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# SUPREME COURT OF VIRGINIA



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December 21, 2011

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 the evaluations shall be submitted annually to the General Assembly. Please find attached the current annual report.

Very truly yours,

A handwritten signature in black ink, appearing to read "K R Hade".

Karl R. Hade

KRH:atp

Enclosure

**Virginia's Drug Treatment Courts  
2011 Annual Report**



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



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## 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 reflects fiscal year 2011 data prepared for the 2012 General Assembly.

## EXECUTIVE SUMMARY

### Virginia Drug Treatment Courts 2011 Annual Report

#### Executive Summary

This report reviews the basic operations and outcomes of Virginia's drug treatment courts in fiscal year 2011. Information is provided in the report on program participants including demographics, program entry offenses, program length, and re-arrest after program completion or termination. The report is based on 1) data from the drug court database established and maintained by the Office of the Executive Secretary (OES); 2) arrest data from the Virginia State Police; 3) arrest data from the Virginia State Police obtained by the Department of Juvenile Justice for juvenile drug court participants; 4) and demographic DUI drug court data migrated from VASAP's database to the Drug Court Database for the Fredericksburg Regional DUI Drug Treatment Court and the Waynesboro Area DUI Drug Treatment Court programs; and 5) re-arrest results from 2010 data provided by the Fredericksburg Regional DUI Drug Treatment Court. Details are provided separately for adult and juvenile drug treatment court programs. 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, 2011.

In fiscal year 2011, there were 30 operational drug treatment court programs in Virginia: 16 adult, 9 juvenile, 3 family, and 2 DUI Drug Treatment Courts. The Fairfax County juvenile drug court closed in April 2011 due to lack of funding and resources. The Alexandria Family Drug Court stopped accepting participants as part of their reorganization and staff turnover and have not yet resumed accepting participants.

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 of the Office of the Executive Secretary (OES). The State Drug Treatment Court Advisory Committee, established

## EXECUTIVE SUMMARY

pursuant to statute, offers recommendations to the Chief Justice for the establishment of new programs, recognition and funding for drug treatment courts, best practices based on research, and minimum standards for program operation.

### **Funding for Drug Treatment Courts**

Since 2005, the fourteen (14) original drug treatment courts operate through state funding after their federal funding grants expired. Ten adult and 4 juvenile drug treatment courts are included in this funding. The remaining programs are funded through local funds; augmented in a few cases by federal grant funds and other resources. The two DUI drug courts operated by the local Alcohol Safety Action Program are funded through the use offender paid fees.

Drug treatment courts receiving state funds administered through the Supreme Court of Virginia use the funds primarily for drug court personnel. Treatment services for drug court participants are generally provided through the public substance abuse treatment system also known as the Virginia Community Services Boards (CSBs). Through a memorandum of agreement with their local CSB for needed treatment services agreed upon financial and/or clinical personnel arrangements are provided.

### **Summary of 2011 Drug Treatment Court Program Activity**

Summaries of the major measures of program activity for adult and juvenile drug treatment court programs, as well specific demographic information for the DUI drug treatment courts are presented in Executive Summary (Tables 1 and 2; page vii). 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.

### **Summary of 2011 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 vii. 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.



## EXECUTIVE SUMMARY

### **Fiscal Year 2011 Summary Measures**

*Referrals.* Referrals to adult, juvenile, and family drug treatment courts totaled 786 an increase of 13.1% over 2010. DUI Drug Courts received 668 referrals.

*New Admissions.* New admissions totaled 523 to adult, juvenile, and family drug courts.

*Active Participants.* In 2011, there were 1,132 active participants in the adult, juvenile, and family drug courts while the number of active participants in the DUI drug courts was 622.

*Graduates.* The number of individuals who successfully completed an adult, juvenile, or family drug treatment court program in 2011 totaled 234 for an overall graduation rate of 50.9%. The graduation rate for the DUI drug courts was 66.0%.

*Terminations.* There were 226 persons terminated from an adult, juvenile, or family drug treatment court during the year, a termination rate of 49.1%. The DUI drug courts reported a termination rate of 34.0%. Terminations constitute unsuccessful program completion.

*Re-arrests.* In 2011, the re-arrest rate was 12.2% for adult and juvenile drug treatment courts.

A more reliable examination of re-arrest rates requires looking at 2008 and 2010 departures. In 2008, the overall re-arrest rate for those departing adult and juvenile programs was 45.3%, 12.0% for graduates compared to 52.6% for those terminated. In 2010, 24.1% of graduates were re-arrested compared to 33.5% for those terminated, an overall rate of 29.1%.

EXECUTIVE SUMMARY

Executive Summary Table 1: 2011 Adult, Juvenile, and Family DTC Activity Summary

	Adult DTC			Juvenile DTC			Family DTC			Totals		
	2010	2011	%Change	2010	2011	%Change	2010	2011	%Change	2010	2011	%Change
Referrals	554	622	12.3%	119	154	29.4%	22	10	-54.5%	695	786	13.1%
Row %	79.7%	79.1%		17.1%	19.6%		3.2%	1.3%		100.0%	100.0%	
New Admissions	379	432	14.0%	82	81	-1.2%	20	10	-50.0%	481	523	8.7%
Row %	78.8%	82.6%		17.0%	15.5%		4.2%	1.9%		100.0%	100.0%	
Active Participants												
During Year	727	937	28.9%	145	165	13.8%	34	30	-11.8%	906	1,132	24.9%
Row %	80.2%	82.8%		16.0%	14.6%		3.8%	2.7%		100.0%	100.0%	
Graduated	102	177	73.5%	39	49	25.6%	4	8	100.0%	145	234	61.4%
Row %	70.3%	75.6%		26.9%	20.9%		2.8%	3.4%		100.0%	100.0%	
Graduation Rate	43.0%	49.3%		60.0%	57.6%		30.8%	50.0%		46.0%	50.9%	
Terminated	135	182	34.8%	26	36	38.5%	9	8	-11.1%	170	226	32.9%
Row %	79.4%	80.5%		15.3%	15.9%		5.3%	3.5%		100.0%	100.0%	
Termination Rate	57.0%	50.7%		40.0%	42.4%		69.2%	50.0%		54.0%	49.1%	
Re-arrested	55	34	-38.2%	33	20	-39.4%				88	54	-38.6%
Row %	62.5%	63.0%		37.5%	37.0%					100.0%	100.0%	
Re-arrest Rate	23.2%	9.5%		50.8%	23.5%					29.1%	12.2%	
Mean Length of Stay	453 Days	513 Days	13.2%	335 Days	322 Days	-3.9%	382 Days	408 Days	6.8%	425 Days	474 Days	11.5%
Median Length of Stay	427 Days	454 Days	6.3%	319 Days	351 Days	10.0%	357 Days	441 Days	23.5%	315 Days	406 Days	28.9%

Executive Summary Table 2: 2011 DUI DTC Activity Summary

	2010	2011	%Change
Referrals	734	668	-9.0%
New Admissions	428	622	45.3%
Active Participants	761	622	-18.3%
Graduated	279	132	-52.7%
Graduation Rate	74.0%	66.0%	
Terminated (Revoked)	98	68	-30.6%
Termination Rate	26.0%	34.0%	

**Virginia Drug Treatment Courts  
2011 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 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. The intent of the General Assembly is to enhance public safety by facilitating the creation of drug treatment courts as a means to fulfill these needs. 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 2011. Information is provided in the report on program participants including demographics, program entry offenses, program length, and re-arrest after program completion of 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

## CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

arrest data from the Virginia State Police obtained by OES staff and the Department of Juvenile Justice evaluators, and DUI drug court data recently electronically transferred from VASAP's inferno database to the drug court database.

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 data for DUI drug courts into their separate data system. Only data for the Fredericksburg Regional DUI Drug Treatment Court for 2010 were available last year. This year efforts to electronically migrate the data from VASAP's database to the drug court database were successful. However, it was not in time to have the data necessary to send the Virginia State Police for arrest data. As a result only population and demographic information for the two DUI drug treatment courts is provided in this report.

Analyses provided in this report are based on data entered for participants in Virginia's drug treatment courts, except DUI Drug Court participants who entered a program after January 1, 2007, and either graduated or were terminated from a program between July 1, 2007 and June 30, 2011.

### Operational Drug Treatment Courts

In 2011, there were 30 operational drug treatment court programs in Virginia: 16 adult, nine juvenile, three family and two DUI drug treatment courts. 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. At the time of writing this report two drug courts operating in J&DR courts do not have data included in this report. One juvenile drug court in Fairfax County closed in April due to lack of funds and resources and another family drug court in Alexandria stopped accepting drug court participants at about the same time to reorganize and hire new staff. Adult drug courts operate in circuit courts and both juvenile and family drug courts were operating in the juvenile and domestic relations district courts. Twenty-two Virginia localities currently have at least one type of drug treatment court program in operation. Figure 1.

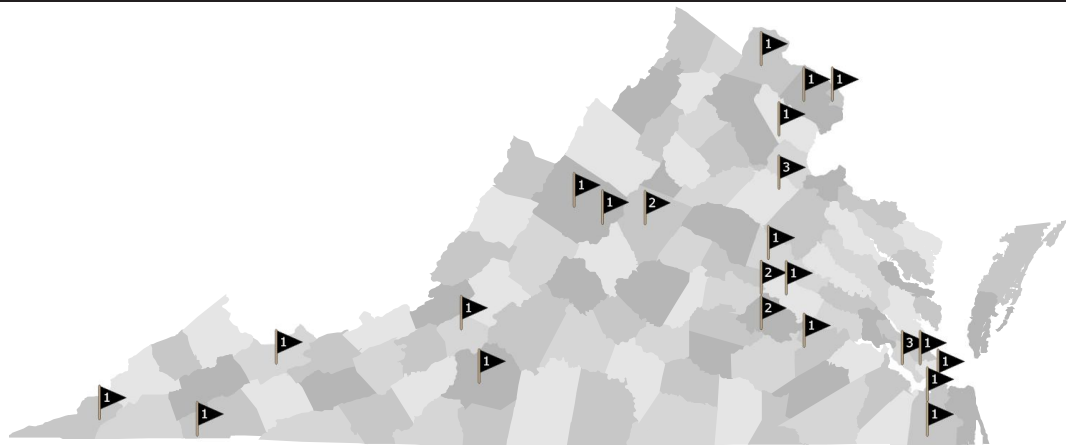
#### General Description of Operational Drug Treatment Courts

- 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**

In 2011, the General Assembly did not approve six additional programs. These included three separate adult drug courts in Buchanan, Dickenson, and Russell Circuit Courts (29th Judicial Circuit), and a fourth unified drug court for the 30th Judicial Circuit (Lee, Scott and Wise Counties). Two family drug court were also part of the additional programs requesting approval. They included Goochland J&DR District Court (16th Judicial District) and Montgomery J&DR (27th Judicial District). No state funds were requested, only permission to operate as required by statute. During this year, the Drug Court Advisory Committee reviewed and approved applications for two additional adult drug courts. These include Danville Circuit Court (22nd Judicial Circuit) and Washington County Circuit Court (28th Judicial Circuit). All eight of these drug

**Figure 1: Drug Treatment Courts in Virginia**



**Adult Drug Treatment Courts**

Bristol	Newport News	N=16
Charlottesville/Albemarle	Norfolk	
Chesapeake	Portsmouth	
Chesterfield/Colonial Heights	Rappahannock Regional	
Hampton	Richmond City	
Henrico County	Roanoke City/Salem City/Roanoke County	
Hopewell/Prince George County	Staunton	
Loudoun County	Tazewell County	

**Juvenile Drug Treatment Courts**

Chesterfield County	Newport News	N=9
Fairfax County	Prince William County	
Franklin County	Rappahannock Regional	
Hanover County	Richmond City	
Thirtieth District (Lee, Scott, and Wise Counties)		

**Family Drug Treatment Courts**

Alexandria	Newport News	N=3
Charlottesville/Albemarle County		

**DUI Drug Treatment Court**

Fredericksburg Regional	Waynesboro	N=2
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## CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

treatment court applications will be presented to the 2012 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 Commonwealth having been implemented in September 1995. The program implemented in Bristol Circuit Court in March 2010 is the newest program.

In fiscally challenging times, there is always the pressure to do more with less. Fidelity to the drug court model has been studied to determine if any of the “key components” of drug courts are not necessary for effective results. The results confirmed that fidelity to the full drug court model, implementing all 10 Key Components is necessary for optimum outcomes- assuming that the programs are treating their correct target population of high-risk, addicted drug offenders (Carey, 2010).

### **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 drug courts and makes recommendations to the Chief Justice.

The Drug Treatment Court Advisory Committee established the following standard committees:

- Executive Committee acts as an overseer of committee activities and meets frequently to manage the affairs and further the purposes of the Drug Treatment Court Advisory Committee and Virginia’s Drug Treatment Courts.
- Operations Committee has the responsibility for developing operating standards applicable to all of Virginia’s drug treatment courts. This committee also reviews all applications requesting permission to establish new drug treatment courts. In addition, this committee focuses on the training duties set forth in §18.2-254.1 (E) (iii) and (iv).
- Planning and Development Committee focuses on the need to obtain permanent funding for Virginia’s drug treatment courts. This committee also works closely with the Judicial Services Department and the legislative arm of the Supreme Court of Virginia as well as local civic, advocacy and community groups. It is also responsible for efforts to increase public awareness of the benefits of drug treatment courts.
- Evaluation Committee focuses on the duties imposed in §18.2-254.1 (E) (v) and (N). This includes assistance in preparing the annual report to the Virginia General Assembly, as well as assistance to the local drug treatment courts in how they can make use of the drug court database provided by the Office of the Executive Secretary of the Supreme Court of Virginia for the Evaluation.

## CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA

In 2011 the Drug Treatment Court Advisory Committee met twice, in May and October. The Operations Committee received two additional applications requesting permission to establish adult drug treatment courts in the City of Danville and Washington County. These applications were reviewed and approved by the advisory committee to proceed with requesting permission to establish a drug treatment court through the General Assembly. The six localities requesting permission to establish drug treatment courts in 2010 will also proceed to request permission to establish drug treatment courts again in the 2012 General Assembly. The 2012 General Assembly will see requests from 8 localities requesting permission to establish drug treatment courts. None of these new programs are requesting any funding.

