up less than two percent, collectively, of the participants: Hispanics (6 or 0.8%), Asian (2 or 0.3%), and Other (4 or 0.6%). Among new admissions, however, whites constituted 60.4% and Hispanics 1.1% while blacks were only 37.7%.

Gender. In adult programs, as in juvenile, the majority of participants were male (56.7%). Comparably, 57.3% of new admissions were male.

Age. The ages of a plurality of adult participants, as of new admissions, were from 20 to 29 (37.3% and 37.5%, respectively). There were similar percentages of participants aged 30 to 39 (26.1%) and 40 to 49 (24.6%). In adult programs, 7.5% of participants were over 50 compared to 4.5% under 20.

Marital Status. In 2010, among the roughly three quarters of the participants (543) for whom data were available, 363 (66.9%) were single, slightly higher than the distribution (65.4%) among new admissions for whom marital status was available. Only 14.7% of participants reported that they were married. “Single” and “married” are distinguished from separated (9.8%), divorced (7.4%), cohabiting (1.1%), and widowed (0.2%).

Education. Information about educational backgrounds was available for 519 of the adult program participants in 2010. Of these participants, 207 (39.9%) had proceeded no further than 12th grade. Among the 312 who had at least a high school diploma or GED, only 30 had earned either an Associate’s (3.9%) or Bachelor’s (1.9%) Degree. Out of the remainder, 123 (23.7%) said they had some college, and nine (1.7%) had vocational training.

CHAPTER TWO: ADULT DRUG TREATMENT COURTS

Drugs of Choice. When admitted to a DTC program, participants are assessed as to their “drugs of choice.” Among adult participants in 2010, data were available for 635 of the 727. These individuals reported 2,381 separate selections from the long list of possible drug choices, or 3.7 drug-of-choice selections per person. By far, the most commonly selected drugs of choice were marijuana (18.8% of reported selections) and alcohol (19.6%). Almost three quarters (73.5%) of participants providing drug-of-choice data showed alcohol, and only slightly fewer (70.6%) showed marijuana as a drug of choice. Just under 85% (84.9%) showed some form of cocaine, representing 22.6% of selections. Other frequently chosen drugs included heroin (31.3% of individuals, 8.4% of all selections made); the tranquilizer benzodiazepine—known commercially by names such as Valium or Xanax (19.5% of individuals, 5.2% of selections); and opiates (18.1% of individuals, 4.8% of selections). Table 15.

Table 15: 2010 Adult DTC Drug of Choice			
Total Participants	727		
Total Participants with Drug Choice Data	635		
Total Drugs Indicated	2,381		
Drug Type	Total Participants with Drug Choice Indicated	%	% of Available Participants (N=635)
Alcohol	467	19.6%	73.5%
Amphetamine	27	1.1%	4.3%
Barbiturate	6	0.3%	0.9%
Benzodiazepine	124	5.2%	19.5%
Cocaine	7	0.3%	1.1%
Cocaine Crack	317	13.3%	49.9%
Cocaine Powder	215	9.0%	33.9%
Ecstasy	64	2.7%	10.1%
Hallucinogen	24	1.0%	3.8%
Hashish	26	1.1%	4.1%
Heroin	199	8.4%	31.3%
Inhalant	10	0.4%	1.6%
Ketamine (Special K)	2	0.1%	0.3%
LSD	64	2.7%	10.1%
Marijuana	448	18.8%	70.6%
Methadone	51	2.1%	8.0%
Methamphetamine	42	1.8%	6.6%
Mushrooms	51	2.1%	8.0%
Opiate	115	4.8%	18.1%
Over the Counter	6	0.3%	0.9%
Oxycontin	64	2.7%	10.1%
PCP	18	0.8%	2.8%
Prescription	34	1.4%	5.4%
Total	2,381	100.0%	

CHAPTER TWO: ADULT DRUG TREATMENT COURTS

Program Drug Screenings. In the adult DTC programs in 2010, there were 40,842 drug screenings conducted for the 695 participants for which data were available, an average of 58.8 screenings per participant for the year. Of the 40,842 screenings, only 1,148 (2.8%) were positive. Among participants, just over half (52.1%) had a positive drug screening during the year. Averaged over 695 adult participants, the positive screenings amount to 1.7 positive results each; however, a more informative statement might be that there were 3.2 positive drug tests among the 362 participants who had a positive screening during the year. Table 16.

Table 16: 2010 Adult DTC Drug Screenings

Table 16: 2010 Adult DTC Drug Screenings				
Participants	Adult DTC			
	727			
	N	%	N	Valid %
Negative	333		333	47.9%
Positive	362		362	52.1%
No Data	32	4.4%		
Total	727		695	100.0%
Drug Screenings	40,842			
	N	%		
Negative	39,694	97.2%		
Positive	1,148	2.8%		
Total	40,842	100.0%		
Screenings Per Participant	58.8			
Avg. Positive Screenings/Participant	1.7			

Program Entry Offense. Of the 727 adult participants in 2010, information about the offenses for 669 were noted at program entry. Programs recorded an average of 1.3 charges per participant. As was the case overall among all DTC models, the most frequent charges reported for adult DTC participants in 2010 were possession of a Schedule I or II drug (43.3% of participants and 33.1% of charges reported) and violation of probation (34.8% of participants and 26.6% of charges reported). The incidence of other offenses among participants was much lower, with the next two most common among adult DTC participants being grand larceny (6.0% of participants) and obtaining prescriptions by fraud/forgery/etc. (6.1% of participants). Most of the other recorded offenses, including first offense possession of marijuana, applied to fewer than one percent of participants, and no other than drug possession with intent to manufacture/sell schedule I, II was reported for more than 3.1%. Table 17.

CHAPTER TWO: ADULT DRUG TREATMENT COURTS

Table 17: 2010 Adult Participant Entry Offense

Offense	Total Participants w/ Offense Indicated	%	% of Available Participants (N=669)
Total Participants	727		
Total Participants with Available Arrest Data	669		
Total Offenses Indicated	875		
Drugs: Possess Schedule I or II	290	33.1%	43.3%
Probation Violation	233	26.6%	34.8%
Prescriptions: Obtain By Fraud/Forgery/Etc	41	4.7%	6.1%
Grand Larceny: \$200+ Not From A Person	40	4.6%	6.0%
Drugs: Possess with Intent To Manufacture/Sell Sch I, II	21	2.4%	3.1%
Other Forgery Writing: Not In 18.2-168 & 18.2-170	18	2.1%	2.7%
Shoplift/Alter Price: Larceny >=\$200	15	1.7%	2.2%
Petit Larceny: <\$200 Not From A Person	14	1.6%	2.1%
Prescriptions: Make or Utter False Written Order	14	1.6%	2.1%
Other Forgery Writing: Employ As True	13	1.5%	1.9%
Credit Card Larceny: Take/Obtain No.	10	1.1%	1.5%
Embezzlement: >=\$200	9	1.0%	1.3%
Obtain Money/Etc: False Pretense, Larceny<\$200	9	1.0%	1.3%
Burglary: Enter House To Commit Larceny/A&B/Etc	7	0.8%	1.0%
Burglary: Enter Building To Commit Larceny/A&B/Etc	6	0.7%	0.9%
Drugs: Sell/Provide For Resale Schedule I or II	5	0.6%	0.7%
Credit Card Fraud: Conspire with Person>\$200 In 6M	4	0.5%	0.6%
Drugs: Distribute/Pwi Marijuana >1/2 Oz To 5 Lbs	4	0.5%	0.6%
DWI: 3rd Offense within 5 years	4	0.5%	0.6%
First Offender, Prescription Fraud Violation	4	0.5%	0.6%
Identity Theft: Fraud. Use Of ID, Loss >=\$200	4	0.5%	0.6%
Monument: Intentional Damage, Value >=\$1000	4	0.5%	0.6%
Abuse/Neglect Child: Reckless Disregard For Life	3	0.3%	0.4%
Computer Forgery: 18.2-172, "Other" Writing	3	0.3%	0.4%
Credit Card Application: Larceny, Obtain <\$200	3	0.3%	0.4%
Credit Card Forgery	3	0.3%	0.4%
Drugs: Possess Marijuana, 1st Offense	3	0.3%	0.4%
DWI: 3rd Offense within 10 years	3	0.3%	0.4%
Grand Larceny: \$5+ From A Person (Pick Pocket)	3	0.3%	0.4%
Obtain Money/Etc: False Pretense, Larceny>=\$200	3	0.3%	0.4%
Others	82	9.4%	12.3%
Total	875	100.0%	

CHAPTER TWO: ADULT DRUG TREATMENT COURTS

2010 Summary of Participant Departures from Drug Treatment Court Programs

Graduation Rates. Among the 727 adult program participants in 2010, 237 exited program participation in 2010 through either graduation or program termination. A total of 102 (or 43.0%) graduated and 135 (57.0%) were terminated. Tables 18.

Terminations. The most frequent reasons for program termination in adult DTC programs in 2010 were unsatisfactory performance (40.7%) and absconding (25.2%). New criminal offenses accounted for 8.9% of terminations while 8.1% were for excessive relapses. There was one death.

Length of Stay. In 2010, the average (mean) length of stay (LOS) in an adult DTC program was 453 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2010 mean was 41 days greater than in 2009. The median LOS for 2010 departures was 427 days, 13 more than in 2009. For 2010 program graduates, the mean LOS was 627 days compared to 321 days for those terminated. The median LOS for 2010 graduates was 555 days versus 267 days for those terminated. Table 18.

Summary of Re-arrest Rates Following Program Departure

An examination of re-arrest rates requires looking at 2008 and 2009 departures because too little time has elapsed to adequately assess re-arrests for those departing adult DTC programs in 2010. In fiscal year 2008, there were 121 adult drug treatment court departures. A total of 50 (41.3%) of these had been re-arrested by the end of 2010, 24.8% within one year, 12.4% between one and two years after departure, and 4.1% over two years after departure. This compares to an overall re-arrest rate of 27.8% among adult 2009 departures. Table 18.

Re-arrest rates among all DTC programs are consistently lower for graduates than for those terminated. For 2008 departures, the overall re-arrest rate for adult DTC graduates through 2010 was 13.6% compared to 47.5% for those terminated. For 2009 departures, 13.5% of graduates had been re-arrested as of the end of 2010 compared to 41.5% for those terminated.

Among 2009 adult program departures, 19 out of 141 graduates (13.5%) had been re-arrested through the end of 2010: 13 (9.2%) within one year and six more (4.3%) within two years of graduation. Out of 147 terminated, 41.5% had been re-arrested: 41 (27.9%) within one year and 20 (13.6%) between one and two years after termination.