The Planning and Development Committee and members of the Drug Court Funding Formula Work Group established the Drug Courts 2020 Committee. The Drug Courts 2020 Committee created a strategic plan for Virginia's Drug Treatment Courts, consistent with the Judicial System's plan, by which to guide the continuation, improvement, and expansion of drug treatment court programs. *Appendix III.*

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

### ***Virginia's Drug Treatment Courts Mission:***

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

The Evaluation Committee prepared a request for proposal for a two-year cost-benefit analysis of Virginia's Adult Felony Circuit Court Drug Courts for approval by the OES. The proposal was posted, as approved by OES with two solicitations received for review. The National Center for State Courts was selected to work with the OES and the evaluation committee to prepare an impact study report and identify the agreed upon costs and benefits to be included in the cost benefit analysis due next year at this time. Twelve adult felony drug courts were selected to be part of the study.

The Executive Committee continued regular meetings by conference call monthly. The Executive Committee is chaired by the Vice Chair of the Drug Treatment Court Advisory Committee and its members include the chairs of the three standing committees and a representative from the Virginia Drug Court Association.

### **Funding for Drug Treatment Courts**

Virginia's drug treatment courts operate under a funding strategy inherited from the Department of Criminal Justice Services in 2005 to sustain operation and funding for 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 assessed through the public substance abuse treatment system also known as the Virginia Community Services Boards (CSBs) through a memorandum of agreement and fixed cost. The drug treatment courts establish memorandums of agreement with their local CSB for needed treatment services with agreed upon financial and/or clinical personnel arrangements. The remaining programs operate without state funds; fourteen draw upon local funds, augmented in a few situations by federal grant funds and other resources. The two remaining programs, which are DUI drug courts operated by the local Alcohol Safety Action Program, use offender fees.

### **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, family and DUI drug treatment courts.

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 five years. This training is offered to all existing drug court staff and drug court staff who are involved in the planning for new drug courts. The 2011 training was in Roanoke with the theme, Virginia Drug Courts Saving Money and Saving Lives. Presentations included Criminal Thinking by Correctional Counseling, Incorporated, Addiction is a Brain Disease and Adolescent Brain Development by Dr. Mary McMasters, MD, Targeting DUI offenders in Drug Courts by retired Judge Patrick Bowler, Working with Veterans in Drug Courts by Virginia Wounded Warriors Program, Prescription Management Program by Virginia Board of Health Professionals, Addiction and Trauma by a Virginia Licensed Professional Counselor and the Twenty-third Judicial Circuit Drug Court moved their drug court docket to the conference to demonstrate how this locality operates their status hearings.

The National Highway Traffic Safety Administration (NHTSA), Office of Safety Programs, Enforcement and Justice Services Division awarded training scholarships to two Virginia Drug Courts to attend the three and one-half days 2011 DWI (Driving While Impaired) Court Training in Athens, Georgia. This is a national training initiative designed to assist communities develop DWI Court programs and is conducted in cooperation with the National Center for DWI Courts (NCDC) a division of the National Association of Drug Court Professionals. Participating Drug



**CHAPTER ONE: DRUG TREATMENT COURTS IN VIRGINIA**

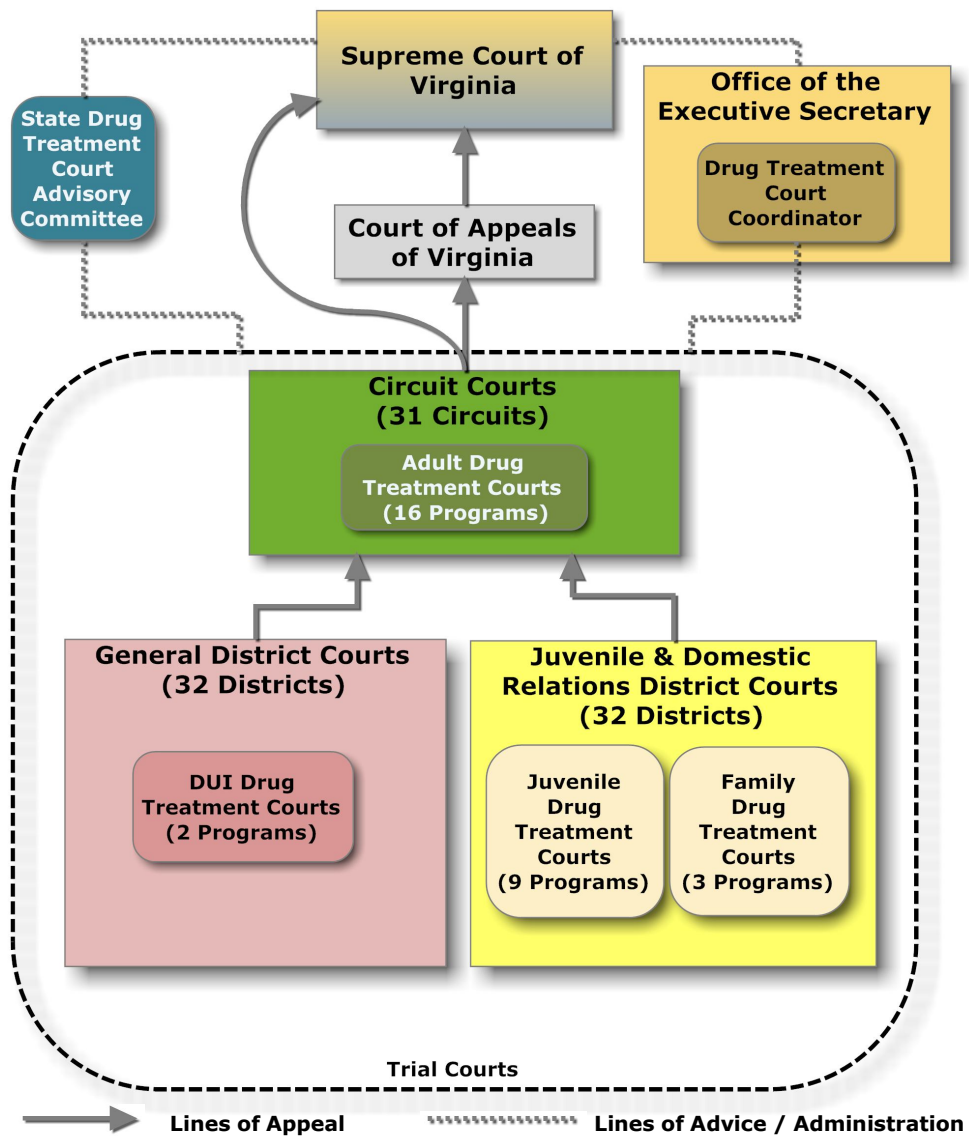
courts had to identify a team of professionals to participate in the training. This program was developed as a team orientated training; therefore, individual participation was not permitted. The training teams worked through the Department of Motor Vehicles State Highway Safety Office (SHSO) for funding to cover travel costs associated with required team members' participation in this effort. The Waynesboro DUI Drug Court and the Hopewell, Prince George, Surry Adult Drug Court teams were selected to participate in this valuable training. This training for operational drug courts assist with expanding their target population to include impaired drivers. Topics addressed at the enhancement training include: Targeting the Problem; the Guiding Principles of DWI Courts; Developing the DWI Court Treatment Continuum; Community Supervision Protocols; and Sustainability of the DWI Court Program.

**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: Fredericksburg, Spotsylvania, King George & Stafford Counties	Circuit, J&DR	Adult felony (4) Juvenile (5)	October 1998 November 1998
Norfolk	Circuit	Adult felony (6)	November 1998
Newport News	Circuit	Adult felony (7)	November 1998
Fredericksburg Area Programs: Fredericksburg Spotsylvania County Stafford 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 Area DUI Drug Court: Waynesboro, Staunton and Augusta County	Gen. District	DUI (30)	2002 Approved May 2010

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Figure 3: Administration of Drug Treatment Courts in Virginia



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Table 1: 2011 Adult, Juvenile, & Family DTC Referrals and New Admissions

	Adult DTC			Juvenile DTC			Family DTC			Totals		
	N	%	Valid %	N	%	Valid %	N	%	N	%	Valid %	
<b>Referred</b>	622			154			10		786			
<b>Admitted</b>	432			81			10		523			
<b>Admittance Rate</b>	69.5%			52.6%			100.0%		66.5%			
<b>Demographic Characteristics of Admits</b>	N	%	Valid %	N	%	Valid %	N	%	N	%	Valid %	
<b>Gender</b>												
Males	254		58.8%	56		69.1%	4		314		60.0%	
Females	178		41.2%	25		30.9%	6		209		40.0%	
<b>Total</b>	<b>432</b>		<b>100.0%</b>	<b>81</b>		<b>100.0%</b>	<b>10</b>		<b>523</b>		<b>100.0%</b>	
<b>Race</b>												
White	246		58.6%	47		61.0%	7		300		59.2%	
Black	167		39.8%	26		33.8%	3		196		38.7%	
Hispanic	6		1.4%	1		1.3%	0		7		1.4%	
Asian	0		0.0%	1		1.3%	0		1		0.2%	
Other	1		0.2%	2		2.6%	0		3		0.6%	
No Data	12		2.8%	4		4.9%	0		16		3.1%	
<b>Total</b>	<b>432</b>		<b>100.0%</b>	<b>81</b>		<b>100.0%</b>	<b>10</b>		<b>523</b>		<b>100.0%</b>	
<b>Age</b>												
Ages 10-19	17		3.9%	81		100.0%	0		98		18.7%	
Ages 20-29	170		39.4%	0		0.0%	5		175		33.5%	
Ages 30-39	112		25.9%	0		0.0%	1		113		21.6%	
Ages 40-49	92		21.3%	0		0.0%	4		96		18.4%	
Ages 50-59	37		8.6%	0		0.0%	0		37		7.1%	
Ages 60-69	4		0.9%	0		0.0%	0		4		0.8%	
<b>Total</b>	<b>432</b>		<b>100.0%</b>	<b>81</b>		<b>100.0%</b>	<b>10</b>		<b>523</b>		<b>100.0%</b>	
<b>Marital Status</b>												
Single	229		70.5%	57		100.0%	6		292		74.5%	
Separated	15		4.6%	0		0.0%	2		17		4.3%	
Divorced	28		8.6%	0		0.0%	1		29		7.4%	
Married	45		13.8%	0		0.0%	1		46		11.7%	
Cohabiting	8		2.5%	0		0.0%	0		8		2.0%	
No Data	107		24.8%	24		29.6%	0		131		25.0%	
<b>Total</b>	<b>432</b>		<b>100.0%</b>	<b>81</b>		<b>100.0%</b>	<b>10</b>		<b>523</b>		<b>100.0%</b>	
<b>Education (Highest Level Attained)</b>												
Primary School	4		1.3%	0		0.0%	0		4		1.1%	
Middle School	8		2.6%	3		5.7%	0		11		3.0%	
8th grade	14		4.6%	19		35.8%	1		34		9.3%	
10th grade	22		7.3%	15		28.3%	1		38		10.4%	
11th grade	30		9.9%	11		20.8%	0		41		11.2%	
12th grade	36		11.9%	3		5.7%	0		39		10.7%	
High School Graduate	57		18.8%	1		1.9%	2		60		16.4%	
GED	55		18.2%	1		1.9%	3		59		16.2%	
Vocational Training	9		3.0%	0		0.0%	1		10		2.7%	
Junior College	2		0.7%	0		0.0%	0		2		0.5%	
Some College	42		13.9%	0		0.0%	1		43		11.5%	
Associate's Degree	7		2.3%	0		0.0%	0		7		1.9%	
Bachelor's Degree	16		5.3%	0		0.0%	1		17		4.7%	
Post-Bachelor's education	1		0.3%	0		0.0%	0		1		0.3%	
No Data	129		29.9%	28		34.6%	1		158		30.2%	
<b>Total</b>	<b>432</b>		<b>100.0%</b>	<b>81</b>		<b>100.0%</b>	<b>10</b>		<b>523</b>		<b>100.0%</b>	

**Summary of 2011 Drug Treatment Court Program Activity**

*Referrals.* In 2011, 786 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 786 referrals, 622 (79.1%) were referred to an adult program, 154 (19.6%) were referred to a juvenile program, and 10 (1.3%) to a family program. Table 1.

*Admissions.* Not all of those referred to a DTC program are accepted or admitted. In 2011, only 432 (or 69.5%) of those referred to an adult program were admitted. For juvenile programs, 81 (52.6%) were admitted; and for family programs, 10 (100.0%) of those referred were admitted. The overall admittance rate for adult, juvenile and family programs was 66.5%.

*Participants.* The number of active participants in local programs (not including DUI) during 2011 totaled 1,132. Among these were 937 in adult programs, 165 in juvenile programs, and 30 in family programs. The total number of active participants in the DUI DTC was 622 during the year. For all drug treatment court models, there were 1,754 participants in 2011. Tables 2 and 3.

In 2011, 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. The average DUI DTC participant was male, white and with an average 13 years of education.

*Race.* Adult, juvenile, and family drug treatment courts all had a majority of white participants in 2011. Interestingly, the highest percentages of white participants, approximately 60.0% occurred in both juvenile and family drug treatment courts, while in the adult program 40% of participants were black. In the DUI DTC, 82.2% of 2011 participants were white and 15.3% were black.

*Gender.* While in both adult and juvenile programs, the majority of participants were male (56.1% and 74.4%, respectively), only 10.0% of family drug treatment court participants were male. In DUI drug treatment court, males comprised 76.7% of 2011 participants.

*Age.* The most commonly occurring age range of participants in both adult and family programs was 20-29 with 37.7% and 56.7% of participants, respectively. All participants in the juvenile programs ranged between 10 and 18 years of age. In adult programs, 8.4% of participants were over 50 while in family programs only 3.3% were over 50 years old.

*Marital Status.* In 2011, among those for whom data were available, 67.4% of participants in adult programs were single while 51.7% were single in family drug treatment courts. Overall, in non-DUI programs, 12.7% of participants were married, 5.9% separated, and 7.8% divorced.

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Table 2: 2011 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 %
<b>Demographic Characteristics of Participants</b>	937				165				30				1,132			
<b>Gender</b>																
Males	526	56.1%			118	71.5%			7	23.3%			651	57.5%		
Females	411	43.9%			47	28.5%			23	76.7%			481	42.5%		
<b>Total</b>	<b>937</b>	<b>100.0%</b>			<b>165</b>	<b>100.0%</b>			<b>30</b>	<b>100.0%</b>			<b>1,132</b>	<b>100.0%</b>		
<b>Race</b>																
White	542	58.4%			97	59.9%			18	60.0%			657	58.7%		
Black	373	40.2%			53	32.7%			10	33.3%			436	38.9%		
Hispanic	9	1.0%			3	1.9%			1	3.3%			13	1.2%		
Asian	1	0.1%			3	1.9%			0	0.0%			4	0.4%		
Alaskan Native	0	0.0%			1	0.6%			0	0.0%			1	0.1%		
Native American	0	0.0%			1	0.6%			1	3.3%			2	0.2%		
Other	3	0.3%			4	2.5%			0	0.0%			7	0.6%		
No Data	9	1.0%			3	1.8%			0	0.0%			12	1.1%		
<b>Total</b>	<b>937</b>	<b>100.0%</b>			<b>165</b>	<b>100.0%</b>			<b>30</b>	<b>100.0%</b>			<b>1,132</b>	<b>100.0%</b>		
<b>Age</b>																
Ages 10-19	38	4.1%			165	100.0%			0	0.0%			203	17.9%		
Ages 20-29	353	37.7%			0	0.0%			17	56.7%			370	32.7%		
Ages 30-39	252	26.9%			0	0.0%			5	16.7%			257	22.7%		
Ages 40-49	216	23.1%			0	0.0%			7	23.3%			223	19.7%		
Ages 50-59	69	7.4%			0	0.0%			1	3.3%			70	6.2%		
Ages 60-69	9	1.0%			0	0.0%			0	0.0%			9	0.8%		
<b>Total</b>	<b>937</b>	<b>100.0%</b>			<b>165</b>	<b>100.0%</b>			<b>30</b>	<b>100.0%</b>			<b>1,132</b>	<b>100.0%</b>		
<b>Marital Status</b>																
Single	491	67.4%			124	99.2%			15	51.7%			630	71.4%		
Separated	48	6.6%			0	0.0%			4	13.8%			52	5.9%		
Divorced	66	9.1%			0	0.0%			3	10.3%			69	7.8%		
Married	109	15.0%			0	0.0%			3	10.3%			112	12.3%		
Cohabiting	14	1.9%			0	0.0%			4	13.8%			18	2.0%		
Other	0	0.0%			1	0.8%			0	0.0%			1	0.1%		
No Data	209	22.3%			40	24.2%			1	3.3%			250	22.1%		
<b>Total</b>	<b>937</b>	<b>100.0%</b>			<b>165</b>	<b>100.0%</b>			<b>30</b>	<b>100.0%</b>			<b>1,132</b>	<b>100.0%</b>		
<b>Education (Highest Level Attained)</b>																
Primary School	4	0.6%			0	0.0%			0	0.0%			4	0.5%		
Middle School	20	2.9%			9	8.0%			1	3.7%			30	3.7%		
8th grade	31	4.6%			35	31.3%			1	3.7%			67	8.2%		
10th grade	56	8.2%			33	29.5%			8	29.6%			97	11.9%		
11th grade	67	9.9%			17	15.2%			1	3.7%			85	10.4%		
12th grade	92	13.5%			9	8.0%			2	7.4%			103	12.6%		
High School Graduate	107	15.7%			2	1.8%			4	14.8%			113	13.8%		
GED	104	15.3%			6	5.4%			4	14.8%			114	13.9%		
Vocational Training	15	2.2%			0	0.0%			3	11.1%			18	2.2%		
Some College	136	20.0%			1	0.9%			1	3.7%			138	16.9%		
Associate's Degree	25	3.7%			0	0.0%			0	0.0%			25	3.1%		
Bachelor's Degree	22	3.2%			0	0.0%			2	7.4%			24	2.9%		
Post-Bachelor's education	1	0.1%			0	0.0%			0	0.0%			1	0.0%		
No Data	257	27.4%			53	32.1%			3	10.0%			313	27.7%		
<b>Total</b>	<b>937</b>	<b>100.0%</b>			<b>165</b>	<b>100.0%</b>			<b>30</b>	<b>100.0%</b>			<b>1,132</b>	<b>100.0%</b>		

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**Table 3: 2011 DUI DTC Active Participants**

Table 3: 2011 DUI DTC Active Participants			
	DUI DTC		
Active Participants During Year	622		
Demographic Characteristics of Participants	N	%	
<b>Gender</b>			
Males	477	76.7%	
Females	145	23.3%	
<b>Total</b>	<b>622</b>	<b>100.0%</b>	
<b>Race</b>			
White	511	82.2%	
Black	95	15.3%	
Hispanic	11	1.8%	
Asian	1	0.2%	
Other	4	0.6%	
<b>Total</b>	<b>622</b>	<b>100.0%</b>	
<b>Education</b>			
12 years	306		306 83.2%
13 years	62		62 16.8%
No Data	254	40.8%	
<b>Total</b>	<b>622</b>	<b>100.0%</b>	<b>368 100.0%</b>

*Education.* Approximately 47% (47.2%) of participants in 2011 failed to graduate from high school. Just under 28% (27.7%) graduated from high school or had achieved a GED certificate. Interestingly, 48.1% of family DTC participants failed to graduate from high school which is an increase from the 28.2% reported last year. Just under 40% (39.7%) of adult DTC participants did not graduate from high school while 20.0% had some level of college.

*Drugs of Choice.* When admitted to a drug treatment court program, participants are assessed as to their “drugs of choice.” Among 2011 participants, data were available for 849 individuals and 3,142 separate selections were made by these individuals among 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 alcohol (19.4%) and marijuana (18.7% of reported selections). Almost 72% (71.7%) of participants with drug of choice data showed alcohol, and 69.0% showed marijuana as drugs of choice. Just over 76% (76.5%) showed some sort of cocaine which totaled 20.7% of selections; 32.3% of individuals showed heroin (8.7% of all selections made) while 21.1% showed opiates (5.7% of selections made) and 22.1% showed benzodiazepine (6.0% of selections made). Table 4.

*Program Drug Screenings.* In the non-DUI drug treatment court programs in 2011, there were 57,619 drug screenings conducted for the 1,132 participants, an average of 54.2 screenings per participant for the year. Among participants, 52.1% had a positive drug screening during the year and participants averaged approximately two positive results each. Table 5.

*Program Entry Offenses.* There were 1,102 participants in adult and juvenile DTC programs in 2011, 937 adults and 165 juveniles. Offenses with which participants are charged and for which they are referred to a DTC are noted at program entry. Such data

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**Table 4: 2011 Adult, Juvenile, & Family DTC Drugs of Choice**

Total Participants			
Total Participants	1,132		
Total Participants with Drug Choice Data Available	849		
Total Drugs Indicated	3,142		
Drug Type	Total Participants with Drug Choice Indicated	%	% of Available Participants (N=849)
Alcohol	610	19.4%	71.8%
Marijuana	586	18.7%	69.0%
Cocaine Crack	417	13.3%	49.1%
Heroin	274	8.7%	32.3%
Cocaine Powder	226	7.2%	26.6%
Benzodiazepine	188	6.0%	22.1%
Opiate	179	5.7%	21.1%
Ecstasy	93	3.0%	11.0%
Oxycontin	75	2.4%	8.8%
LSD	73	2.3%	8.6%
Mushrooms	67	2.1%	7.9%
Methadone	62	2.0%	7.3%
Prescription	60	1.9%	7.1%
Methamphetamine	53	1.7%	6.2%
Amphetamine	40	1.3%	4.7%
Hallucinogen	35	1.1%	4.1%
PCP	30	1.0%	3.5%
Hashish	22	0.7%	2.6%
Over the Counter	17	0.5%	2.0%
Inhalant	16	0.5%	1.9%
Cocaine	7	0.2%	0.8%
Ketamine (Special K)	6	0.2%	0.7%
Barbiturate	4	0.1%	0.5%
K2/Spice	2	0.1%	0.2%
<b>Total</b>	<b>3,142</b>	<b>100.0%</b>	

**Table 5: 2011 Adult, Juvenile, & Family DTC Drugs Screening**

	Adult DTC				Juvenile DTC			
	N	%	N	Valid %	N	%	N	Valid %
<b>Participants</b>	<b>937</b>				<b>165</b>			
Negative	449		449	50.6%	59		59	39.3%
Positive	438		438	49.4%	91		91	60.7%
No Data	50	5.3%			15	9.1%		
<b>Total</b>	<b>937</b>		<b>887</b>	<b>100.0%</b>	<b>165</b>		<b>150</b>	<b>100.0%</b>
<b>Drug Screenings</b>	<b>51,386</b>				<b>5,320</b>			
Negative	49,810		96.9%		4,957		93.2%	
Positive	1,576		3.1%		363		6.8%	
<b>Total</b>	<b>51,386</b>				<b>5,320</b>			
<b>Screenings Per Participant</b>	<b>57.9</b>				<b>35.5</b>			
<b>Positive Screenings Per Participant</b>	<b>1.8</b>				<b>2.4</b>			
	Family DTC				Totals			
	N	%	N	Valid %	N	%	N	Valid %
<b>Participants</b>	<b>30</b>				<b>1,132</b>			
Negative	1		1	3.8%	509		509	47.9%
Positive	25		25	96.2%	554		554	52.1%
No Data	4	13.3%			69	6.1%		
<b>Total</b>	<b>30</b>		<b>26</b>	<b>100.0%</b>	<b>1,132</b>		<b>1,063</b>	<b>100.0%</b>
<b>Drug Screenings</b>	<b>913</b>				<b>57,619</b>			
Negative	796		87.2%		55,563		96.4%	
Positive	117		12.8%		2,056		3.6%	
<b>Total</b>	<b>913</b>				<b>57,619</b>			
<b>Screenings Per Participant</b>	<b>35.1</b>				<b>54.2</b>			
<b>Positive Screenings Per Participant</b>	<b>4.5</b>				<b>1.9</b>			

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**Table 6: 2011 Adult and Juvenile DTC Participant Entry Offense**

<b>Table 6: 2011 Adult and Juvenile DTC Participant Entry Offense</b>			
Total Participants	1,102		
Total Participants with Available Arrest Data	993		
Total Offenses Indicated	995		
<b>Offense Tot</b>	<b>al Participants w/ Offense Indicated</b>	<b>%</b>	<b>% of Available Participants (N=993)</b>
Drugs: Possess Sch I Or li	362	24.2%	36.5%
Probation Violation	333	22.3%	33.5%
Grand Larceny: \$200+ Not From A Person	90	6.0%	9.1%
Prescriptions: Obtain By Fraud/Forgery/Etc	54	3.6%	5.4%
Drugs: Possess W/Intent To Manuf/Sell Sch I, li	38	2.5%	3.8%
Drugs: Possess Marijuana, 1St Off	36	2.4%	3.6%
Petit Larceny: <\$200 Not From A Person	33	2.2%	3.3%
Other Forgery Writing:Not In 18.2-168 & 18.2-170	26	1.7%	2.6%
Shoplift/Alter Price: Larceny >=\$200	23	1.5%	2.3%
Credit Card Larceny: Take/Obtain No.	20	1.3%	2.0%
Alcohol: Purch/Possess By Person <21Y	17	1.1%	1.7%
Other Forgery Writing: Employ As True	17	1.1%	1.7%
Order: Violation Of J&Dr Court Order	15	1.0%	1.5%
Assault: (Misdemeanor)	14	0.9%	1.4%
Drugs: Distib/Pwi Marijuana >1/2 Oz To 5 Lbs	14	0.9%	1.4%
Prescriptions: Make Or Utter False Written Order	14	0.9%	1.4%
Shoplift/Alter Price: Larceny <\$200, 1St Off	13	0.9%	1.3%
Obtain Money/Etc: False Pretense, Larceny>=\$200	12	0.8%	1.2%
Assault: On Family Member	11	0.7%	1.1%
Obtain Money/Etc: False Pretense, Larceny<\$200	11	0.7%	1.1%
Disorderly Conduct	10	0.7%	1.0%
Burglary: Enter Bldg To Commit Larceny/A&B/Etc	9	0.6%	0.9%
Embezzlement: >=\$200	9	0.6%	0.9%
Monument: Intentional Damage, Value <\$1000	9	0.6%	0.9%
Unauthorized Use: Animal/Vehicle/Etc,Larceny>200	9	0.6%	0.9%
Burglary: Enter House To Commit Larceny/A&B/Etc	7	0.5%	0.7%
Drugs: Possess Marijuana, 2+ Off	7	0.5%	0.7%
Dwi: 3Rd Off W/In 10Y	7	0.5%	0.7%
Trespass: After Being Forbidden To Do So	7	0.5%	0.7%
Drugs: Distrib/Sell For Profit Sch I Or li	6	0.4%	0.6%
Others	263	17.6%	26.5%
<b>Total</b>	<b>1,496</b>	<b>100.0%</b>	



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were available for 993 of the 1,102 participants during 2011. An average of 1.1 charges per participant was recorded. By far, the most frequent charge reported for DTC participants in 2011 was possession of a Schedule I or II drug (36.5% of participants and 24.2% of charges reported), and violation of probation (33.5% of participants and 22.3% 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 6.

### Summary of 2011 Participant Departures from Drug Treatment Court Programs

*Graduation Rates.* Among the 1,132 non-DUI program participants in 2011, 460 exited program participation in 2011 through either graduation or program termination. A total of 234 (or 50.9%) graduated and 226 (49.1%) were terminated. The graduation rate was highest among juvenile participants (57.6%) and lowest in adult DTC programs (49.3%). The 2011 graduation rate among all DTC participants was 50.9%. Tables 7 and 8.

*Terminations.* The most frequent reasons for program termination in adult DTC programs in 2011 were unsatisfactory performance (31.9%) and absconding (25.3%). Among family DTC participants, while 50.0% were terminated for unsatisfactory performance and 12.5% for minor violations, 37.5% were terminated for a reason not specified in the data. The incidence of new criminal offense among juvenile DTC participants who were terminated was 30.6%. Table 7.

*Length of Stay.* In 2011, the average (mean) length of stay (LOS) in a non-DUI drug treatment court program was 474 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2011 mean was 49 days greater than in 2010. The median LOS for 2011 departures was 406 days, 91 more days than in 2010. For 2011 program graduates, the mean LOS was 607 days compared to 336 days for those terminated. The median LOS for 2011 graduates was 549 days versus 259 days for those terminated. Table 9.