Because arrest data provided by the Virginia State Police for this report were available only through October 2010—only four months since the end of fiscal year 2010—re-arrest rates among 2010 departures should be interpreted with caution. Among the 237 adult DTC departures in 2010, 51 (21.5%) had been re-arrested within one year. Nine graduates (8.8%) were re-arrested within one year of graduation while 42 (31.1%) of those terminated were re-arrested within one year of termination.

CHAPTER TWO: ADULT DRUG TREATMENT COURTS

Table 18: Adult DTC Re-arrest Rates						
	2008		2009		2010	
Total Departures	121		288		237	
Graduates	22	18.2%	141	49.0%	102	43%
Termination	99	81.8%	147	51.0%	135	57%
Total	121	100.0%	288	100.0%	237	100%
Graduates						
Re-arrested	3		19		9	
Re-arrest Rate	2.1%		13.5%		8.8%	
Within 1 Year	1		13		9	
Re-arrest Rate	0.7%		9.2%		8.8%	
1-2 Years	2		6			
Re-arrest Rate	1.4%		4.3%			
Over 2 years	0		0			
Re-arrest Rate	0.0%		0.0%			
Terminated						
Re-arrested	47		61		42	
Re-arrest Rate	47.5%		41.5%		31.1%	
Within 1 Year	29		41		42	
Re-arrest Rate	29.3%		27.9%		31.1%	
1-2 Years	13		20			
Re-arrest Rate	13.1%		13.6%			
Over 2 years	5		0			
Re-arrest Rate	5.1%		0.0%			
Total Departures						
Re-arrested	50		80		51	
Re-arrest Rate	41.3%		27.8%		21.5%	
Within 1 Year	30		54		51	
Re-arrest Rate	24.8%		18.8%		21.5%	
1-2 Years	15		26			
Re-arrest Rate	12.4%		9.0%			
Over 2 years	5		0			
Re-arrest Rate	0%		0%			

Summary Table of Adult Program Activity

A summary of the major measures of program activity for adult drug treatment court programs discussed above is presented in Table 19.

Table 19: 2010 Adult DTC Activity Summary			
	2009	2010	%Change
Referrals	442	554	25.3%
Row %	82.8%	79.7%	
New Admissions	295	379	28.5%
Row %	79.5%	78.8%	
Participants During Year	537	727	35.4%
Row %	83.8%	80.2%	
Graduated	133	102	-23.3%
Row %	91.7%	70.3%	
Graduation Rate	52.6%	43.0%	
Terminated	120	135	12.5%
Row %	85.7%	79.4%	
Termination Rate	47.4%	57.0%	
Re-arrested	80	51	-36.3%
Row %	92.0%	85.0%	
Re-arrest Rate	27.8%	21.5%	
Mean Length of Stay	412 Days	453 Days	10.0%
Graduates	505 Days	627 Days	24.2%
Non-Graduates	323 Days	321 Days	-0.6%
Median Length of Stay	414 Days	427 Days	3.1%
Graduates	490 Days	555 Days	13.3%
Non-Graduates	285 Days	267 Days	-6.3%

CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Introduction

Juvenile drug courts are a collaboration of the judicial system, treatment system and juvenile justice system. Juvenile drug courts are similar in concept to the adult drug court model. The juvenile drug treatment courts strive to reduce re-arrests and substance use by processing substance-abusing juveniles charged with delinquency in juvenile and domestic relations court. The juvenile model likewise incorporates probation supervision, drug testing, treatment, court appearances, and behavioral sanctions and incentives. Such programs also strive to address issues that are unique to the juvenile population, such as school attendance for the juvenile and parenting skills for the parents/guardians, and the families of these juveniles play a very important role in the drug treatment court process. As with the adult model, the juvenile drug treatment court program (in juvenile and domestic relations court) targets to reduce re-arrests and substance use as primary outcomes.

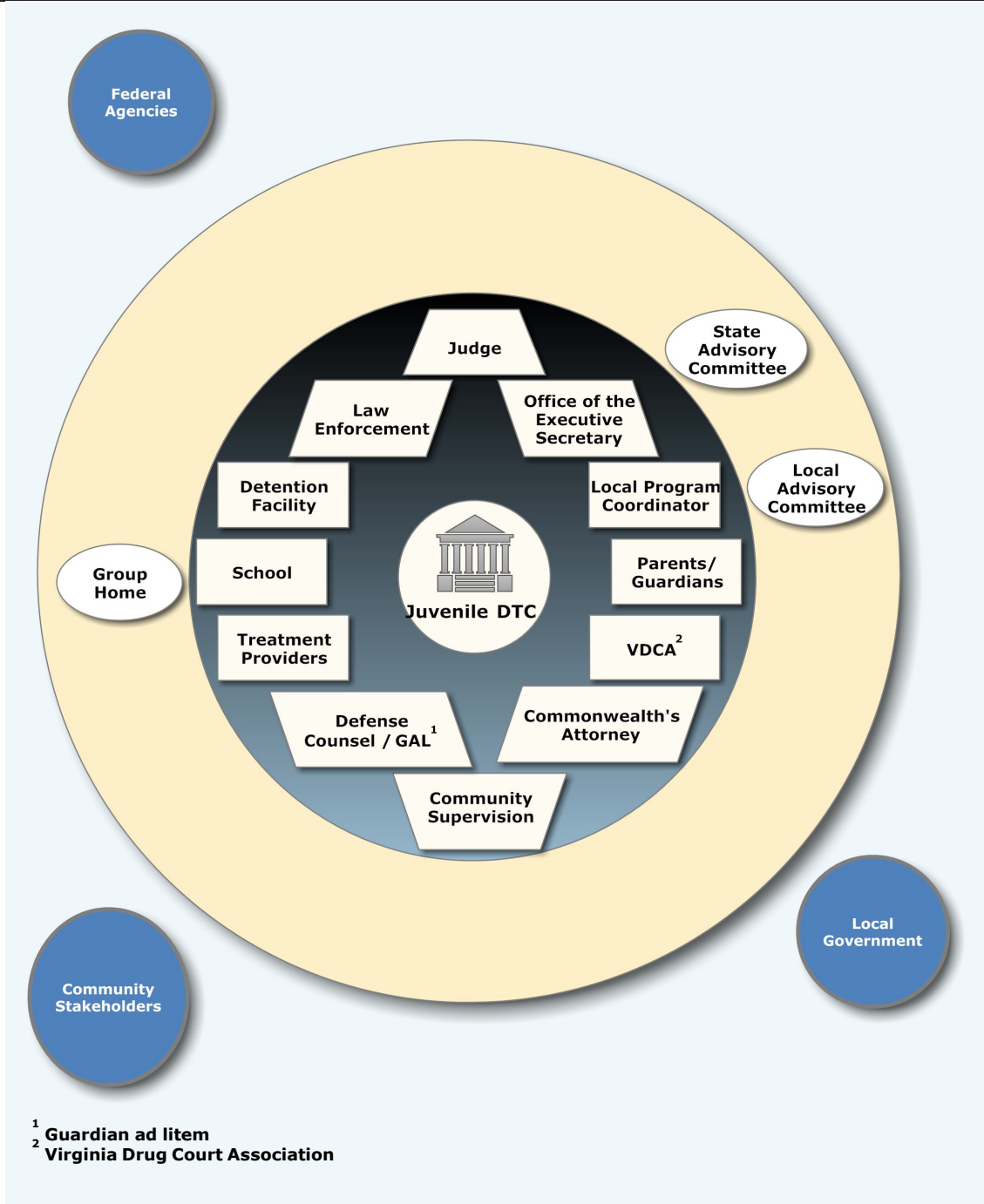
The nature of both the delinquent acts and the dependency matters being handled in our juvenile courts have become far more complex, entailing more serious and violent criminal activity and escalating degrees of substance abuse. The situations that are bringing many juveniles under the court's jurisdiction are often closely linked with substance abuse and with complicated, and often multi generational, family and personal problems. These associated problems must be addressed if the escalating pattern of youth crime and family dysfunction is to be reversed. Insofar as substance abuse problems are at issue, the "juvenile" and "criminal" dockets are increasingly handling the same types of situations, and often the same litigants.

The juvenile court traditionally has been considered an institution specifically established to address the juveniles' needs holistically. However, many juvenile court practitioners have found the traditional approach to be ineffective when applied to the problems of juvenile substance-abusing offenders. During the past several years, a number of jurisdictions have looked to the experiences of adult drug courts to determine how juvenile courts might incorporate a similar therapeutic approach to deal more effectively with the increasing population of substance-abusing juveniles. Development of juvenile drug courts is proving to be a much more complex task than development of the adult drug court. For example, juvenile drug courts require the involvement of more agencies and community representatives. Most programs characterize the extent of drug use among the participating juveniles as increasingly more severe. Most also report the age at first use among participants to be between 10 and 14 years, although earlier use is being detected. During 1995 and 1996, when the first juvenile drug courts began, the primary drugs used by juvenile participants were reported to be alcohol and marijuana. More recently, there appears to be increasing use of other substances, particularly methamphetamine, crack/cocaine, heroin, spice, and toxic inhalants, some of which there are no drug detection test.

Research on Juvenile Drug Treatment Courts has lagged behind that of its adult counterparts. The field is beginning to identify the factors that distinguish effective from ineffective programs.

CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Figure 6: Virginia Juvenile Drug Treatment Court Stakeholders, 2010



CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

The most reliable findings come from experimental studies, where participants are randomly assigned to different treatment conditions (e.g. Heck, 2006; Marlowe, 2009). The Henggeler study randomly assigned participants to traditional family services, juvenile drug treatment court or juvenile drug treatment court with additional evidence-based treatments (Henggeler, 2006). The enhanced evidence-based treatments were multi-systemic therapy and contingency management (CM) alone or in combination. The Multi-Systemic Therapy is an intervention technique used to train parents, teachers and other caregivers to assist in managing the juvenile's behavior. Contingency management involves providing gradually escalating incentives for drug-negative urine specimens and other positive achievements. The results showed significantly lower rates of substance use and delinquency for the juvenile drug court participants as compared to the traditional family services placement and further increases with the addition of the evidence-based treatments.

Evaluators are just beginning to measure the cost-benefits and cost-effectiveness of juvenile drug treatment courts. A cost evaluation of a juvenile drug treatment court in Maryland reported net savings exceeding \$5,000 per participant over 2 years (Pukstas, 2007). In this study not only was re-arrests significantly lower than the comparison probationers, but the drug court participants served less time in juvenile detention and residential facilities.