	Adult DTC		Juvenile DTC		Family DTC		Totals	
Active Participants During Year	937		165		30		1,132	
	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>	<i>N</i>	<i>%</i>
Active Participants Who Left During Year	359	38.3%	85	51.5%	16	53.3%	460	40.6%
Active Participants Who Completed/Graduated	177	49.3%	49	57.6%	8	50.0%	234	50.9%
Active Participants Who Left by Termination	182	50.7%	36	42.4%	8	50.0%	226	49.1%
Total	359	100.0%	85	100.0%	16	100.0%	460	100.0%
Type of Terminations:								
<i>Absconded</i>	46	25.3%	5	13.9%	0	0.0%	51	22.6%
<i>Excessive relapses</i>	20	11.0%	6	16.7%	0	0.0%	26	11.5%
<i>Minor violations</i>	2	1.1%	6	16.7%	1	12.5%	9	4.0%
<i>New criminal offense</i>	15	8.2%	11	30.6%	0	0.0%	26	11.5%
<i>Other reason (not specified)</i>	31	17.0%	5	13.9%	3	37.5%	39	17.3%
<i>Unsatisfactory performance</i>	58	31.9%	3	8.3%	4	50.0%	65	28.8%
<i>Withdrawal</i>	9	4.9%	0	0.0%	0	0.0%	9	4.0%
<i>Death</i>	1	0.5%	0	0.0%	0	0.0%	1	0.4%
Total	182	100.0%	36	100.0%	8	100.0%	226	100.0%

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**Table 8: 2011 DUI Active Participants Departure Summary**

Active Participants During Year	622	
	<i>N</i>	%
Active Participants Who Left During Year	200	32.2%
Active Participants Who Completed/Graduated	132	66.0%
Active Participants Who Left by Termination	68	34.0%
<b>Total</b>	<b>200</b>	<b>100.0%</b>

**Table 9: 2011 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
<b>2010</b>						
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
<b>2011</b>						
Adult DTC	674	657	356	272	513	454
Juvenile DTC	383	379	238	176	322	351
Family DTC	486	448	330	301	408	441
Statewide	607	549	336	259	474	406

**Summary of Re-arrest Rates Following Program Departure**

In Fiscal Year 2008, there were 139 adult and juvenile DTC departures. A total of 63 (45.3%) of those were re-arrested, 25.4% within one year, 21.6% between one and two years after departure, and 9.4% over two years after departure. This compares to an overall re-arrest rate of 29.1% among 2010 departures. Table 10

Re-arrest rates for all DTC programs are consistently lower for graduates than those terminated. In 2008, the overall re-arrest rate for graduates was 12.0% compared to 52.6% for those terminated. In 2010, 24.1% of graduates were re-arrested compared to 33.5% for those terminated.

In 2010, among adult programs, 17 out of 102 graduates (16.7%) were re-arrested: 11(10.8%) within one year and six (5.9%) within two years of graduation. Out of 135 terminated, 28.1% were re-arrested: 26 (19.3%) within one year and 10 (7.4%) between one and two years from termination.

There were 65 departures from juvenile DTC programs in 2010, 39 graduates and 26 terminations. The overall re-arrest rate for graduates was 43.6% compared to 61.5% for those terminated. In 2010, 14 (35.9%) graduates were re-arrested within one year and three (7.7%) between one and two years from graduation. The overall re-arrest termination rate was 61.5% with 50.0%

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re-arrested within the first year.

Across adult and juvenile departures in 2010, the overall re-arrest rate was 29.1% -- 24.1% for graduates and 33.5% for those terminated. Among the 359 adult DTC departures in 2011, 34 (9.5%) were re-arrested within one year. Ten graduates (5.6%) were re-arrested within one year of graduation while 11 (6.0%) of those terminated were re-arrested within one year of termination. Among the 85 participants departing juvenile programs during the year, 20 (23.5%) were re-arrested within one year: 18.4% of graduates and 30.6% of those terminated.

As mentioned above, arrest data provided by the Virginia State Police for this report were available only through October 2011, only four months since the end of fiscal year 2011. 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.

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 12.0% compared to 52.6% for those terminated. In 2010, 24.1% of graduates were re-arrested compared to 33.5% for those terminated.

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**Table 10: DTC Re-arrest Rates, 2008-2011**

2008							2009						
	Adult DTC		Juvenile DTC		Totals		Adult DTC		Juvenile DTC		Totals		
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
<b>Total Departures</b>	<b>121</b>		<b>18</b>		<b>139</b>		<b>288</b>		<b>26</b>		<b>314</b>		
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%	
<b>Total</b>	<b>121</b>	<b>100.0%</b>	<b>18</b>	<b>100.0%</b>	<b>139</b>	<b>100.0%</b>	<b>288</b>	<b>100.0%</b>	<b>26</b>	<b>100.0%</b>	<b>314</b>	<b>100.0%</b>	
<b>Graduates</b>							<b>Graduates</b>						
Re-arrested	2		1		3		36		6		42		
Re-arrest Rate	9.1%		33.3%		12.0%		25.5%		60.0%		27.8%		
Within 1 Year	1		0		1		14		3		17		
Re-arrest Rate	4.5%		0.0%		4.0%		9.9%		30.0%		11.3%		
1-2 Years	1		1		2		16		2		18		
Re-arrest Rate	4.5%		33.3%		8.0%		11.3%		20.0%		11.9%		
Over 2 Years	0		0		0		6		1		7		
Re-arrest Rate	0.0%		0.0%		0.0%		4.3%		10.0%		4.6%		
<b>Terminated</b>							<b>Terminated</b>						
Re-arrested	48		12		60		73		13		86		
Re-arrest Rate	48.5%		80.0%		52.6%		49.7%		81.3%		52.8%		
Within 1 Year	25		4		29		42		8		50		
Re-arrest Rate	25.3%		26.7%		25.4%		28.6%		50.0%		30.7%		
1-2 Years	11		7		18		26		2		28		
Re-arrest Rate	11.1%		46.7%		15.8%		17.7%		12.5%		17.2%		
Over 2 Years	12		1		13		5		3		8		
Re-arrest Rate	12.1%		8.3%				3.4%		18.8%		4.9%		
<b>Total Departures</b>	<b>121</b>		<b>18</b>		<b>139</b>		<b>288</b>		<b>26</b>		<b>314</b>		
Re-arrested	50		13		63		109		19		128		
Re-arrest Rate	41.3%		72.2%		45.3%		37.8%		73.1%		40.8%		
Within 1 Year	26		4		30		56		11		67		
Re-arrest Rate	21.5%		22.2%		21.6%		19.4%		42.3%		21.3%		
1-2 Years	12		8		20		42		4		46		
Re-arrest Rate	9.9%		44.4%		14.4%		14.6%		15.4%		14.6%		
Over 2 Years	12		1		13		11		4		15		
Re-arrest Rate	9.9%		5.6%		20.6%		3.8%		15.4%		4.8%		
<b>2010</b>							<b>2011</b>						
	Adult DTC		Juvenile DTC		Totals		Adult DTC		Juvenile DTC		Totals		
	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	Count	Rate	
<b>Total Departures</b>	<b>237</b>		<b>65</b>		<b>302</b>		<b>359</b>		<b>85</b>		<b>444</b>		
Graduates	102	43.0%	39	60.0%	141	46.7%	177	49.3%	49	57.6%	226	50.9%	
Termination	135	57.0%	26	40.0%	161	53.3%	182	50.7%	36	42.4%	218	49.1%	
<b>Total</b>	<b>237</b>	<b>100.0%</b>	<b>65</b>	<b>100.0%</b>	<b>302</b>	<b>100.0%</b>	<b>359</b>	<b>100.0%</b>	<b>85</b>	<b>100.0%</b>	<b>444</b>	<b>100.0%</b>	
<b>Graduates</b>							<b>Graduates</b>						
Re-arrested	17		17		34		14		9		23		
Re-arrest Rate	16.7%		43.6%		24.1%		7.9%		18.4%		10.2%		
Within 1 Year	11		14		25		10		9		19		
Re-arrest Rate	10.8%		35.9%		17.7%		5.6%		18.4%		8.4%		
1-2 Years	6		3		9		4		0		4		
Re-arrest Rate	5.9%		7.7%		6.4%		2.3%		0.0%		1.8%		
Over 2 Years	0		0		0								
Re-arrest Rate	0.0%		0.0%		0.0%								
<b>Terminated</b>							<b>Terminated</b>						
Re-arrested	38		16		54		20		11		31		
Re-arrest Rate	28.1%		61.5%		33.5%		11.0%		30.6%		14.2%		
Within 1 Year	26		13		39		11		11		22		
Re-arrest Rate	19.3%		50.0%		24.2%		6.0%		30.6%		10.1%		
1-2 Years	10		3		13		9		0		9		
Re-arrest Rate	7.4%		11.5%		8.1%		4.9%		0.0%		4.1%		
Over 2 Years	2		0		2								
Re-arrest Rate	1.5%		0.0%		1.2%								
<b>Total Departures</b>	<b>237</b>		<b>65</b>		<b>302</b>		<b>359</b>		<b>85</b>		<b>444</b>		
Re-arrested	55		33		88		34		20		54		
Re-arrest Rate	23.2%		50.8%		29.1%		9.5%		23.5%		12.2%		
Within 1 Year	37		27		64		21		20		41		
Re-arrest Rate	15.6%		41.5%		21.2%		5.8%		23.5%		9.2%		
1-2 Years	16		6		22		13		0		13		
Re-arrest Rate	6.8%		9.2%		7.3%		3.6%		0.0%		2.9%		
Over 2 Years	2		0		2								
Re-arrest Rate	0.8%		0.0%		0.7%								

### **Summary Tables of Program Activity**

A summary of the major measures of program activity for adult, juvenile and DUI drug treatment court programs discussed above is presented in Tables 11 and 12. In the sections of this report that follow separate reviews of program activity and outcomes are set forth for each type of program.

These results are consistent with national drug court research state drug courts significantly reduce drug use and crime and so with substantial cost savings. By 2006, the scientific community had concluded beyond a reasonable doubt from advanced statistical procedures that drug courts reduce criminal recidivism, typically measured by fewer re-arrests for new offenses and technical violators.<sup>1</sup> National research results revealed the drug courts significantly reduced re-arrest or reconviction rates by an average of approximately 8 to 26 percent, with the “average of averages” reflecting approximately a 10 to 15 percent reduction in recidivism. Also, national research indicates that in line with the positive effects on crime reduction, drug courts have also proven highly cost effective (Belenko, Patapis, & French, 2005). A recent cost-related meta-analysis concluded that drug courts produce an average of \$2.21 in direct benefits to the criminal justice system for every \$1.00 invested--a 221% return on investment (Bhati, Roman, & Chalfin, 2008). These savings reflect measurable cost-offsets to the criminal justice system stemming from reduced re-arrests, law enforcement contacts, court hearings, and use of jail or prison beds. The result has been net economic benefits to local communities ranging from approximately \$3,000 to \$13,000 per drug court participant (e.g., Aos et al., 2006; Carey et al., 2006; Finigan et al., 2007; Loman, 2004; Barnoski & Aos, 2003; Logan et al., 2004).

In fiscally challenging times, there is always pressure to do more with less. This raises the question if all “key components” of drug court are essential for effective results. Researchers have studied each key component to determine which are necessary for effective results. The results have confirmed that fidelity to the full drug court model is essential for optimum outcomes--assuming the drug courts are treating their correct target population of high-risk, addicted drug offenders.

The National Institute of Justice’s Multisite Adult Drug Court Evaluation<sup>2</sup> found:

- Participants reported less criminal activity (40% vs. 53%) and had fewer rearrests (52% vs. 62%) than comparable offenders.
- Participants reported less drug use (56% vs. 76%) and were less likely to test positive (29% vs. 46%) than comparable offenders.
- Treatment investment costs were higher for participants, but with less recidivism, drug courts saved an average of \$5,680 per offender overall.

<sup>1</sup> Lipsey, M.W., & Wilson, D.B. (2001). *Practical meta-analysis*. Thousand Oaks, CA: Sage.

<sup>2</sup> <http://www.nij.gov/nij/topics/courts/drug-courts/madce.htm>.

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A summary of the results for the Virginia Adult Drug Treatment Courts fidelity to the full drug court model and the associated cost-savings will be presented in the next chapter.

**Table 11: 2011 Adult, Juvenile, and Family DTC Activity Summary**

	Adult DTC			Juvenile DTC			Family DTC			Totals		
	2010	2011	%Change	2010	2011	%Change	2010	2011	%Change	2010	2011	%Change
Referrals	554	622	12.3%	119	154	29.4%	22	10	-54.5%	695	786	13.1%
Row %	79.7%	79.1%		17.1%	19.6%		3.2%	1.3%		100.0%	100.0%	
New Admissions	379	432	14.0%	82	81	-1.2%	20	10	-50.0%	481	523	8.7%
Row %	78.8%	82.6%		17.0%	15.5%		4.2%	1.9%		100.0%	100.0%	
Active Participants During Year	727	937	28.9%	145	165	13.8%	34	30	-11.8%	906	1,132	24.9%
Row %	80.2%	82.8%		16.0%	14.6%		3.8%	2.7%		100.0%	100.0%	
Graduated	102	177	73.5%	39	49	25.6%	4	8	100.0%	145	234	61.4%
Row %	70.3%	75.6%		26.9%	20.9%		2.8%	3.4%		100.0%	100.0%	
Graduation Rate	43.0%	49.3%		60.0%	57.6%		30.8%	50.0%		46.0%	50.9%	
Terminated	135	182	34.8%	26	36	38.5%	9	8	-11.1%	170	226	32.9%
Row %	79.4%	80.5%		15.3%	15.9%		5.3%	3.5%		100.0%	100.0%	
Termination Rate	57.0%	50.7%		40.0%	42.4%		69.2%	50.0%		54.0%	49.1%	
Re-arrested	55	34	-38.2%	33	20	-39.4%				88	54	-38.6%
Row %	62.5%	63.0%		37.5%	37.0%					100.0%	100.0%	
Re-arrest Rate	23.2%	9.5%		50.8%	23.5%					29.1%	12.2%	
Mean Length of Stay	453 Days	513 Days	13.2%	335 Days	322 Days	-3.9%	382 Days	408 Days	6.8%	425 Days	474 Days	11.5%
Median Length of Stay	427 Days	454 Days	6.3%	319 Days	351 Days	10.0%	357 Days	441 Days	23.5%	315 Days	406 Days	28.9%

**Table 12: 2011 DUI DTC Activity Summary**

	2010	2011	%Change
Referrals	734	668	-9.0%
New Admissions	428	622	45.3%
Active Participants	761	622	-18.3%
Graduated	279	132	-52.7%
Graduation Rate	74.0%	66.0%	
Terminated (Revoked)	98	68	-30.6%
Termination Rate	26.0%	34.0%	

## 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 courts are a highly specialized team process that functions within the existing judicial system structure to address nonviolent drug related cases. Adult drug courts employ a program designed to reduce drug use relapse and criminal recidivism among defendants and offenders through a treatment needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment and various rehabilitation services. 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 a drug and/or alcohol dependent are placed in the drug treatment court program and 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.