Significant positive outcomes have been reported for Juvenile Drug Treatment Courts that adhered to best practices and evidence-based practices identified from the fields of adolescent treatment and delinquency prevention. Included among these practices are requiring parents or guardians to attend status hearings; holding status hearings in court in front of a judge; avoiding over-reliance on costly detention sanctions; reducing youths' associations with drug-using and delinquent peers; enhancing parents' or guardians' supervision of their teens; and modeling consistent and effective disciplinary practices.

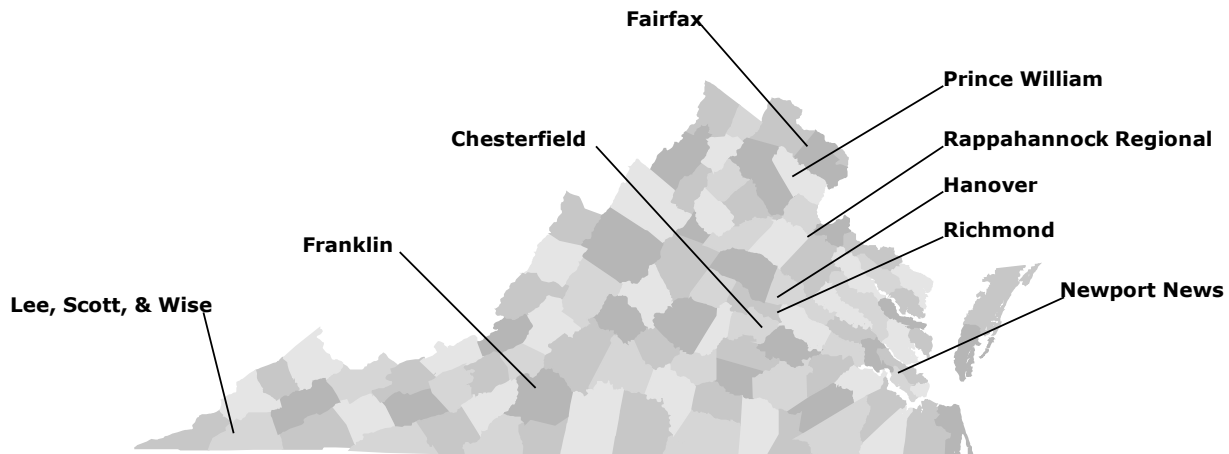
This section reviews the basic operations and outcomes of Virginia's juvenile drug treatment courts in fiscal year 2010. Information is provided in the report on program participants, including demographics, program entry offenses, program length, and re-arrest after program completion or termination. This information is based on data from the drug court database established and maintained by the Office of the Executive Secretary, as well as arrest data from the Virginia State Police. Juvenile Drug treatment court staff in local programs enters data on program participants into the OES drug court database.

Operational Juvenile Drug Treatment Courts

In 2010, there were nine juvenile drug treatment court programs operating in juvenile and domestic relations district (J&DR) courts in Virginia, with program capacities ranging from 12 to 30 participants each. For each of these programs, the average length of participation is between 9 – 12 months. Figure 7.

CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Figure 7: Juvenile Drug Treatment Courts



The first juvenile drug treatment court in Virginia began operating in November of 1998 in Rappahannock (Fredericksburg, Spotsylvania and Stafford Counties). Eight additional juvenile drug treatment courts became operational between 1999 and 2009. Figure 2.

Summary of 2010 Juvenile Drug Treatment Court Program Activity

Referrals and Admissions. In 2010, 119 referrals were made to Virginia's juvenile drug treatment court programs. Referrals include all sources through which participants are recommended to participate in a program. Of these 119 referrals, 82 (68.9%) were admitted in 2010. Table 19.

Participants. In 2010, there were 145 active participants in juvenile drug treatment court local programs. This includes both 82 newly admitted participants in 2010 as well as 65 exiting participants. Table 19.

In 2010, the typical participant in juvenile drug treatment court programs was a white single male, 10th grader between the ages of 10 and 19.

Race. In 2010, the majority of juvenile drug treatment court participants in Virginia were White (96 or 66.2%), with 37 or 25.5% black, six or 4.1% hispanic, and six or 4.2% asian and other races. Table 19.

Gender. Age, and Marital Status. In 2010, the majority of juvenile drug treatment court participants were male (108 or 74.5%), with 37 participants (25.5%) being female. 100% of juvenile drug treatment court participants were between the ages of 10 and 19. 99.1% of juvenile participants were single. Table 19.

CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Table 20: 2010 Juvenile DTC Referrals, Admissions, Participants & Departures

Referrals & Admissions					Participants & Departures								
Referred	119				Active Participants During Year					145			
Admitted	82												
Admittance Rate	68.9%				Demographic Characteristics					<i>N</i>	%	<i>N</i>	Valid %
Demographic Characteristics					<i>N</i>	%	<i>N</i>	Valid %					
Gender					Gender								
Males	61			74.4%	Males	108			74.5%				
Females	21			25.6%	Females	37			25.5%				
Total	82			100.0%	Total	145			100.0%				
Race					Race								
White	47			0.0%	White	96			66.2%				
Black	26			0.0%	Black	37			25.5%				
Hispanic	4			0.0%	Hispanic	6			4.1%				
Asian	2			0.0%	Asian	2			1.4%				
Other	3			0.0%	Other	4			2.8%				
Total	82			0.0%	Total	145			100.0%				
Age					Age								
Ages 10-19	82			100.0%	Ages 10-19	145			100.0%				
Ages 20-29	0			0.0%	Ages 20-29	0			0.0%				
Ages 30-39	0			0.0%	Ages 30-39	0			0.0%				
Ages 40-49	0			0.0%	Ages 40-49	0			0.0%				
Ages 50-59	0			0.0%	Ages 50-59	0			0.0%				
Ages 60+	0			0.0%	Ages 60+	0			0.0%				
Total	82			100.0%	No Data	0			0.0%				
Marital Status					Marital Status								
Single	65			100.0%	Single	108			108	99.1%			
Separated	0			0.0%	Separated	0			0	0.0%			
Divorced	0			0.0%	Divorced	0			0	0.0%			
Married	0			0.0%	Married	0			0	0.0%			
Cohabiting	0			0.0%	Cohabiting	0			0	0.0%			
No Data	17	20.7%			Widowed	0			0	0.0%			
Total	82	100.0%	65	100.0%	Other	1			1	0.9%			
Education (Highest Level Attained)					Education (Highest Level Attained)								
Middle School	2			3.6%	Middle School	10			10	10.3%			
9th grade	9			16.1%	9th grade	19			19	19.6%			
10th grade	20			35.7%	10th grade	30			30	30.9%			
11th grade	9			16.1%	11th grade	17			17	17.5%			
12th grade	9			16.1%	12th grade	13			13	13.4%			
High School Graduate	0			0.0%	High School Graduate	0			0	0.0%			
GED	6			10.7%	GED	7			7	7.2%			
Vocational Training	0			0.0%	Vocational Training	0			0	0.0%			
Some College	1			1.8%	Some College	1			1	1.0%			
Associate's Degree	0			0.0%	Associate's Degree	0			0	0.0%			
Bachelor's Degree	0			0.0%	Bachelor's Degree	0			0	0.0%			
No Data	26	31.7%			No Data	48	33.4%						
Total	82	100.0%	56	100.0%	Total	145	100.0%	97	100.0%				
					Departures								
					Participants Who Left During Year								
					Completed/Graduated								
					Terminated								
					Total								
					Type of Terminations:								
					<i>Absconded</i>								
					<i>Excessive relapses</i>								
					<i>Minor violations</i>								
					<i>New criminal offense</i>								
					<i>Other reason (not specified)</i>								
					<i>Unsatisfactory performance</i>								
					<i>Withdrawal</i>								
					<i>Death</i>								
					Total								

CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Education. In 2010, none of the 145 juveniles participating in Virginia’s juvenile drug treatment court programs had graduated from high school. Tenth (10th) grade was the highest level of education achieved by the majority of juvenile drug treatment court participants (30 or 30.9%). Table 19.

Program Drug Screenings. In the juvenile drug treatment court programs in 2010, there were 6,933 drug screenings conducted for the 145 participants, an average of 3.3 screenings per participant for the year. Among juvenile drug treatment court participants, 64.7% (or 88) had a positive drug screening during the year, and 35.3% (or 48) had a negative drug screening. Table 21.

Table 21: 2010 Juvenile DTC Drug Screenings			
	Juvenile DTC		
Participants	145		
	<i>N</i>	%	<i>N</i> Valid %
Negative	48		48 35.3%
Positive	88		88 64.7%
No Data	9	6.2%	
Total	145		136 100.0%
Drug Screenings	6,933		
	<i>N</i>	%	
Negative	6,482	93.5%	
Positive	451	6.5%	
Total	6,933	100.0%	
Screenings Per Participant	51.0		
Avg. Positive Screenings/Participant	3.3		

Program Entry Offense. There were 145 participants in juvenile DTC programs in 2010. Offenses with which participants are charged and for which they are referred to a DTC are noted at program entry. Such data were available for 123 of the 145 participants during 2010. By far, the most frequent charge reported for juvenile DTC participants in 2010 was possession of marijuana, 1st offense (37 participants or 13.8% of charges reported), and violation of probation (36 participants or 13.4% of charges reported). The next highest offense among juvenile participants was the possession or purchase of alcohol by persons under 21 years of age (20 or 7.5% of participants). Table 22.

CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Table 22: 2010 Juvenile Participant Entry Offense

Offense	Total Participants w/ Offense Indicated	%	% of Available Participants (N=123)
Total Participants	145		
Total Participants with Available Arrest Data	123		
Total Offenses Indicated	268		
Drugs: Possess Marijuana, 1st Offense	37	13.8%	30.1%
Probation Violation	36	13.4%	29.3%
Alcohol: Purch/Possess By Person <21 years of age	20	7.5%	16.3%
Order: Violation of J&DR Court Order	18	6.7%	14.6%
Assault: On Family Member	12	4.5%	9.8%
Monument: Intentional Damage, Value <\$1000	11	4.1%	8.9%
Petit Larceny: <\$200 Not From A Person	11	4.1%	8.9%
Drugs: Possess Schedule I or II	10	3.7%	8.1%
Grand Larceny: \$200+ Not From A Person	10	3.7%	8.1%
Disorderly Conduct	8	3.0%	6.5%
Assault: (Misdemeanor)	6	2.2%	4.9%
Drugs: Possess Marijuana, 2+ Offense	5	1.9%	4.1%
Drugs: Possess Schedule III	4	1.5%	3.3%
Shoplift/Alter Price: Larceny <\$200, 1st Offense	4	1.5%	3.3%
Abusive Language To Another	3	1.1%	2.4%
Burglary: Enter Building To Commit Larceny/A&B/Etc	3	1.1%	2.4%
Contempt of Court: J&DR Court	3	1.1%	2.4%
Drugs: Possess with Intent To Manufacture/Sell Sch I, II	3	1.1%	2.4%
Monument: Intentional Damage, Value >=\$1000	3	1.1%	2.4%
Trespass: After Being Forbidden To Do So	3	1.1%	2.4%
Alcohol: Possess By Interdicted Person	2	0.7%	1.6%
Alcohol: Possess/Transport Illegally Acquired	2	0.7%	1.6%
B&E: Occupied House To Commit Certain Misdemeanor	2	0.7%	1.6%
Community-Based Probation: Violation On Felony	2	0.7%	1.6%
Drugs: Distribute/PWI Marijuana <1/2 Oz	2	0.7%	1.6%
Enter Property To Damage, Etc.:	2	0.7%	1.6%
Grand Larceny: Auto Theft	2	0.7%	1.6%
Obstruct Justice: without Threats/Force	2	0.7%	1.6%
Petit Larceny: <\$5 From A Person (Pick Pocket)	2	0.7%	1.6%
Profane Swearing Or Intoxication In Public	2	0.7%	1.6%
Others	38	14.2%	30.9%
Total	268	100.0%	

2010 Summary of Participant Departures from Juvenile Drug Treatment Court Programs

Graduation Rates. Among the 145 juvenile drug treatment court program participants in 2010, 65 (44.8%) departed program participation in 2010 through either graduation or program termination. A total of 39 (or 60%) graduated and 26 (40%) were terminated. Out of all drug court programs, the graduation rate was highest among juvenile participants (60.%) and lowest in family DTC programs (30.8%). The 2010 graduation rate among adult DTC participants was 43.0%. Table 19.

Terminations. While the reason for program termination in juvenile DTC programs in 2010 was not specified in program data (33.3% of participants), 22.2% were terminated for unsatisfactory performance and 18.5% were terminated because of a new criminal offense. Table 19.

Length of Stay. In 2010, the average (mean) length of stay (LOS) for graduates in a juvenile drug treatment court program was 382 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2010 mean was 53 days greater than in 2009. The median LOS for 2010 non-graduates was 214 days, 17 fewer days than in 2009.

2010 Summary of Juvenile Re-arrest Rates Following Program Departure

There were 65 departures from juvenile DTC programs in 2010, 39 graduates (60%) and 26 terminations (40%). Four (10.3%) of the 39 graduates showed re-arrests within one year of graduation. Four (15.4%) of juvenile terminations and 12.3% of all juvenile departures were re-arrested within one year. Table 23.

Among the 65 participants departing juvenile programs during the year, eight (12.3%) were re-arrested within one year: 10.3% of graduates and 15.4% of those terminated.

CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Table 23: 2010 Juvenile DTC Re-arrest Rates

	2008		2009		2010	
Total Departures	18		26		65	
Graduates	3	16.7%	10	38.5%	39	60.0%
Termination	15	83.3%	16	61.5%	26	40.0%
Total	18	100.0%	26	100.0%	65	100.0%
Graduates						
Re-arrested	2		0		4	
Re-arrest Rate	0.0%		0.0%		10.3%	
Within 1 Year	0		0		4	
Re-arrest Rate	0.0%		0.0%		10.3%	
1-2 Years	1		0			
Re-arrest Rate	0.0%		0.0%			
Over 2 years	1		0			
Re-arrest Rate	0.0%		0.0%			
Terminated						
Re-arrested	9		3		4	
Re-arrest Rate	60.0%		18.8%		15.4%	
Within 1 Year	3		2		4	
Re-arrest Rate	20.0%		12.5%		15.4%	
1-2 Years	5		1			
Re-arrest Rate	33.3%		6.3%			
Over 2 years	1		0			
Re-arrest Rate	6.7%		0.0%			
Total Departures						
Re-arrested	11		3		8	
Re-arrest Rate	61.1%		11.5%		12.3%	
Within 1 Year	3		2		8	
Re-arrest Rate	16.7%		7.7%		12.3%	
1-2 Years	6		1			
Re-arrest Rate	33.3%		3.8%			
Over 2 years	2		0			
Re-arrest Rate	0%		0%			

CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Table 24: 2010 Juvenile DTC Activity Summary

	2009	2010	%Change
Referrals	79	119	50.6%
Row %	14.8%	17.1%	
New Admissions	66	82	24.2%
Row %	17.8%	17.0%	
Active Participants During Year	86	145	68.6%
Row %	13.4%	16.0%	
Graduated	10	39	290.0%
Row %	6.9%	26.9%	
Graduation Rate	38.5%	60.0%	
Terminated	16	26	62.5%
Row %	11.4%	15.3%	
Termination Rate	61.5%	40.0%	
Re-arrested	3	8	166.7%
Row %	3.4%	13.3%	
Re-arrest Rate	11.5%	12.3%	
Mean Length of Stay	289 Days	335 Days	15.9%
Graduates	329 Days	382 Days	16.1%
Non-Graduates	382 Days	263 Days	-31.2%
Median Length of Stay	245 Days	319 Days	30.2%
Graduates	307 Days	365 Days	18.9%
Non-Graduates	231 Days	214 Days	-7.4%

Introduction

Family drug treatment courts (FDTC) successfully apply the drug court model to child welfare cases that involve child abuse or neglect and parental substance abuse. A family drug treatment court program is a specialized civil docket devoted to cases of child abuse and neglect that involve substance abuse by the child's parents or other caregivers. Its purpose is to protect the safety and welfare of children while giving parents the tools they need to become sober, responsible caregivers. Family drug treatment courts seek to do what is in the best interest of the family by providing a safe and secure environment for the child while intensively intervening and treating the parent's substance abuse and other co-morbidity issues. To accomplish this, the family drug treatment court 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 children and the parents. In this way, the family drug court team provides children with quick access to permanency and offers parents a viable chance to achieve sobriety, provide a safe and nurturing home, and hold their families together.

Family drug treatment court programs serve addicted parents who come to the court's attention in the following situations: (1) hospital tests that indicate illegal drug-exposed babies; (2) founded cases of child neglect or abuse; (3) child in need of services (CHINS) cases; (4) custody or temporary entrustment cases; and (5) delinquency cases. In practice, family drug treatment court programs function similar to adult drug treatment court programs with the exception that jurisdiction in family drug treatment court programs is based on civil matters not criminal offenses. The major incentive for addicted parents to adhere to the rigorous recovery program is the promise of their children's return to their custody. Instead of probation officers providing supervision services as they do in adult drug treatment court programs, social services professionals provide case management and supervision, and fill other roles, in family drug treatment court programs.

Many factors may account for the escalation in abuse and neglect, including poverty, domestic violence, and an increasing personal mobility that results in the loss of family support systems. However, the primary causes are clear: substance abuse and addiction. According to *Linking Child Welfare and Substance Abuse Treatment: A Guide for Legislators* (National Conference of State Legislatures, 2000), "a large percentage of parents who abuse, neglect, or abandon their children have drug and alcohol problems.... Although national data are incomplete, it is estimated that substance abuse is a factor in three-fourths of all foster care placements." It is not surprising that substance abuse and addiction are so frequently associated with the neglect and abuse of children. Parents battling substance abuse often put the needs created by their own alcohol or other drug dependency ahead of the welfare of their families. At the same time, they, and their children, often have complicating physical or mental health problems. Unable to maintain employment or provide a stable and nurturing home environment, they are unable to care for their children.

CHAPTER FOUR: FAMILY DRUG TREATMENT COURTS

The family drug treatment court specifically seeks to address all of the underlying causes and issues that bring juveniles and families before the courts in child abuse and neglect cases, as there is a proven correlation between child abuse/neglect and later delinquency. If children can safely remain with, be reunited with, or be placed with, substance-free and effective parents, there is a high likelihood of stopping the revolving door of drugs, crime, and further child abuse. Other reported benefits of family drug treatment courts include: restoring persons with substance use disorders to productive employment, healthy parenting, and citizenship; reuniting families; and promoting healthy families.

Family drug treatment courts combine the judicial system, social services system, and treatment system to collaborate in effectively treating addicted parents/guardians. The FDTC approach has resulted in better collaboration between agencies and better compliance with treatment and other family court orders necessary to improve child protection case outcomes. Absent a coordinated effort among them, these systems are not equipped to handle the specialized issues that permeate abuse and neglect cases caused by parental substance abuse. For this reason, parents are likely to continue their addiction, while their children, unable to return home, languish in foster care.

Recognizing that only a coordinated approach to breaking the cycle of substance abuse and child maltreatment could adequately address the complex web of problems affecting families, family drug treatment courts bring together practitioners from juvenile dependency courts, child protective services, and substance abuse treatment systems to use a more holistic approach to intervention. The focus, structure, purpose, and scope of a FDTC differ significantly from the adult criminal or juvenile delinquency drug court models. FDTC draws on best practices from both the drug court model and dependency court practice to effectively manage cases within Adoption and Safe Families Act (ASFA) mandates. By doing so, they ensure the best interest of children, while providing coordinated substance abuse treatment and family-focused services to timely secure a safe and permanent placement for the children.

Virginia's Family Drug Treatment Courts

Family drug treatment courts work with substance abusing parents who are under the jurisdiction of the juvenile court due to a petition alleging child abuse, neglect, or dependency or the finding of child abuse, neglect, or dependency. The parents/guardians may enter the family drug treatment court pre-adjudication (at day one or child planning conferences) or post-adjudication. In all cases, at the time of referral and admission to FDTC, there must be a case plan for family reunification. Before being admitted to FDTC, the parents are screened, and substance abuse is determined to be a factor that contributed to the substantiation of neglect, abuse, or dependency.

The three Virginia family drug treatment court programs provide: (1) timely identification of defendants in need of substance abuse treatment, (2) the opportunity to participate in the family drug treatment court program for quicker permanency placements for their children, (3) judi-

CHAPTER FOUR: FAMILY DRUG TREATMENT COURTS

cial 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 offenders to be productive citizens.

All drug court participants must submit to frequent and random drug testing, intensive group and individual outpatient therapy (2-3) times per week, and regular attendance at Narcotics Anonymous or Alcoholics Anonymous 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 able. Failure to participate or to produce these outcomes results in immediate sanctions including termination from the program.

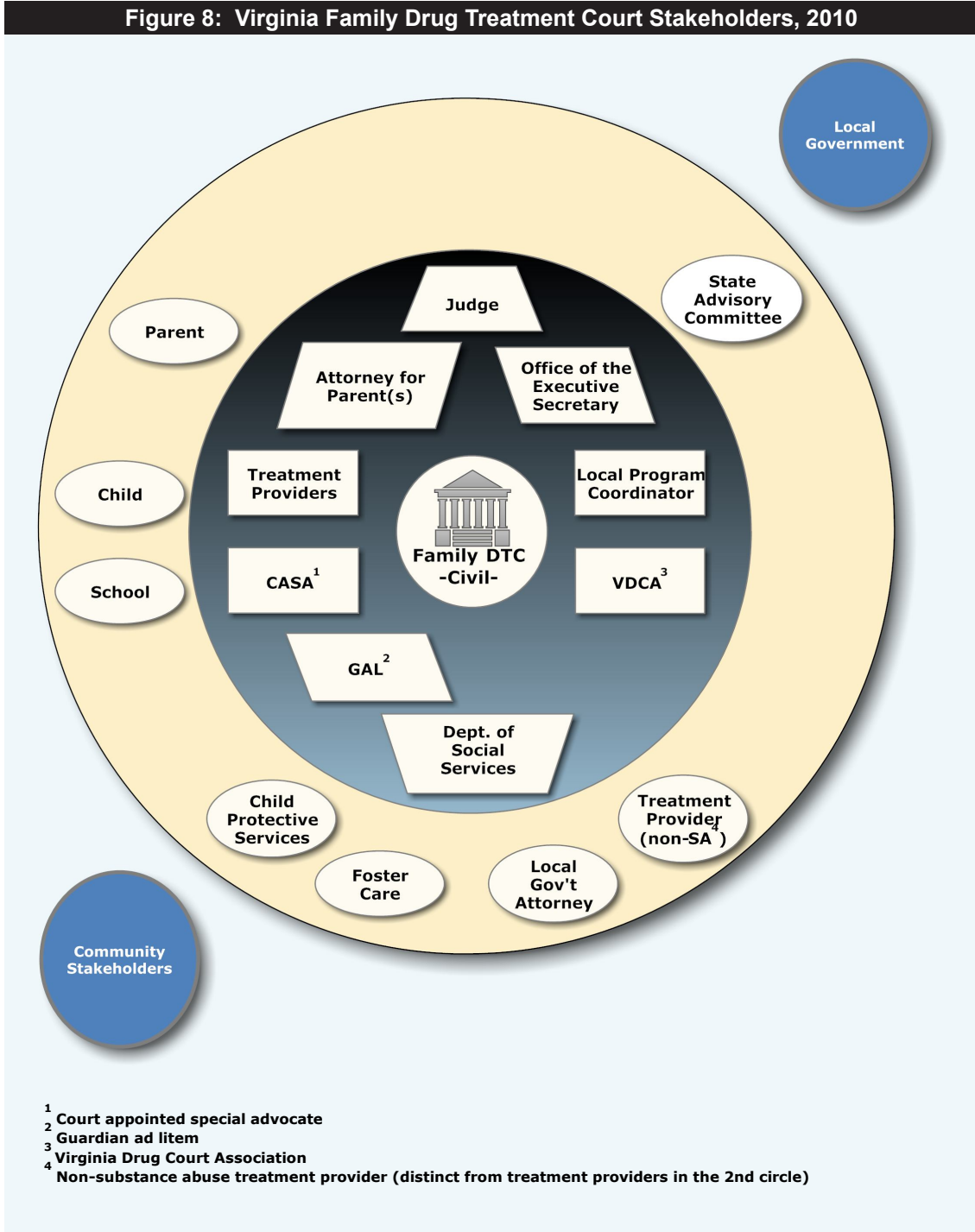
These programs provide permanency for children, sometimes by reunification. Without this program, more children would spend more time in foster care. CASA is a significant partner in this process. When children are removed from the family home and placed in the foster care system, the Adoption Safe Families Act (ASFA) mandates strict time frames for family reunification. The strict statutory time frame is generally unreasonable for addicted parents struggling to stabilize their sobriety. The collaborative efforts of court, treatment, and social services professionals in a family drug treatment court program provides the structure and oversight that gives recovering parents needed support. At the same time, drug court staff have the opportunity to closely monitor the progress of addicted parents and their children. Early reports of family drug treatment court programs' effectiveness indicate that participants are more likely to achieve family reunification when involved in court-monitored programs. When family reunification does not occur, drug treatment court professionals report that children may still be better served when their parents are involved in family drug treatment court programs. Drug treatment court staff report cases in which parents recognize early that their recoveries were very unlikely. Subsequently, they agreed that family reunification was not in the best interests of their children. The decreased time in temporary placement and expedited permanent placement was beneficial to the children.

Family drug treatment court goals are:

1. to provide appropriate, timely, and permanent placement of children in a safe healthy environment;
2. to stop the cycle of abuse and neglect in families;
3. to provide children and parents with the services and skills needed to live productively in the community and to establish a safe, healthy environment for their families;
4. to respond to family issues using a strength-based approach;
5. to provide a continuum of family-based treatment and ancillary services for children and parents affected by substance use, abuse, and dependence;
6. to provide continuing care and information that families need to access the services they may require to function responsibly;

CHAPTER FOUR: FAMILY DRUG TREATMENT COURTS

Figure 8: Virginia Family Drug Treatment Court Stakeholders, 2010



CHAPTER FOUR: FAMILY DRUG TREATMENT COURTS

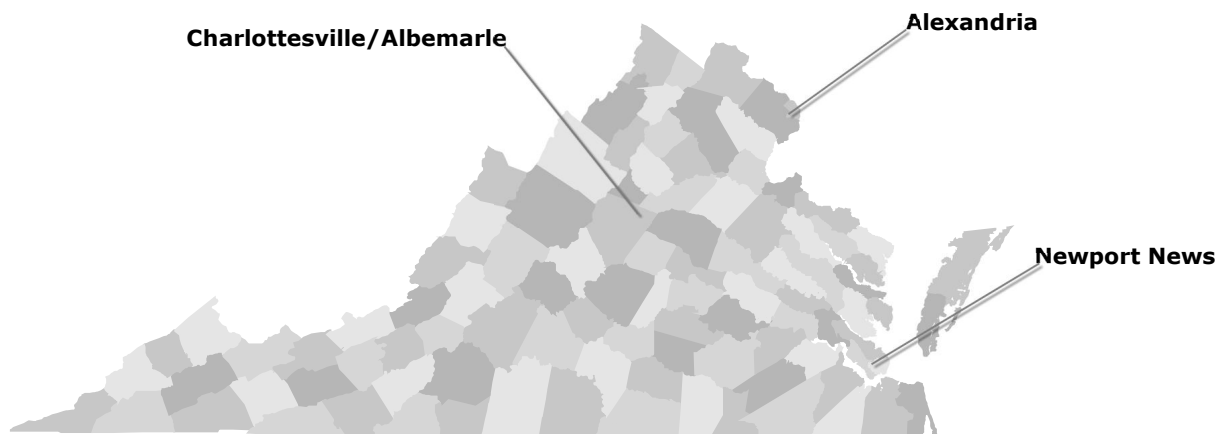
7. to develop cost-effective programming and interventions using the ongoing allocation of resources to support parents and their children;
8. to provide gender-specific, culturally and developmentally appropriate treatment;
9. to avoid case processing delays by ensuring parental compliance with court orders and ancillary services, and by facilitating the court's ability to modify court orders as cases progress;
10. to foster collaborative relationships among community-based systems so they can effectively manage child abuse and neglect cases; and,
11. to hold parents accountable and responsible for their actions and recovery.

Additional expected program outcomes include: (1) enhanced public safety as a result of the coordinated efforts of court, criminal justice, social service and treatment agencies that cooperate to effectively address alcohol abuse, drug use, child abuse and neglect and arrests, (2) some reduction of children in foster care, (3) more cost effective drug case management, and (4) expedited drug treatment referral at the crisis point of abuse and neglect petitions. All Virginia drug court localities also report as an outcome of the programs improved communication and greater collaboration between agencies charged with handling and treating substance abusing offenders and parents. Figure 8.

Operational Family Drug Treatment Courts

During 2010, family drug treatment courts operated in the Alexandria, Charlottesville/Albemarle County, and Newport News. The first family drug treatment court program in Virginia began in Alexandria in September 2001. Within a year, the next two programs began in Charlottesville and Albemarle County in July 2002 and in Richmond in September 2002. These two programs received federal implementation grants that expired in 2007, while Alexandria continues to operate through local cooperation and some corporate support. Charlottesville/Albemarle Family Drug Court received a federal extension for their unspent grant funds while Richmond Family