Criminal justice supervision and sanctions do not reduce recidivism among substance-involved offenders without involvement in treatment. Substance abuse and criminal behavior is most likely to change when both incentives and sanctions are applied in a certain, swift, and fair manner. Long-term changes in behavior are most strongly influenced by use of incentives. Contingency management approaches that provide systematic incentives for achieving treatment goals

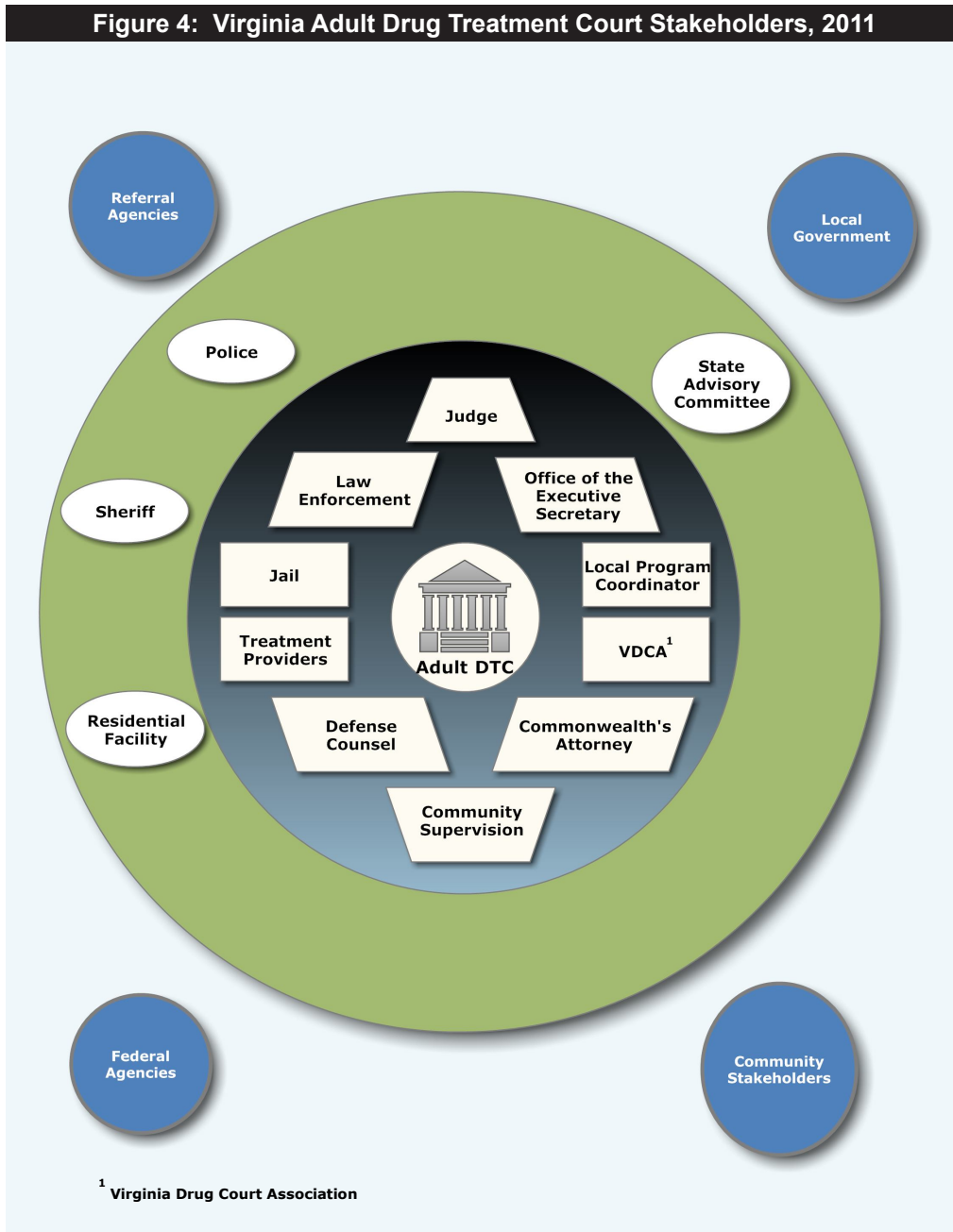
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have been shown to effectively reduce recidivism and substance abuse.<sup>3</sup>

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 partner-

<sup>3</sup> Prendegast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction Science and Clinical Practice* (April), 4-13.

**Figure 4: Virginia Adult Drug Treatment Court Stakeholders, 2011**





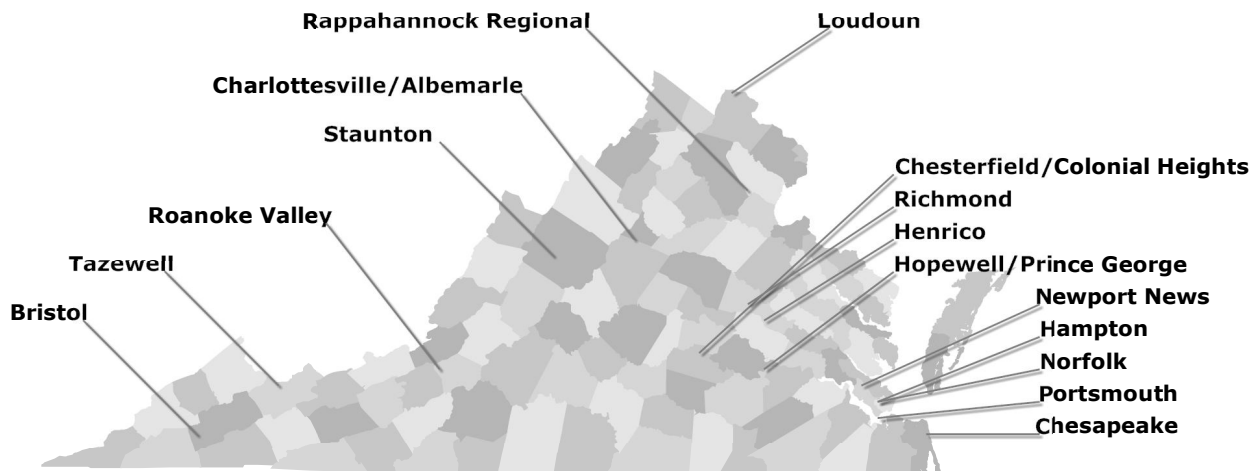
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ships develop comprehensive and tightly structured regimens of treatment and recovery services. What is different in drug treatment court compared to the usual criminal justice system process is the continuing oversight and personal involvement of 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 participants can not comply with the program. Together, the judge, prosecutor, defense attorney, probation officers, and treatment professionals maintain a critical balance of authority, supervision, accountability, support and encouragement.

### Operational Adult Drug Treatment Courts

In 2011, there were 16 operational adult Drug Courts in Virginia. All 16 adult drug courts operated in circuit courts. The 2011 General Assembly did not approve four additional adult drug courts. These included three separate programs in Buchanan, Dickenson, and Russell Circuit Courts (29th Judicial Circuit) and a fourth, unified program in Lee, Scott and Wise Circuit Courts (30th Judicial Circuit). These adult drug court applications were among six requesting approval to establish from the 2011 General Assembly. In 2011, the Drug Court Advisory Committee reviewed and approved two additional applications for adult drug court. These include the City of Danville Circuit Court (22nd Judicial Circuit) and Washington County Circuit Court (28th Judicial Circuit). These new adult drug courts are among eight that will be submitted to the General Assembly in 2012 for approval. Figure 5.

Figure 5: Adult Drug Treatment Courts



The adult felony drug court serving Roanoke City, Roanoke County and the City of Salem (23rd Judicial Circuit) is the oldest operating drug treatment court in the Commonwealth having been implemented in September 1995. The program implemented in Bristol Circuit Court in March 2010 is the most recently approved Drug Court.

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### Summary of 2011 Drug Treatment Court Program Activity

*Referrals.* In 2011, 622 referrals were made to Virginia's adult DTC programs. Referrals include all sources through which participants are recommended to participate in a program. Table 13.

*Admissions.* DTC programs do not accept or admit all of those referred to them. In 2011, only 432 (or 69.5%) of those referred to an adult program were admitted.

*Participants.* The number of active adult participants in local programs during 2011 totaled 937. Individuals admitted prior to 2011 made up over half (53.9%) of this total. Table 14.

*Race.* During 2011, the majority of participants in adult drug treatment courts were white (542 or 58.4%). There were 373 black participants (40.2%). Individuals claiming other racial or ethnic backgrounds made up less than two percent, collectively, of the participants: Hispanics (9 or 1.0%), Asian (1 or 0.1%), and Other (3 or 0.3%). Among new admissions, however, whites constituted 58.6% and Hispanics 1.4% while blacks were only 39.8%.

*Gender.* In adult programs, as in juvenile, the majority of participants were male (56.1%). Comparably, 58.8% of new admissions were male.

*Age.* The ages of a plurality of adult participants, as of new admissions, were from 20 to 29 (37.7% and 39.4%, respectively). There were similar percentages of participants aged 30 to 39 (26.9%) and 40 to 49 (23.1%). In adult programs, 8.4% of participants were over 50 compared to 4.1% under 20.

*Marital Status.* In 2011, among the roughly three quarters of the participants (728) for whom data were available, 491 (67.4%) were single, slightly lower than the distribution (70.5%) among new admissions for whom marital status was available. Only 15.0% of participants reported that they were married. "Single" and "married" are distinguished from separated (6.6%), divorced (9.1%), and cohabiting (1.9%).

*Education.* Information about educational backgrounds was available for 680 of the adult program participants in 2011. Of these participants, 270 (39.7%) had proceeded no further than 12th grade, and 211 (31.0%) had at least a high school diploma or GED. While 20.0% (136) of participants completed some college, 57 had earned either an Associate's (3.7%) or Bachelor's (3.2%) Degree. Out of the remainder, one (0.1%) indicated post-Bachelor's education, and 15 (2.2%) had vocational training.

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<b>Table 13: 2011 Adult DTC Referrals and Admissions</b>				
<b>Referred</b>	622			
<b>Admitted</b>	432			
<b>Admittance Rate</b>	69.5%			
<b>Demographic Characteristics</b>				
	<i>N</i>	<i>%</i>	<i>N</i>	<i>Valid %</i>
<b>Gender</b>				
Males	254			58.8%
Females	178			41.2%
<b>Total</b>	<b>432</b>			<b>100.0%</b>
<b>Race</b>				
White	246		246	58.6%
Black	167		167	39.8%
Hispanic	6		6	1.4%
Asian	0		0	0.0%
Other	1		1	0.2%
No Data	12	2.8%		
<b>Total</b>	<b>432</b>	<b>100.0%</b>	<b>420</b>	<b>100.0%</b>
<b>Age</b>				
Ages 10-19	17			3.9%
Ages 20-29	170			39.4%
Ages 30-39	112			25.9%
Ages 40-49	92			21.3%
Ages 50-59	37			8.6%
Ages 60+	4			0.9%
<b>Total</b>	<b>432</b>			<b>100.0%</b>
<b>Marital Status</b>				
Single	229		229	70.5%
Separated	15		15	4.6%
Divorced	28		28	8.6%
Married	45		45	13.8%
Cohabiting	8		8	2.5%
No Data	107	23.0%		
<b>Total</b>	<b>432</b>	<b>100.0%</b>	<b>325</b>	<b>100.0%</b>
<b>Education (Highest Level Attained)</b>				
Primary School	4		4	1.3%
Middle School	8		8	2.6%
9th grade	14		14	4.6%
10th grade	22		22	7.3%
11th grade	30		30	9.9%
12th grade	36		36	11.9%
High School Graduate	57		57	18.8%
GED	55		55	18.2%
Vocational Training	9		9	3.0%
Junior College	2		2	0.7%
Some College	42		42	13.9%
Associate's Degree	7		7	2.3%
Bachelor's Degree	16		16	5.3%
Post-Bachelor's education	1		1	0.3%
No Data	129	29.6%		
<b>Total</b>	<b>432</b>	<b>100.0%</b>	<b>303</b>	<b>100.0%</b>

## CHAPTER TWO: ADULT DRUG TREATMENT COURTS

**Table 14: 2011 Adult DTC Participants and Program Departures**

Table 14: 2011 Adult DTC Participants and Program Departures				
<b>Active Participants During Year</b>		937		
<b>Demographic Characteristics</b>				
	<i>N</i>	%	<i>N</i>	Valid %
<b>Gender</b>				
Males	526			56.1%
Females	411			43.9%
<b>Total</b>	<b>937</b>			<b>100.0%</b>
<b>Race</b>				
White	542		542	58.4%
Black	373		373	40.2%
Hispanic	9		9	1.0%
Asian	1		1	0.1%
Other	3		3	0.3%
No Data	9	1.0%		
<b>Total</b>	<b>937</b>	<b>100.0%</b>	<b>928</b>	<b>100.0%</b>
<b>Age</b>				
Ages 10-19	38			4.1%
Ages 20-29	353			37.7%
Ages 30-39	252			26.9%
Ages 40-49	216			23.1%
Ages 50-59	69			7.4%
Ages 60+	9			1.0%
<b>Total</b>	<b>937</b>			<b>100.0%</b>
<b>Marital Status</b>				
Single	491		491	67.4%
Separated	48		48	6.6%
Divorced	66		66	9.1%
Married	109		109	15.0%
Cohabiting	14		14	1.9%
No Data	209	22.3%		
<b>Total</b>	<b>937</b>	<b>100.0%</b>	<b>728</b>	<b>100.0%</b>
<b>Education (Highest Level Attained)</b>				
Primary School	4		4	0.6%
Middle School	20		20	2.9%
9th grade	31		31	4.6%
10th grade	56		56	8.2%
11th grade	67		67	9.9%
12th grade	92		92	13.5%
High School Graduate	107		107	15.7%
GED	104		104	15.3%
Vocational Training	15		15	2.2%
Some College	136		136	20.0%
Associate's Degree	25		25	3.7%
Bachelor's Degree	22		22	3.2%
Post-Bachelor's education	1		1	0.1%
No Data	257	27.4%		
<b>Total</b>	<b>937</b>	<b>100.0%</b>	<b>680</b>	<b>100.0%</b>
<b>Departures</b>				
Participants Who Left During Year		359	38.3%	
Completed/Graduated		177	49.3%	
Terminated		182	50.7%	
<b>Total</b>		<b>359</b>	<b>100.0%</b>	
Type of Terminations:				
<i>Absconded</i>		46	25.3%	
<i>Excessive relapses</i>		20	11.0%	
<i>Minor violations</i>		2	1.1%	
<i>New criminal offense</i>		15	8.2%	
<i>Other reason (not specified)</i>		31	17.0%	
<i>Unsatisfactory performance</i>		58	31.9%	
<i>Withdrawal</i>		9	4.9%	
<i>Death</i>		1	0.5%	
<b>Total</b>		<b>182</b>	<b>100.0%</b>	

## 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 2011, data were available for 767 of the 937. These individuals reported 2,936 separate selections from the long list of possible drug choices, or 3.8 drug-of-choice selections per person. By far, the most commonly selected drugs of choice were marijuana (17.3% of reported selections) and alcohol (18.7%). Almost three quarters (71.6%) of participants providing drug-of-choice data showed alcohol, and only slightly fewer (66.2%) showed marijuana as a drug of choice. Exactly 83% showed some form of cocaine, representing 21.7% of selections. Other frequently chosen drugs included heroin (35.5% of individuals, 9.3% of all selections made); the tranquilizer benzodiazepine—known commercially by names such as Valium or Xanax (23.5% of individuals, 6.1% of selections); and opiates (21.6% of individuals, 5.7% of selections). Table 15.