Figure 9: Map of Virginia's Family Drug Treatment Courts



CHAPTER FOUR: FAMILY DRUG TREATMENT COURTS

Table 25: 2010 Family DTC Referrals, Admissions, Participants & Departures

Referrals & Admissions					Participants & Departures				
Referred					22				
Admitted					20				
Admittance Rate					90.9%				
Demographic Characteristics					<i>N</i>	%	<i>N</i>	Valid %	
Gender									
Males	2			10.0%					
Females	18			90.0%					
Total	20			100.0%					
Race									
White	12			60.0%					
Black	8			40.0%					
Hispanic	0			0.0%					
Asian	0			0.0%					
Other	0			0.0%					
Total	20			100.0%					
Age									
Ages 10-19	0			0.0%					
Ages 20-29	13			65.0%					
Ages 30-39	4			20.0%					
Ages 40-49	3			15.0%					
Ages 50-59	0			0.0%					
Ages 60+	0			0.0%					
Total	20			100.0%					
Marital Status									
Single	10		10	52.6%					
Separated	3		3	15.8%					
Divorced	0		0	0.0%					
Married	1		1	5.3%					
Cohabiting	5		5	26.3%					
No Data	1	5.0%							
Total	20	100.0%	19	100.0%					
Education (Highest Level Attained)									
Middle School	1		1	5.3%					
9th grade	0		0	0.0%					
10th grade	6		6	31.6%					
11th grade	1		1	5.3%					
12th grade	2		2	10.5%					
High School Graduate	1		1	5.3%					
GED	3		3	15.8%					
Vocational Training	2		2	10.5%					
Some College	2		2	10.5%					
Associate's Degree	0		0	0.0%					
Bachelor's Degree	1		1	5.3%					
No Data	1	5.0%							
Total	20	100.0%	19	100.0%					
Active Participants During Year					34				
Demographic Characteristics					<i>N</i>	%	<i>N</i>	Valid %	
Gender									
Males	7			20.6%					
Females	27			79.4%					
Total	34			100.0%					
Race									
White	18			52.9%					
Black	14			41.2%					
Hispanic	1			2.9%					
Asian	0			0.0%					
Other	1			2.9%					
Total	34			100.0%					
Age									
Ages 10-19	0		0	0.0%					
Ages 20-29	20		20	60.6%					
Ages 30-39	7		7	21.2%					
Ages 40-49	5		5	15.2%					
Ages 50-59	1		1	3.0%					
Ages 60+	0		0	0.0%					
No Data	1	2.9%							
Total	34	100.0%	33	100.0%					
Marital Status									
Single	15		15	45.5%					
Separated	7		7	21.2%					
Divorced	3		3	9.1%					
Married	3		3	9.1%					
Cohabiting	5		5	15.2%					
Widowed	0		0	0.0%					
Other	0		0	0.0%					
No Data	1	2.9%							
Total	34	100.0%	33	100.0%					
Education (Highest Level Attained)									
Middle School	2		2	6.3%					
9th grade	1		1	3.1%					
10th grade	10		10	31.3%					
11th grade	2		2	6.3%					
12th grade	3		3	9.4%					
High School Graduate	3		3	9.4%					
GED	4		4	12.5%					
Vocational Training	2		2	6.3%					
Some College	4		4	12.5%					
Associate's Degree	0		0	0.0%					
Bachelor's Degree	1		1	3.1%					
No Data	2	5.9%							
Total	34	100.0%	32	100.0%					
Departures					<i>N</i>	%			
Participants Who Left During Year					13	38.2%			
Completed/Graduated					4	30.8%			
Terminated					9	69.2%			
Total						100.0%			
Type of Terminations:									
<i>Absconded</i>	0			0.0%					
<i>Excessive relapses</i>	1			11.1%					
<i>Minor violations</i>	0			0.0%					
<i>New criminal offense</i>	0			0.0%					
<i>Other reason (not specified)</i>	0			0.0%					
<i>Unsatisfactory performance</i>	8			88.9%					
<i>Withdrawal</i>	0			0.0%					
<i>Death</i>	0			0.0%					
Total	9			100.0%					

CHAPTER FOUR: FAMILY DRUG TREATMENT COURTS

Drug Court closed upon the expiration of their federal funds. In 2006, the family drug treatment court program in Newport News was implemented after receiving approval from the General Assembly. Figure 9.

During 2010, the Drug Court Advisory Committee reviewed and approved applications for two additional family programs, one in Goochland J&DR District Court (16th Judicial District) and the other in Montgomery J&DR (27th Judicial District). These additional two programs will be submitted to the General Assembly in 2011 for approval.

Summary of 2010 Family Drug Treatment Court Program Activity

Referrals and Admissions. There were 22 referrals made to the Virginia family drug treatment programs in 2010, and 20 were actually admitted. The number of participants during the year totaled 34 compared to 18 in 2009. Table 24.

Participants. Of those participating in FDTC programs in 2010, 52.9% were white and 41.2% were black. Among the 33 participants for whom marital status was known, 45.5% were single, 21.2% were separated, and 9.1% were divorced; only 9.1% were married compared to 15.2% who were cohabiting. Unlike in the other drug treatment court models, the majority of participants (79.4%) was female. Of the 32 participants for whom educational information was available, more than half (56.3%) had neither completed high school nor obtained a GED; out of the seven individuals who had vocational or college education beyond the high school level, only one had obtained a degree. As in all drug treatment court models, the most prevalent age group was that for participants 20- to 29-years-old (60.6% of participants). There was no participant under 20 and only one over 49. Table 24.

Total Participants	34		
Total Participants with Drug Choice Data Available	28		
Total Drugs Indicated	62		
Drug Type	Total Participants with Drug Choice Indicated	%	% of Available Participants (N=28)
Alcohol	20	32.3%	71.4%
Amphetamine	3	4.8%	10.7%
Benzodiazepine	1	1.6%	3.6%
Cocaine Crack	7	11.3%	25.0%
Cocaine Powder	1	1.6%	3.6%
Hallucinogen	1	1.6%	3.6%
Heroin	1	1.6%	3.6%
Marijuana	22	35.5%	78.6%
Methadone	2	3.2%	7.1%
Opiate	2	3.2%	7.1%
PCP	2	3.2%	7.1%
Total	62	100.0%	

CHAPTER FOUR: FAMILY DRUG TREATMENT COURTS

Drug-of-choice data were available for 28 of the 34 participants in 2010. These 28 participants averaged 2.2 drug selections each. Nearly 79% indicated that marijuana was a drug of choice, and 71.4% selected alcohol. Twenty-five percent of participants selected crack cocaine, and 3.6% selected cocaine powder. Amphetamines were a drug of choice for about 11%. Table 25.

Completions. Of the 34 participants in 2010, 13 departed the program. Of these, only four graduated while nine were terminated from the program. Unsatisfactory performance was the principal reason for termination (eight of nine participants). The average (mean) length of stay (LOS) was 382 days while the median LOS was 357 days.

FDTC programs are entities of the civil justice system. Because the programs' focus is on family welfare, criminal justice data such as arrests of those who have departed the programs are not reported.

Summary Table of Family Program Activity

A summary of the major measures of program activity for family drug treatment court programs discussed above is presented in Table 26.

Table 27: 2010 Family DTC Activity Summary			
	Family DTC		
	2009	2010	%Change
Referrals	13	22	69.2%
Row %	2.4%	3.2%	
New Admissions	10	20	100.0%
Row %	2.7%	4.2%	
Active Participants During Year	18	34	88.9%
Row %	2.8%	3.8%	
Graduated	2	4	100.0%
Row %	1.4%	2.8%	
Graduation Rate	33.3%	30.8%	
Terminated	4	9	125.0%
Row %	2.9%	5.3%	
Termination Rate	66.6%	69.2%	
Mean Length of Stay	380 Days	382 Days	0.5%
Graduates	522 Days	513 Days	-1.7%
Non-Graduates	310 Days	324 Days	4.5%
Median Length of Stay	487 Days	357 Days	-26.7%
Graduates	513 Days	473 Days	-7.8%
Non-Graduates	280 Days	175 Days	-37.5%

Introduction

Driving under the influence (DUI) drug treatment court (DTC) programs utilize the drug treatment court model with impaired drivers. A DUI drug treatment court is a distinct court docket dedicated to changing the behavior of alcohol/drug dependant offenders arrested for driving while impaired (DWI). The goal of DUI drug treatment court is to protect public safety by using the drug court model to address the root cause of impaired driving, alcohol and other substance abuse. With the hard-core drinking driver as its primary target population, DUI drug treatment courts follow the Ten Key Components of Drug Courts and the Ten Guiding Principles of DWI Courts, as established by the National Association of Drug Court Professionals and the National Drug Court Institute. DUI drug treatment courts operate within a post-conviction model.

The Virginia Highway Safety Office reports that in 2009 there were 9,366 alcohol related crashes. Slightly more than 300 (315) persons were killed and 6,256 persons were injured in alcohol-related crashes. In 2009, convictions for Driving Under the Influence (DUI) went down .11% from 2008 with 31,434 convictions statewide. Of those convicted for DUI 78.68 percent were male and 20.44 percent were female. The average blood alcohol content (BAC) of tested drinking drivers was .1408. Alcohol-related motor vehicle crashes are more severe and costlier than other crashes, resulting in average hospital charges of \$35,000 of 5.5 days due to alcohol-impaired driving.

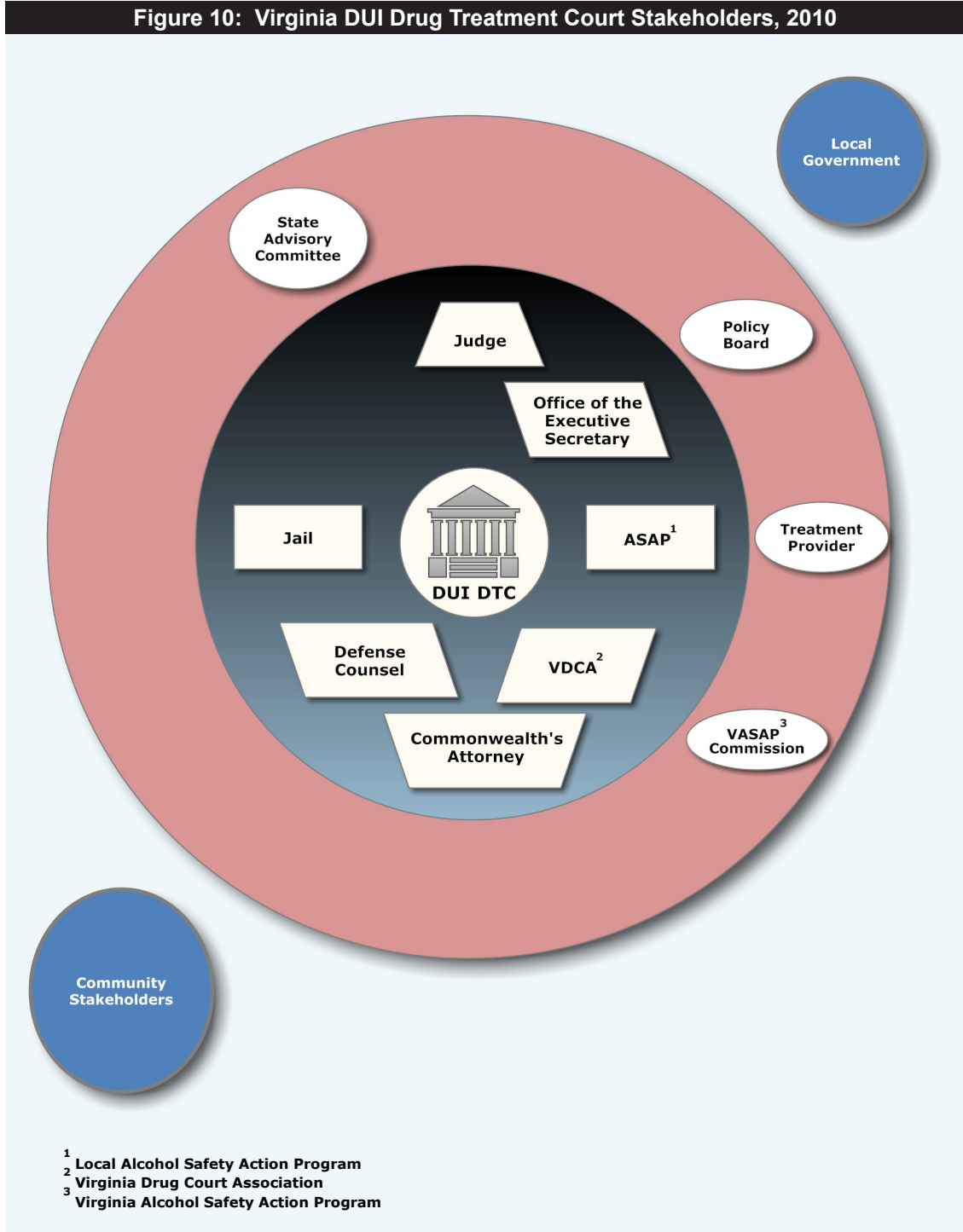
A Department of Transportation study released in December 2009 showed that one in eight nighttime weekend drivers tested positive for an illicit drug (one in six when one includes illicit drugs or pharmaceuticals). The tax revenue collected from alcohol production and sales pales in comparison with the costs associated with its use. Federal excise taxes collected on alcohol in 2007 totaled about \$9 billion with the states collecting about \$5.5 billion. Virginia collected \$1.7 million. Taken together, this is less than 10 percent of the over \$185 billion in alcohol-related costs due to health care treatment, lost productivity, and criminal justice system expenses.