Drug Type	Total Participants with Drug Choice Indicated	%	% of Available Participants (N=767)
Total Participants	937		
Total Participants with Drug Choice Data Available	767		
Total Drugs Indicated	2,936		
Alcohol	549	18.7%	71.6%
Marijuana	508	17.3%	66.2%
Cocaine Crack	408	13.9%	53.2%
Heroin	272	9.3%	35.5%
Cocaine Powder	222	7.6%	28.9%
Benzodiazepine	180	6.1%	23.5%
Opiate	166	5.7%	21.6%
Ecstasy	87	3.0%	11.3%
Oxycontin	74	2.5%	9.6%
LSD	69	2.4%	9.0%
Mushrooms	65	2.2%	8.5%
Methadone	59	2.0%	7.7%
Prescription	56	1.9%	7.3%
Methamphetamine	53	1.8%	6.9%
Amphetamine	37	1.3%	4.8%
Hallucinogen	34	1.2%	4.4%
PCP	27	0.9%	3.5%
Hashish	22	0.7%	2.9%
Inhalant	16	0.5%	2.1%
Over the Counter	14	0.5%	1.8%
Cocaine	7	0.2%	0.9%
Ketamine (Special K)	6	0.2%	0.8%
Barbiturate	4	0.1%	0.5%
K2/Spice	1	0.0%	0.1%
<b>Total</b>	<b>2,936</b>	<b>100.0%</b>	

**CHAPTER TWO: ADULT DRUG TREATMENT COURTS**

*Program Drug Screenings.* In the adult DTC programs in 2011, there were 51,386 drug screenings conducted for the 887 participants for which data were available, an average of 57.9 screenings per participant for the year. Of the 51,386 screenings, only 1,576 (2.8%) were positive. Among participants, over half (50.6%) had a negative drug screening during the year. Averaged over 887 adult participants, the positive screenings amount to 1.8 positive results each; however, a more informative statement might be that there were 3.6 positive drug tests among the 438 participants who had a positive screening during the year. Table 16.

<b>Table 16: 2011 Adult DTC Drug Screenings</b>				
<b>Participants</b>	<b>937</b>			
	<i>N</i>	%	<i>N</i>	Valid %
Negative	449		449	50.6%
Positive	438		438	49.4%
No Data	50	5.3%		
<b>Total</b>	<b>937</b>		<b>887</b>	<b>100.0%</b>
<b>Drug Screenings</b>	<b>51,386</b>			
	<i>N</i>		%	
Negative	49,810		96.9%	
Positive	1,576		3.1%	
<b>Total</b>	<b>51,386</b>		<b>100.0%</b>	
<b>Screenings Per Participant</b>	<b>57.9</b>			
<b>Positive Screenings Per Participant</b>	<b>1.8</b>			

*Program Entry Offense.* Of the 937 adult participants in 2011, information about the offenses for 863 were noted at program entry. Programs recorded an average of 1.4 charges per participant. As was the case overall among all DTC models, the most frequent charges reported for adult DTC participants in 2011 were possession of a Schedule I or II drug (40.4% of participants and 29.0% of charges reported) and violation of probation (35.0% of participants and 25.1% 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 (8.9% of participants) and obtaining prescriptions by fraud/forgery/etc. (6.3% of participants). Most of the other recorded offenses, including distributing or selling drugs for profit, 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 4.1%. Table 17.

**CHAPTER TWO: ADULT DRUG TREATMENT COURTS**

**Table 17: 2011 Adult DTC Participant Entry Offense**

<b>Offense</b>	<b>Total Participants w/ Offense Indicated</b>	<b>%</b>	<b>% of Available Participants (N=863)</b>
Total Participants	937		
Total Participants with Available Arrest Data	863		
Total Offenses Indicated	1,200		
Drugs: Possess Sch I Or li	348	29.0%	40.4%
Probation Violation	301	25.1%	35.0%
Grand Larceny: \$200+ Not From A Person	77	6.4%	8.9%
Prescriptions: Obtain By Fraud/Forgery/Etc	54	4.5%	6.3%
Drugs: Possess W/Intent To Manuf/Sell Sch I, li	35	2.9%	4.1%
Other Forgery Writing:Not In 18.2-168 & 18.2-170	25	2.1%	2.9%
Shoplift/Alter Price: Larceny >=\$200	23	1.9%	2.7%
Petit Larceny: <\$200 Not From A Person	21	1.8%	2.4%
Credit Card Larceny: Take/Obtain No.	20	1.7%	2.3%
Other Forgery Writing: Employ As True	16	1.3%	1.9%
Prescriptions: Make Or Utter False Written Order	14	1.2%	1.6%
Drugs: Distib/Pwi Marijuana >1/2 Oz To 5 Lbs	12	1.0%	1.4%
Obtain Money/Etc: False Pretense, Larceny>=\$200	12	1.0%	1.4%
Obtain Money/Etc: False Pretense, Larceny<\$200	11	0.9%	1.3%
Embezzlement: >=\$200	9	0.8%	1.0%
Burglary: Enter House To Commit Larceny/A&B/Etc	7	0.6%	0.8%
Dwi: 3Rd Off W/In 10Y	7	0.6%	0.8%
Burglary: Enter Bldg To Commit Larceny/A&B/Etc	6	0.5%	0.7%
Drugs: Distrib/Sell For Profit Sch I Or li	6	0.5%	0.7%
Drugs: Sell/Provide For Resale Sch I Or li	6	0.5%	0.7%
Shoplift/Alter Price: Larceny <\$200, 1St Off	6	0.5%	0.7%
Abuse/Neglect Child: Reckless Disregard For Life	5	0.4%	0.6%
Credit Card Forgery	5	0.4%	0.6%
First Offender, Prescription Fraud Violation	5	0.4%	0.6%
Grand Larceny: \$5+ From A Person (Pick Pocket)	5	0.4%	0.6%
Identity Theft: Fraud. Use Of Id, Loss >=\$200	5	0.4%	0.6%
Stolen Property: W/ Intent To Sell, Larceny>\$200	5	0.4%	0.6%
Advance Pay/Larceny: Not Perform, <\$200	4	0.3%	0.5%
Credit Card Application: Larceny, Obtain <\$200	4	0.3%	0.5%
Credit Card Fraud: Conspire W/ Person>\$200 In 6M	4	0.3%	0.5%
Others	142	11.8%	16.5%
<b>Total</b>	<b>1,200</b>	<b>100.0%</b>	

## CHAPTER TWO: ADULT DRUG TREATMENT COURTS

### 2011 Summary of Participant Departures from Drug Treatment Court Programs

*Graduation Rates.* Among the 937 adult program participants in 2011, 359 exited program participation in 2011 through either graduation or program termination. A total of 177 (or 49.3%) graduated and 182 (50.7%) were terminated. Table 19.

*Terminations.* The most frequent reasons for program termination in adult DTC programs in 2011 were unsatisfactory performance (31.9%) and absconding (25.3%). New criminal offenses accounted for 8.2% of terminations while 11.0% were for excessive relapses. There was one death.

*Length of Stay.* In 2011, the average (mean) length of stay (LOS) in an adult DTC program was 513 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2011 mean was 60 days greater than in 2010. The median LOS for 2011 departures was 454 days, 27 more than in 2010. For 2011 program graduates, the mean LOS was 674 days compared to 356 days for those terminated. The median LOS for 2011 graduates was 657 days versus 272 days for those terminated. Table 19.

### Summary of Re-arrest Rates Following Program Departure

An examination of re-arrest rates requires looking at 2008 and 2010 departures because too little time has elapsed to adequately assess re-arrests for those departing adult DTC programs in 2011. 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 2011, 21.5% within one year, 9.9% between one and two years after departure, and 9.9% over two years after departure. This compares to an overall re-arrest rate of 37.8% among adult 2009 departures and 23.2% among adult 2010 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 2011 was 9.1% compared to 48.5% for those terminated. For 2010 departures, 25.5% of graduates had been re-arrested as of the end of 2011 compared to 49.7% for those terminated.

Among 2010 adult program departures, 17 out of 102 graduates (16.7%) had been re-arrested through the end of 2011: 11 (10.8%) within one year and six more (5.9%) within two years of graduation. Out of 135 terminated, 28.1% had been re-arrested: 26 (19.3%) within one year and 10 (7.4%) between one and two years after termination.

Because arrest data provided by the Virginia State Police for this report were available only through November 2011—only five months since the end of fiscal year 2011—re-arrest rates among 2011 departures should be interpreted with caution. Among the 359 adult DTC departures in 2011, 34 (9.5%) had been re-arrested within one year. Ten graduates (5.6%) were re-arrested



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within one year of graduation while 20 (11.0%) of those terminated were re-arrested within one year of termination. There were 2.9% (13) of departures re-arrested between July 1, 2011 and November 30, 2011. This time period is after our FY2011 reporting year..

**Table 18: 2011 Adult DTC Re-arrest Rates**

	2008		2009		2010		2011	
Total Departures	121		288		237		359	
Graduates	22	18.2%	141	49.0%	102	43.0%	177	49.3%
Termination	99	81.8%	147	51.0%	135	57.0%	182	50.7%
Total	121	100.0%	288	100.0%	237	100.0%	359	100.0%
<b>Graduates</b>								
Re-arrested	2		36		17		14	
Re-arrest Rate	9.1%		25.5%		16.7%		7.9%	
Within 1 Year	1		14		11		10	
Re-arrest Rate	4.5%		9.9%		10.8%		5.6%	
1-2 Years	1		16		6		4	
Re-arrest Rate	4.5%		11.3%		5.9%		2.3%	
Over 2 years	0		6		0			
Re-arrest Rate	0.0%		4.3%		0.0%			
<b>Terminated</b>								
Re-arrested	48		73		38		20	
Re-arrest Rate	48.5%		49.7%		28.1%		11.0%	
Within 1 Year	25		42		26		11	
Re-arrest Rate	25.3%		28.6%		19.3%		6.0%	
1-2 Years	11		26		10		9	
Re-arrest Rate	11.1%		17.7%		7.4%		4.9%	
Over 2 years	12		5		2			
Re-arrest Rate	12.1%		3.4%		1.5%			
<b>Total Departures</b>								
Re-arrested	50		109		55		34	
Re-arrest Rate	41.3%		37.8%		23.2%		9.5%	
Within 1 Year	26		56		37		21	
Re-arrest Rate	21.5%		19.4%		15.6%		5.8%	
1-2 Years	12		42		16		13	
Re-arrest Rate	9.9%		14.6%		6.8%		3.6%	
Over 2 years	12		11		2			
Re-arrest Rate	9.9%		3.8%		0.8%			

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### 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.

	2010	2011	%Change
Referrals	554	622	12.3%
Row %	79.7%	79.1%	
New Admissions	379	432	14.0%
Row %	78.8%	82.6%	
Participants During Year	727	937	28.9%
Row %	80.2%	82.8%	
Graduated	102	177	73.5%
Row %	70.3%	75.6%	
Graduation Rate	43.0%	49.3%	
Terminated	135	182	34.8%
Row %	79.4%	80.5%	
Termination Rate	57.0%	50.7%	
Re-arrested	58	18	-69.0%
Row %	76.3%	23.7%	
Re-arrest Rate	24.5%	5.0%	
Mean Length of Stay	453 Days	513 Days	13.2%
Graduates	627 Days	674 Days	7.5%
Non-Graduates	321 Days	356 Days	10.9%
Median Length of Stay	427 Days	454 Days	6.3%
Graduates	555 Days	657 Days	18.4%
Non-Graduates	267 Days	272 Days	1.9%

### Adult Drug Court Best Practices with Associated Cost-Savings

National evaluation results for adult drug courts have confirmed that fidelity to the full drug court model is essential for optimum outcomes and associated cost-savings—assuming the drug courts are treating their correct target population of high-risk, addicted drug offenders. The implementation of evidence-based practices (best practices), known as the 10 Key Components of Drug Court have been studied individually and proven to save costs if implemented fully. Virginia’s drug courts completed a survey reporting their compliance with the best practices and associated cost savings.

The Office of the Executive Secretary’s (OES) staff conducted a Drug Treatment Courts Best Practices and Associated Cost-Savings survey among all Virginia’s operational drug treatment courts in June 2011. The survey paired each of the 10 Drug Court Key Components (NADCP, 1997) with their corresponding Virginia Adult Drug Treatment Court Standard included a question reviewing evidence to demonstrate compliance with each standard and practice and a comment section for correction action needed to comply. OES staff paired the survey results with associated cost-savings for each practice as demonstrated in NPC Research 2008 study. (Carey, et al., 2008).