Alcoholism/addiction left untreated affects not only the individual but also the community as a whole through the myriad of offenses committed by the active addict. The DUI drug treatment court is designed to hold DUI offenders accountable while offering them long-term, intensive substance abuse treatment and compliance monitoring by a judge.

The DUI drug treatment court process moves quickly to bring offenders into treatment and uses a team effort to monitor the participants' progress. This practice increases the likelihood that participants will be successful in breaking the cycle of repeated alcohol abuse and reduces the incidence of new driving-under-the-influence violations. Participants do not have their charges reduced or dismissed upon the successful completion of the DUI drug treatment court program. The ultimate goal is to address the reoccurrence rate of DUI and to address the life-long sobriety of the participants.

CHAPTER FIVE: DUI DRUG TREATMENT COURTS

Figure 10: Virginia DUI Drug Treatment Court Stakeholders, 2010



CHAPTER FIVE: DUI DRUG TREATMENT COURTS

The DUI drug treatment courts refer defendants to treatment shortly after their arrest. Close judicial monitoring of the progress of participants occurs through monthly status hearings before the court. The judge encourages achievement in overcoming addiction and promptly sanctions non-compliance with program requirements. The DUI drug treatment court operates with a team approach that involves judges, prosecutors, the defense bar, treatment providers, probation staff, the jail, and community resources. Figure 10.

The judicial response is designed to motivate the participant to take responsibility for his/her behavior and usually involves an established set of sanctions which include the imposition of community service hours, return to jail for a specified period, intensified treatment, and other measures.

DUI Drug Treatment Courts in Virginia

Virginia's DUI drug treatment courts operate in the general district courts. Offenders who fail to comply with the local Alcohol Safety Action Program (ASAP) are terminated from the DTC program. At the request of the court or the Commonwealth's Attorney, the local ASAP may evaluate an individual for placement in the DUI drug treatment court program prior to or post conviction. Two groups are potential candidates for the program. First offenders before the court for failure to comply who were not ordered into the DUI drug treatment court at the time of conviction are eligible. These offenders may be ordered to participate by the court. Repeat offenders who are arrested with a blood alcohol content (BAC) in excess of 0.20, fail a breath test or urine test for alcohol, fail a drug test after entering ASAP, or are non-compliant with ignition interlock requirements are eligible and may also be ordered into the program by the court.

The program requires a minimum participation period of 12 months, consisting of a minimum of 4-6 months of active treatment and an additional monitoring period of at least 8 months. The local ASAP provides monitoring of each participant throughout the probationary period ordered by the court. As mentioned above, participants do not have their charges reduced or dismissed upon the successful completion of the program. The program works with Community Services Boards and other treatment providers to provide counseling and treatment for individuals participating in the DUI DTC program. ASAP works with the 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 programs.

The Rappahannock Area Alcohol Safety Action Program (RAASAP) is a criminal justice system program that provides for assessment, intervention placement and monitoring for persons convicted of driving under the influence (DUI), boating under the influence (BUI), misdemeanor drug offenses, and habitual offenders.

CHAPTER FIVE: DUI DRUG TREATMENT COURTS

The program has five component target areas:

- (1) enforcement (to increase DUI arrests);
- (2) adjudication (to increase successful adjudication and appropriate referrals to RAASAP);
- (3) case management and offender intervention (to ensure appropriate probationary control of clients and delivery of intervention services);
- (4) evaluation/certification (to assure effectiveness of the components); and,
- (5) public information (to increase the public perception of DUI risks/sanctions and substance abuse affects on the offender and community).

Target Population

The population served by the DUI drug treatment court is the hard-core drinking driver. The Virginia Code (Sections 18.2-266 to 18.2-273) provides that persons convicted of Driving Under the Influence (DUI) enter and successfully complete the Virginia Alcohol Safety Action Program (VASAP). In agreement with each court, the DUI drug treatment court program accepts, assesses, and monitors persons according to the policies established by the DUI drug treatment court team. The DUI drug treatment court program works closely with VASAP during the planning process to develop appropriate assessment and supervision criteria. Because of mandatory DUI sentencing and administrative licensing requirements, it is critical that local DUI drug treatment court teams work collaboratively with the Department of Motor Vehicles and the Commission on VASAP, the agencies responsible for driver's license restoration, the state legislature, and state and local non-governmental organizations.

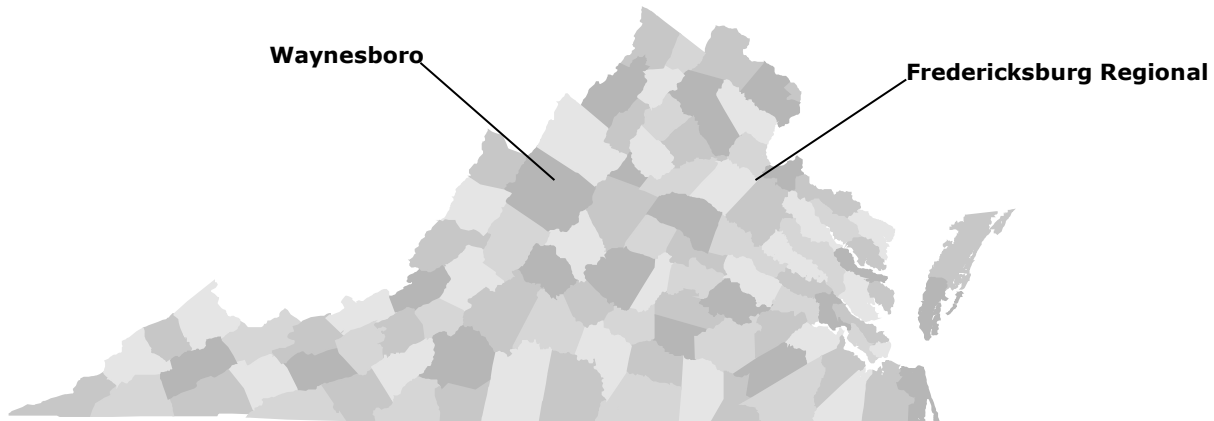
Funding

The program, funded entirely by client fees, has nine full-time employees, as well as six group facilitators. Fiscal services are contracted to the accounting service of Business Services. RAASAP is certified by the Virginia Alcohol Safety Action Program Commission, operates autonomously, and is governed by a seven-member Policy Board with representatives from each of the five jurisdictions it serves.

The National Highway Traffic Safety Administration (NHTSA) has continued the regulation that implements 23 U.S.C. Section 410, under which states can receive incentive grants for alcohol-impaired driving prevention programs. The final rule implements changes that were made to the Section 410 program by the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy For Users (SAFETEA-LU). SAFETEA-LU provides states with two alternative means to qualify for a Section 410 grant. The final rule establishes the criteria states must meet and the procedures they must follow to qualify for Section 410 grants including an alcohol rehabilitation or Driving While Intoxicated (DWI) court program, among other things. To qualify for a grant-

CHAPTER FIVE: DUI DRUG TREATMENT COURTS

Figure 11: Map of Virginia's DUI Drug Treatment Courts



based DWI Court Program criterion, SAFETEA-LU requires a state to demonstrate a program to refer impaired driving cases to courts that specialize in driving-while-impaired cases that emphasize the close supervision of high-risk offenders. The rule has been revised to allow the use of a minimum one court for initial compliance, regardless of the fiscal year of the application; a minimum of two courts for the second year of compliance; three courts for the third year of compliance; and four courts for the fourth year of compliance. While such efforts are not without cost, the amount of funds available under the Section 410 program has tripled under the current statute, and these funds may be used to cover the costs. Additional DUI drug courts qualify the state for additional 410 grant funds.

Operational DUI Drug Treatment Court Programs in Virginia

As of the end of Fiscal Year 2010, there were two DUI DTC programs in Virginia. These include the Fredericksburg Regional Program that operates in the Fredericksburg, Stafford, and Spotsylvania General District Courts and the DUI DTC operating since 2002 in Waynesboro General District Court. The latter program was formally approved by the Drug Court Advisory Committee in May 2010 to be compliant with DUI Drug Treatment Court Standards. The statistics in this 2010 report do not include data from the Waynesboro program. Figure 11.

Summary of 2010 DUI Drug Treatment Court Program Activity

Referrals. In 2010, 734 referrals were made to Fredericksburg's Regional DUI DTC Program [hereinafter "Fredericksburg program" or "DUI DTC"]. Referrals include all sources through which participants are recommended to participate in a program. The 734 DUI referrals in the Fredericksburg program exceeded the total number of 2010 referrals (695) for all adult, juvenile, and family drug treatment court programs in Virginia, even though the number of DUI referrals in 2009 was 25.7% higher (988). Table 27.

CHAPTER FIVE: DUI DRUG TREATMENT COURTS

Table 28: 2010 DUI DTC Referrals, Admissions, Participants & Departures

		Referrals & Admissions				Participants	
Referred		734			Active Participants	761	
Admitted		428					
Admittance Rate		58.3%					
Demographic Characteristics		N	%	N	Valid %	N	%
Gender							
Males		332			77.6%	591	77.7%
Females		96			22.4%	170	22.3%
Total		428			100.0%	761	100.0%
Race							
White		317			74.1%	568	74.6%
Black		99			23.1%	171	22.5%
Hispanic		7			1.6%	15	2.0%
Asian		3			0.7%	4	0.5%
Other		2			0.5%	3	0.4%
Total		428			100.0%	761	100.0%
Age							
Ages 10-19		13		13	3.1%	23	3.0%
Ages 20-29		190		190	44.7%	336	44.2%
Ages 30-39		108		108	25.4%	184	24.2%
Ages 40-49		72		72	16.9%	130	17.1%
Ages 50-59		36		36	8.5%	74	9.7%
Ages 60+		6		6	1.4%	14	1.8%
No Data		3	0.7%				
Total		428		425	100.0%	761	100.0%
Marital Status							
Single		243		243	57.7%		
Separated		35		35	8.3%		
Divorced		60		60	14.3%		
Married		79		79	18.8%		
Widowed		4		4	1.0%		
No Data		7	1.6%				
Total		428	100.0%	421	100.0%		
Education							
Middle School		7		7	1.7%		
9th grade		12		12	2.8%		
10th grade		17		17	4.0%		
11th grade		35		35	8.3%		
12th grade		223		223	52.7%		
College		113		113	33.0%		
Post Graduate		10		10	2.4%		
Other		6		6	1.4%		
No Data		5	1.2%				
Total		428	100.0%	423	100.0%		
Departures							
Participants Who Left During Year		377	49.5%				
Completed/Graduated		279	74.0%				
Terminated		98	26.0%				
Total		377	100.0%				
Type of Terminations:							
Appealed		3	3.1%				
Drinking		25	25.5%				
Fees		12	12.2%				
No Contact		6	6.1%				
Non Attendance		50	51.0%				
Other Unsuccessful		2	2.0%				
Total		98	100.0%				

CHAPTER FIVE: DUI DRUG TREATMENT COURTS

Admissions. DTC programs do not accept or admit all of those referred to them. In 2010, only 428 (or 58.3%) of those referred to the Fredericksburg DUI DTC were admitted. In comparison, the admission rate in 2009 was 67.1% (663 of 988). The 2010 DUI admission rate was also lower than the combined rate for the state's adult, juvenile, and family programs in 2010 (69.2%).

Participants. The number of active DUI participants in the Fredericksburg program during 2010 was 761. Individuals admitted prior to 2010 made up 43.8% of this total. Table 27.

Race. During 2010, the majority of participants in the Fredericksburg program were white (568 or 74.6%). There were 171 black participants (22.5%). Individuals claiming other racial or ethnic backgrounds made up just less than three percent, collectively, of the participants: Hispanics (15 or 2.0%), Asian (4 or 0.5%), and Other (3 or 0.4%). The racial-ethnic profiles of new admissions in 2010 were not significantly different from those of the overall participants.

Gender. In the DUI DTC, as in the state's adult and juvenile programs, the majority of participants were male (77.7%). Comparably, 77.6% of new admissions were male.

Age. The ages of a plurality of DUI participants (44.2%), as of new admissions (44.7%), were from 20 to 29. Over 40% of the remaining participants were aged 30 to 39 (24.2%) or 40 to 49 (17.1%). In the DUI DTC, 11.6% of participants were at least 50 compared to 3.0% under 20. Of these older participants, 14 (1.8% of 761) were at least 60, and three of the 14 were 70 or more. In all of the state's other DTC programs, there were only five participants over 59 in 2010, all in adult DTC programs.

2010 Summary of Participant Departures from Drug Treatment Court Programs

Graduation Rates. Among the 761 DUI DTC participants in 2010, 377 (49.5%) departed program participation in 2010 through either graduation or program termination. A total of 279 (74.0% of departures) graduated and 98 (26.0%) were terminated. This 2010 graduation percentage among DUI departures was higher than that for 2009 (239 of 329 or 72.6%). The DUI DTC departure and graduation percentages in 2010 also exceeded those for any other DTC program type, the closest numbers being those for the state's juvenile DTC programs in which 44.8% of participants departed, and 60.0 of the departures were by graduation. Table 27.

Terminations. The most frequent reasons for program termination in DUI DTC programs in 2010 were non-attendance (51.0%) and drinking (25.5%). Failure to pay required fees accounted for 12.2% of terminations.

Length of Stay. In 2010, the average (mean) length of stay (LOS) in the DUI DTC program was 454 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). This 2010 average was comparable to that in the state's adult

CHAPTER FIVE: DUI DRUG TREATMENT COURTS

DTC programs (453 days). The median LOS for 2010 DUI departures was 341 days—less than the 427-day median for adult DTC programs but greater than the 315-day median for departures from all non-DUI DTCs. Table 28.

Summary of Re-arrest Rates Following Program Departure

Re-arrest rates among all DTC programs are consistently lower for graduates than for those terminated. Because arrest data provided by the Virginia State Police for this report were available only through October 2010—only four months since the end of fiscal year 2010—re-arrest rates among 2010 departures should be interpreted with caution. Furthermore, given the short time the DUI drug treatment court has been operational, only twelve months of data on participants’ re-arrests were available. Among the 377 DUI drug treatment court departures in 2010, 50 (13.3%) had been re-arrested.

Summary Table of Adult Program Activity

A summary of the major measures of program activity for DUI drug treatment court programs discussed above is presented in Table 28.

Table 29: 2010 DUI DTC Activity Summary			
	2009	2010	%Change
Referrals	988	734	-25.7%
New Admissions	663	428	-35.4%
Active Participants During Year	557	761	36.6%
Graduated	239	279	16.7%
Graduation Rate	72.6%	74.0%	
Terminated	90	98	8.9%
Termination Rate	27.4%	26.0%	
Re-arrested	-	50	-
Re-arrest Rate	-	13.3%	
Mean Length of Stay	-	454 Days	-
Median Length of Stay	-	341 Days	-

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APPENDICES

**Appendix I
State Drug Treatment Court Advisory Committee Membership List**

APPENDICES

**State Drug Treatment Court Advisory Committee
Membership Roster**

Chairman:

Honorable Leroy Rountree Hassell, Sr., Chief Justice
Supreme Court of Virginia

Vice-Chair:

Catherine Hammond, Judge*
Henrico Circuit Court

Members:

Karl R. Hade, Executive Secretary*
Office of the Executive Secretary

Tracey Jenkins, Program Specialist
Department of Criminal Justice Services

Honorable Margaret P. Spencer, Judge*
Richmond Circuit Court

Mike Whipple, SA Program Manager
Department of Corrections

Honorable Jerrauld C. Jones, Judge*
Norfolk Circuit Court

Helivi Holland, Director
Department of Juvenile Justice

Honorable Judith Kline, Judge
Newport News J&DR District Court

Mary Wilson, Programs Manager
Department of Social Services

Honorable Clarence N. Jenkins, Jr., Judge
Richmond Circuit Court

Julie Truitt, Programs Manager
Department of Mental Health, Mental
Retardation & Substance Abuse Services

Honorable Elizabeth S. Wills, Judge
Wise J&DR District Court

Assistant Chief Terrell L. Holbrook
Roanoke County Police Dept.

Honorable Burke McCahill, Judge
Loudoun County Circuit Court

Honorable Stanley S. Clarke, Sheriff
Virginia Sheriff's Association

Honorable Humes Franklin, Jr. Judge
Staunton Circuit Court

Honorable. W. Randy Carter, Jr., Clerk
Suffolk Circuit Court

Honorable David Peterson, Judge
Fredericksburg J&DR District Court

Angela Coleman, Executive Director
Commission on Virginia Alcohol Safety Action
Program

APPENDICES

**State Drug Treatment Court Advisory Committee
Membership Roster (continued)**

Honorable Marcus F. McClung
Commonwealth's Attorney Scott County

Melanie Meadows, Drug Court Coordinator
County of Chesterfield

Honorable Charles Sharp, Judge*
Stafford Circuit Court

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

Tara Kunkel, Drug Court Coordinator
County of Chesterfield

Katya Herndon, Director
Information Legislative & Public Relations
Office of the Executive Secretary

Mark Blackwell, Executive Director
SAARA of Virginia, Inc.

Anna M. Powers, State Drug Court Coordinator
Office of the Executive Secretary

James Gochenour, Esq., Public Defender
City of Hampton

Lakresha D. Etheredge, Assistant to Drug
Courts
Office of the Executive Secretary

Michelle White, President*
Virginia Drug Court Association

Glenn Peterson, Executive Director
Chesterfield Community Corrections Services

* Executive Committee Members

APPENDICES

Statewide Drug Treatment Court Advisory Committee Evaluation Subcommittee

Chair:

Honorable Jerrauld Jones, Judge
Norfolk JDR Court

Members:

Lynette Holmes
Department of Juvenile Justice
Research & Evaluation Manager
VA Dept. of Juvenile Justice

Tricia D. Muller, Chief Operating Officer
Richmond J&DR

Meredith Farrar-Owens
Deputy Director
Virginia Criminal Sentencing Commission

Mary Ellen Ruff, Coordinator
Alexandria Family Drug Court

Honorable Elizabeth Wills, Judge
Wise JDR Court

Jim May
Director of Substance Abuse Services
Richmond Behavioral Health Authority

Michelle White
Drug Court Coord./Criminal Justice Planner
Loudoun County Drug Court

Karl Hade, Executive Secretary
Office of the Executive Secretary

Tara Kunkel
Drug Court Coordinator
Chesterfield Adult Drug Court

Carol Powel, Coordinator
Rappahannock Regional DUI Drug Court

Cyril W. Miller, Jr., Director
Judicial Planning Department
Office of the Executive Secretary

Staff:

Paul DeLosh, Director
Department of Judicial Services
Office of the Executive Secretary

Anna Powers
State Drug Court Coordinator
Department of Judicial Services
Office of the Executive Secretary

Lakresha Etheredge
Assistant to Drug Courts
Department of Judicial Services
Office of the Executive Secretary

APPENDICES

**Appendix II
The Virginia Drug Treatment Court Act**

APPENDICES

§ 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 re-arrests; (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

APPENDICES

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 alco-

APPENDICES

hol 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.

M. 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.

N. 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.

O. 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.

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 following jurisdictions: the City of Chesapeake and the City of Newport News.

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 Juvenile and Domestic

APPENDICES

Relations District Court for the County of Franklin, provided that such court is funded solely through local sources.

R. 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.