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Virginia's results for 15 adult drug court surveys are reported below:

Virginia's Drug Court Best Practices and Associated Cost-Savings	
Key Component/Virginia Adult Drug Treatment Court Standard	Best Practice with associated Cost-Savings
<b>Team Involvement/</b> Standard I: Practice 1.2	<ul style="list-style-type: none"> <li>• 80% require the <u>treatment representative</u> at drug court staffing and docket resulting in <b>9 times greater savings</b></li> <li>• 47% require <u>public defender/defense counsel</u> at drug court staffing and docket resulting in <b>8 times great savings</b></li> <li>• 47% require <u>prosecutor</u> at drug court staffing &amp; docket resulting in <b>2 times greater savings</b>, and</li> <li>• 60% require <u>All Team Members</u> at drug court staffing and docket resulting in <b>twice the savings</b>.</li> </ul>
<b>Non-drug Charges/</b> Standard III: Practice 3.1	100% of Virginia Drug Courts accept participants with <u>non-drug charges</u> having <b>nearly twice the savings</b> .
<b>Prompt Treatment/</b> Standard V: Practice 5.2	<ul style="list-style-type: none"> <li>• 73% of Virginia Drug Courts place participants in the program <u>within 20 days of referral</u> resulting in <b>twice the savings</b>.</li> </ul>
<b>Effective Treatment/</b> Standard VI: Practices 6.1 & 6.2	<ul style="list-style-type: none"> <li>• 87% of Virginia drug courts provide effective treatment by primarily using a <u>single coordinating treatment agency</u> resulting in <b>10 times greater savings</b>. (13% use two treatment agencies)</li> <li>• While all Virginia Drug Courts offer relapse prevention 47% of Virginia Drug Courts provide a phase focusing on <u>relapse prevention</u> resulting in <b>3 times greater savings</b>.</li> </ul>
<b>Drug Testing/</b> Standard VII	<ul style="list-style-type: none"> <li>• <b>94%</b> of Virginia Drug Courts perform <u>drug testing 2 or more times per week</u> in Phase 1 resulting in savings.</li> <li>• <b>All (100%)</b> Virginia Drug Courts receive <u>drug testing results within 48 hours</u> resulting in <b>3 times greater savings</b>.</li> <li>• <b>All</b> Virginia Drug Courts require greater than 90 days of abstinence before <u>graduation</u> resulting in larger cost savings.</li> </ul>
<b>Written Sanction &amp; Incentive Guidelines/</b> Standard VIII: Practice 8.3	<ul style="list-style-type: none"> <li>• <b>All</b> Virginia Drug Courts have <u>written rules regarding team response to participant behavior</u> resulting in <b>3 times the cost savings</b> and</li> <li>• <b>All</b> participants face the possibility of <u>jail as a sanction</u> which results in lower recidivism.</li> </ul>
<b>The Judge/</b> Standard IX: Practice 9.1	<ul style="list-style-type: none"> <li>• <b>100%</b> of Virginia Drug Courts have <u>status hearings every 2 weeks</u> during phase 1 with <b>2 times greater cost savings</b>.</li> <li>• <b>94%</b> of judges have <u>over 2 years on the drug court bench</u>, resulting in <b>3 times greater cost savings</b> and better participant outcomes.</li> <li>• <b>93%</b> of Drug Court judges spend <u>more than 3 minutes talking with each participant</u> in court resulting in <b>twice the savings</b>.</li> </ul>
<b>Monitoring &amp; Evaluation/</b> Standard X: Practice 10.4	All drug courts use an electronic database and 73% of Virginia Drug Courts used <u>evaluation feedback to make modifications</u> resulting in <b>4 times greater cost savings</b> .
<b>Training/</b> Standard XI: Practices 11.1, 11.2 & 11.3	<ul style="list-style-type: none"> <li>• All drug court teams participated in some type of formal <u>training</u> resulting in <b>5 times greater savings</b> and</li> <li>• <b>93%</b> of Virginia Drug Courts received <u>training prior to implementation</u> resulting in <b>15 times greater cost savings</b>.</li> </ul>
<b>Community Partnership/</b> Standard XII: Practices 12.3 & 12.4	<b>All</b> Virginia Drug Courts have <u>community organization partnerships</u> resulting in <b>twice the savings</b> and many other benefits.

The scientific evidence is overwhelming that adult drug courts reduce crime, reduce substance abuse, improve family relationships, and increase earning potential. In the process drug courts return net dollar savings back to their communities that are at least two to three times the initial investments. The challenge now is to maintain effectiveness by standardizing the best practices of drug courts to be reliably implemented by a larger number of programs, each serving a larger census of participants to provide the optimum cost-savings to the Commonwealth.

## **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 district 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 youth having children. 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 (in juvenile and domestic relations district court) targets to reduce re-arrests, recidivism, and substance use as primary outcomes.

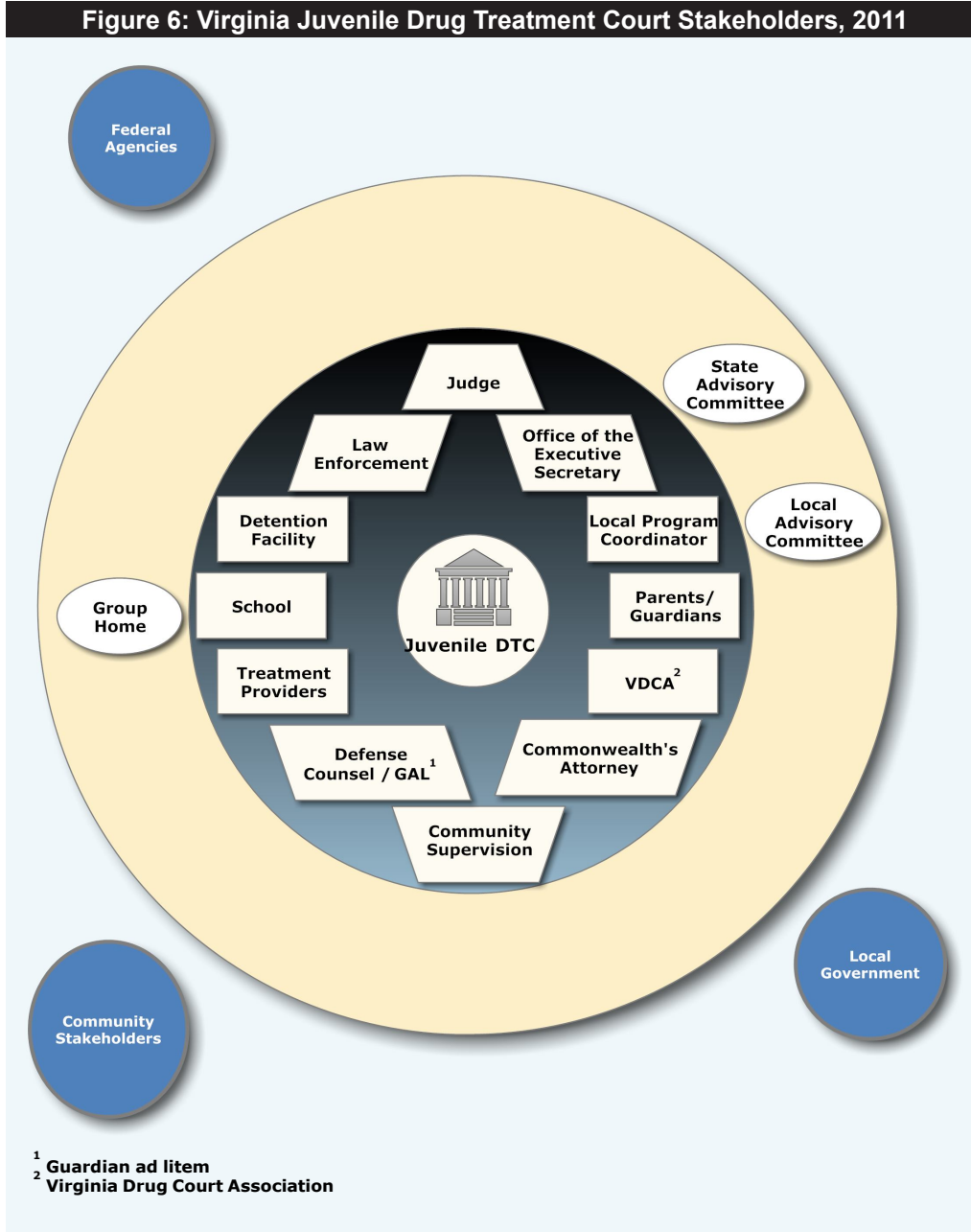
The nature of both the delinquent acts and the dependency matters being handled in our juvenile courts have become far more complex, entailing more serious and violent criminal activity and escalating degrees of substance abuse. The situations that are bringing many juveniles under the court's jurisdiction 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. Although earlier use is being detected, most also report the age at first use among participants to be between 10 and 14 years. During 1995-1996, 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 tests.

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.

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Figure 6: Virginia Juvenile Drug Treatment Court Stakeholders, 2011



### 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).<sup>4</sup> The Henggeler study randomly assigned participants to traditional family services, juvenile drug treatment court or juvenile drug treatment court with 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 recidivism 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.

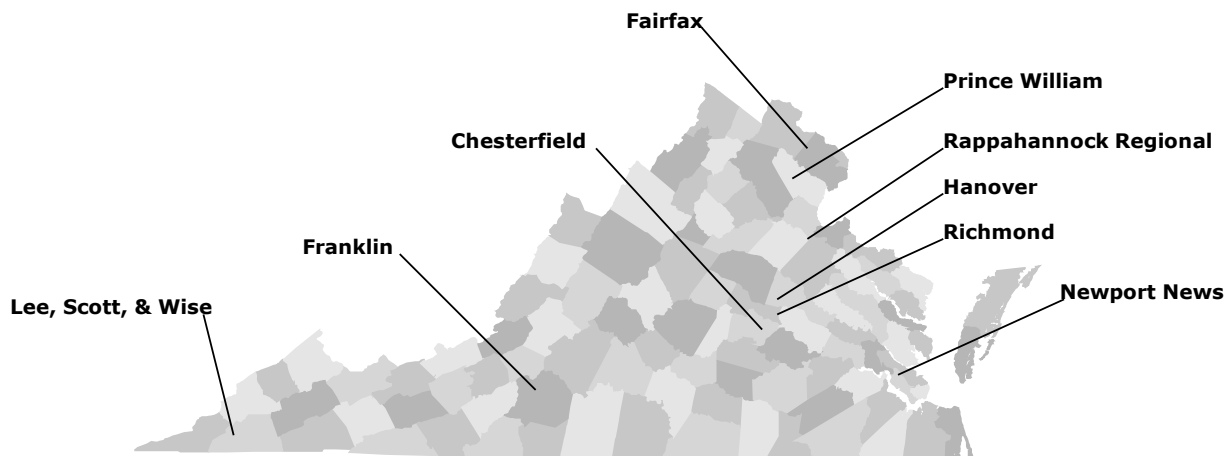
This section reviews the basic operations and outcomes of Virginia's juvenile drug treatment courts in fiscal year 2011. Information is provided in the report on program participants, including demographics, program entry offenses, program length, and re-arrest and recidivism after program completion 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 received by the Department of Juvenile Justice from the Virginia State Police. Juvenile drug court staff in local programs enters data on program participants into the OES drug court database.

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<sup>4</sup> Marlowe, D. J.D., Ph.D. (2010) *The Facts on Juvenile Drug Treatment Courts*. National Association of Drug Court Professionals (NADCP).

## CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

Figure 7: Juvenile Drug Treatment Courts



### Operational Juvenile Drug Treatment Courts

As 2011 started there were nine juvenile drug treatment courts 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. The first juvenile drug treatment in Virginia began operating in November 1998 in City of Fredericksburg, Spotsylvania and Stafford Counties named Rappahannock Regional Juvenile Drug Treatment Court. Eight additional juvenile drug treatment courts became operational between 1999 and 2009. Figure 2. Unfortunately, the Fairfax County Juvenile Drug Treatment Court closed April 2011 due to lack of funding and resources after operating for nearly eight years with only local resources.

### Summary of 2011 Juvenile Drug Treatment Court Program Activity

*Referrals and Admissions.* In 2011, 154 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 154 referrals, 81 (52.6%) were admitted in 2011. Table 20.

*Participants.* In 2011, there were 165 active participants in juvenile drug treatment court local programs. This includes both 81 newly admitted participants in 2011 as well as 84 existing participants. Table 21. In 2011, the typical participant in juvenile drug treatment court programs was a white single male, 9th grader between the ages of 10 and 19.

*Race.* In 2011, the majority of juvenile drug treatment court participants in Virginia were White (97 or 59.9%), with 53 or 32.7% Black, three or 1.8% Hispanic, and nine or 5.4% Asian, Alaskan Native, Native American, and other races. Table 21.

**CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS**

<b>Table 20: 2011 Juvenile DTC Referrals &amp; Admissions</b>				
<b>Referred</b>	154			
<b>Admitted</b>	81			
<b>Admittance Rate</b>	52.6%			
<b>Demographic Characteristics</b>				
	<i>N</i>	<i>%</i>	<i>N</i>	<i>Valid %</i>
<b>Gender</b>				
Males	56			69.1%
Females	25			30.9%
<b>Total</b>	<b>81</b>			<b>100.0%</b>
<b>Race</b>				
White	47		47	61.0%
Black	26		26	33.8%
Hispanic	1		1	1.3%
Asian	1		1	1.3%
Other	2		2	2.6%
No Data	4	4.9%		
<b>Total</b>	<b>81</b>	<b>100.0%</b>	<b>77</b>	<b>100.0%</b>
<b>Age</b>				
Ages 10-19	81			100.0%
Ages 20-29	0			0.0%
Ages 30-39	0			0.0%
Ages 40-49	0			0.0%
Ages 50-59	0			0.0%
Ages 60+	0			0.0%
<b>Total</b>	<b>81</b>			<b>100.0%</b>
<b>Marital Status</b>				
Single	57		57	100.0%
Separated	0		0	0.0%
Divorced	0		0	0.0%
Married	0		0	0.0%
Cohabiting	0		0	0.0%
No Data	24	29.6%		
<b>Total</b>	<b>81</b>	<b>100.0%</b>	<b>57</b>	<b>100.0%</b>
<b>Education (Highest Level Attained)</b>				
Middle School	3		3	5.7%
9th grade	19		19	35.8%
10th grade	15		15	28.3%
11th grade	11		11	20.8%
12th grade	3		3	5.7%
High School Graduate	1		1	1.9%
GED	1		1	1.9%
Vocational Training	0		0	0.0%
Some College	0		0	0.0%
Associate's Degree	0		0	0.0%
Bachelor's Degree	0		0	0.0%
No Data	28	34.6%		
<b>Total</b>	<b>81</b>	<b>100.0%</b>	<b>53</b>	<b>100.0%</b>



## CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

**Table 21: 2011 Juvenile DTC Participants & Departures**

Active Participants During Year					165			
Demographic Characteristics					N	%	N	Valid %
Gender								
Males	118			71.5%				
Females	47			28.5%				
<b>Total</b>	<b>165</b>			<b>100.0%</b>				
Race								
White	97		97	59.9%				
Black	53		53	32.7%				
Hispanic	3		3	1.8%				
Asian	3		3	1.8%				
Alaskan Native	1		1	0.6%				
Native American	1		1	0.6%				
Other	4		4	2.4%				
No Data	3	1.8%						
<b>Total</b>	<b>165</b>	<b>100.0%</b>	<b>162</b>	<b>100.0%</b>				
Age								
Ages 10-19	165			100.0%				
Ages 20-29	0			0.0%				
Ages 30-39	0			0.0%				
Ages 40-49	0			0.0%				
Ages 50-59	0			0.0%				
Ages 60+	0			0.0%				
<b>Total</b>	<b>165</b>			<b>100.0%</b>				
Marital Status								
Single	124		124	99.2%				
Separated	0		0	0.0%				
Divorced	0		0	0.0%				
Married	0		0	0.0%				
Cohabiting	0		0	0.0%				
Widowed	0		0	0.0%				
Other	1		1	0.8%				
No Data	40	24.2%						
<b>Total</b>	<b>165</b>	<b>100.0%</b>	<b>125</b>	<b>100.0%</b>				
Education (Highest Level Attained)								
Middle School	9		9	8.0%				
9th grade	35		35	31.3%				
10th grade	33		33	29.5%				
11th grade	17		17	15.2%				
12th grade	9		9	8.0%				
High School Graduate	2		2	1.8%				
GED	6		6	5.4%				
Vocational Training	0		0	0.0%				
Some College	1		1	0.9%				
Associate's Degree	0		0	0.0%				
Bachelor's Degree	0		0	0.0%				
No Data	53	32.1%						
<b>Total</b>	<b>165</b>	<b>100.0%</b>	<b>112</b>	<b>100.0%</b>				

Departures		
Participants Who Left During Year	N	%
Completed/Graduated	49	57.6%
Terminated	36	42.4%
<b>Total</b>	<b>85</b>	<b>100.0%</b>
Type of Terminations:		
<i>Absconded</i>	5	13.9%
<i>Excessive relapses</i>	6	16.7%
<i>Minor violations</i>	6	16.7%
<i>New criminal offense</i>	11	30.6%
<i>Other reason (not specified)</i>	5	13.9%
<i>Unsatisfactory performance</i>	3	8.3%
<i>Withdrawal</i>	0	0.0%
<i>Death</i>	0	0.0%
<b>Total</b>	<b>36</b>	<b>100.0%</b>

### CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS

*Gender, Age, and Marital Status.* In 2011, the majority of juvenile drug treatment court participants were male (118 or 71.5%), with 47 participants (28.5%) being female. 100% of juvenile drug treatment court participants were between the ages of 10 and 19. A total of 124 (99.2%) juvenile participants were single. Table 21.

*Education.* In 2010, none of the 145 juveniles participating in Virginia’s juvenile drug treatment court programs had graduated from high school, while in 2011 there were two high school graduates and one participant with some college in the program. Ninth (9th) grade was the highest level of education achieved by the majority of juvenile drug treatment court participants (35 or 31.3%). Table 21.

*Program Drug Screenings.* In the juvenile drug treatment court programs in 2011, there were 5,320 drug screenings conducted, an average of 35.5 screenings per participant for the year. Among juvenile drug treatment court participants, 60.7% (or 91) had a positive drug screening during the year, and 39.3% (or 59) had a negative drug screening. Table 22.

<b>Table 22: 2011 Juvenile DTC Drug Screenings</b>				
<b>Participants</b>		<b>165</b>		
	<i>N</i>	%	<i>N</i>	Valid %
Negative	59		59	39.3%
Positive	91		91	60.7%
No Data	15	9.1%		
<b>Total</b>	<b>165</b>		<b>150</b>	<b>100.0%</b>
<b>Drug Screenings</b>		<b>5,320</b>		
	<i>N</i>	%		
Negative	4,957	93.2%		
Positive	363	6.8%		
<b>Total</b>	<b>5,320</b>	<b>100.0%</b>		
<b>Screenings Per Participant</b>		<b>35.5</b>		
<b>Positive Screenings Per Participant</b>		<b>2.4</b>		

*Program Entry Offense.* There were 165 participants in juvenile DTC programs in 2011. 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 132 of the 165 participants during 2011. By far, the most frequent charge reported for juvenile DTC participants in 2011 was possession of marijuana, 1st offense (33 participants or 11.3% of charges reported), and violation of probation (32 participants or 11.0% of charges reported). The next highest offense among juvenile participants was the possession or purchase of alcohol by persons under 21 years of age (16 or 12.1% of participants). Table 23.

**CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS**

**Table 23: 2011 Juvenile DTC Participant Entry Offense**

Offense	Total Participants w/ Offense Indicated	%	% of Available Participants (N=132)
Total Participants	165		
Total Participants with Available Arrest Data	132		
Total Offenses Indicated	292		
Drugs: Possess Marijuana, 1St Off	33	11.3%	25.0%
Probation Violation	32	11.0%	24.2%
Alcohol: Purch/Possess By Person <21Y	16	5.5%	12.1%
Order: Violation Of J&Dr Court Order	15	5.1%	11.4%
Assault: (Misdemeanor)	13	4.5%	9.8%
Grand Larceny: \$200+ Not From A Person	13	4.5%	9.8%
Drugs: Possess Sch I Or Ii	12	4.1%	9.1%
Petit Larceny: <\$200 Not From A Person	12	4.1%	9.1%
Assault: On Family Member	11	3.8%	8.3%
Disorderly Conduct	10	3.4%	7.6%
Monument: Intentional Damage, Value <\$1000	9	3.1%	6.8%
Shoplift/Alter Price: Larceny <\$200, 1St Off	7	2.4%	5.3%
Drugs: Possess Marijuana, 2+ Off	6	2.1%	4.5%
Unauthorized Use: Animal/Vehicle/Etc,Larceny>200	5	1.7%	3.8%
Drugs: Possess Sch Iii	4	1.4%	3.0%
Enter Property To Damage, Etc.:	4	1.4%	3.0%
Abusive Language To Another	3	1.0%	2.3%
Burglary: Enter Bldg To Commit Larceny/A&B/Etc	3	1.0%	2.3%
Drugs: Distrib/Pwi Marijuana <1/2 Oz	3	1.0%	2.3%
Drugs: Manuf/Distribute On Certain Properties	3	1.0%	2.3%
Drugs: Possess W/Intent To Manuf/Sell Sch I, Ii	3	1.0%	2.3%
Profane Swearing Or Intoxication In Public	3	1.0%	2.3%
Tabacco: Sell From Vending Mach To Minor	3	1.0%	2.3%
Trespass: After Being Forbidden To Do So	3	1.0%	2.3%
Alcohol: Possess By Interdicted Person	2	0.7%	1.5%
Alcohol: Possess/Transport Illegally Acquired	2	0.7%	1.5%
Assault: On Family Member, 3Rd+ Offense	2	0.7%	1.5%
Assault: On Law Enf/Doc/Fire./Emerg Personnel	2	0.7%	1.5%
Community-Based Probation: Violation On Felony	2	0.7%	1.5%
Drugs: Distib/Pwi Marijuana >1/2 Oz To 5 Lbs	2	0.7%	1.5%
Others	54	18.5%	40.9%
<b>Total</b>	<b>292</b>	<b>100.0%</b>	

**2011 Summary of Participant Departures from Juvenile Drug Treatment Court Programs**

*Graduation Rates.* Among the 165 juvenile drug treatment court program participants in 2011, 85 (51.5%) departed program participation in 2011 through either graduation or program termination. A total of 49 (or 57.6%) graduated and 36 (42.4%) were terminated. Out of all drug court programs, the graduation rate was highest among juvenile participants (57.6%) and lowest in adult DTC programs (49.3%). The 2011 graduation rate among family DTC participants was 50.0%. Table 21.

*Terminations.* New criminal offense was the most often reason for termination at 30.6% (11 participants). Of the remainder of the participants that were terminated, 16.7% were terminated for both excessive relapses and minor violations, 13.9% for both absconding and other non specified reason, and 8.3% for unsatisfactory performance. Table 21.

*Length of Stay.* In 2011, the average (mean) length of stay (LOS) for graduates in a juvenile drug treatment court program was 322 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2011 mean for graduates was one day greater than in 2010. The median LOS for 2011 non-graduates was 176 days, 38 fewer days than in 2010.

**2011 Summary of Juvenile Re-arrest Rates Following Program Departure**

In Fiscal Year 2008, there were 18 juvenile DTC departures. A total of 13 (72.2%) of those were re-arrested, 22.2% within one year, 44.4% between one and two years after departure, and 5.6% over two years after departure. This compares to an overall re-arrest rate of 50.8% among 2010 juvenile DTC departures.

There were 85 departures from juvenile DTC programs in 2011, 49 graduates (57.6%) and 36 terminations (42.4%). Nine (18.4%) of the 49 graduates showed re-arrests within one year of graduation. Eleven (30.6%) juvenile terminations and 23.5% of all juvenile departures were re-arrested within one year. Table 24.

Among the 85 participants departing juvenile programs during the year, 20 (23.5%) were re-arrested within one year: 18.4% of graduates and 30.6% of those terminated.

**CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS**

**Table 24: 2011 Juvenile DTC Re-arrest Rates**

	2008		2009		2010		2011	
<b>Total Departures</b>	<b>18</b>		<b>26</b>		<b>65</b>		<b>85</b>	
Graduates	3	16.7%	10	38.5%	39	60.0%	49	57.6%
Termination	15	83.3%	16	61.5%	26	40.0%	36	42.4%
<b>Total</b>	<b>18</b>	<b>100.0%</b>	<b>26</b>	<b>100.0%</b>	<b>65</b>	<b>100.0%</b>	<b>85</b>	<b>100.0%</b>
<b>Graduates</b>								
Re-arrested	1		6		17		9	
Re-arrest Rate	33.3%		60.0%		43.6%		18.4%	
Within 1 Year	0		3		14		9	
Re-arrest Rate	0.0%		30.0%		35.9%		18.4%	
1-2 Years	1		2		3			
Re-arrest Rate	33.3%		20.0%		7.7%			
Over 2 years	0		1		0			
Re-arrest Rate	0.0%		10.0%		0.0%			
<b>Terminated</b>								
Re-arrested	12		13		16		11	
Re-arrest Rate	80.0%		81.3%		61.5%		30.6%	
Within 1 Year	4		8		13		11	
Re-arrest Rate	26.7%		50.0%		50.0%		30.6%	
1-2 Years	7		2		3			
Re-arrest Rate	46.7%		12.5%		11.5%			
Over 2 years	1		3		0			
Re-arrest Rate	8.3%		18.8%		0.0%			
<b>Total Departures</b>								
Re-arrested	13		19		33		20	
Re-arrest Rate	72.2%		73.1%		50.8%		23.5%	
Within 1 Year	4		11		27		20	
Re-arrest Rate	22.2%		42.3%		41.5%		23.5%	
1-2 Years	8		4		6			
Re-arrest Rate	44.4%		15.4%		9.2%			
Over 2 years	1		4		0			
Re-arrest Rate	5.6%		15.4%		0.0%			

**CHAPTER THREE: JUVENILE DRUG TREATMENT COURTS**

**Table 25: 2011 Juvenile DTC Activity Summary**

	2010	2011	%Change
Referrals	119	154	50.6%
Row %	17.1%	17.1%	
New Admissions	82	81	24.2%
Row %	17.0%	17.0%	
Active Participants During Year	145	165	68.6%
Row %	16.0%	16.0%	
Graduated	39	49	290.0%
Row %	26.9%	26.9%	
Graduation Rate	60.0%	60.0%	
Terminated	26	36	62.5%
Row %	15.3%	15.3%	
Termination Rate	40.0%	40.0%	
Re-arrested	8	20	166.7%
Row %	13.3%	13.3%	
Re-arrest Rate	12.3%	12.3%	
Mean Length of Stay	335 Days	322 Days	3.9%
Graduates	382 Days	383 Days	0.3%
Non-Graduates	263 Days	238 Days	-9.5%
Median Length of Stay	319 Days	351 Days	10.0%
Graduates	365 Days	379 Days	3.8%
Non-Graduates	214 Days	176 Days	-17.8%

## CHAPTER FOUR: DUI DRUG TREATMENT COURTS

### Introduction

Driving under the influence (DUI) drug treatment courts 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 dependent offenders arrested for driving while intoxicated (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 2010, 274 persons were killed (37% of all traffic fatalities) and 5,578 persons were injured (9% of all traffic injuries) in alcohol-related crashes. There were 8,221 alcohol related crashes (7% of all crashes) throughout the Commonwealth in 2010. In 2010, convictions for Driving Under the Influence (DUI) decreased 7.5% with 29,063 convictions statewide. Of those convicted for DUI seventy-eight percent (78%) were male and 20% were female. The average blood alcohol content (BAC) of tested drinking drivers was .1425, slightly higher than the prior year. Alcohol-related motor vehicle crashes are more severe and costlier than other crashes due to alcohol-impaired driving. Beyond emergency or outpatient care, more than 12,000 people were hospitalized due to crash injuries staying over 53,000 days with charges of over \$355 million.

The Virginia Highway Safety Office included facts related to teenagers. Twenty-two (22) teenagers, aged 15-19, were killed in alcohol-related crashes, nearly 3% of the total traffic fatalities. 543 teenagers, aged 15-19, were injured in alcohol-related crashes, nearly 0.9% percent of the total traffic injuries.

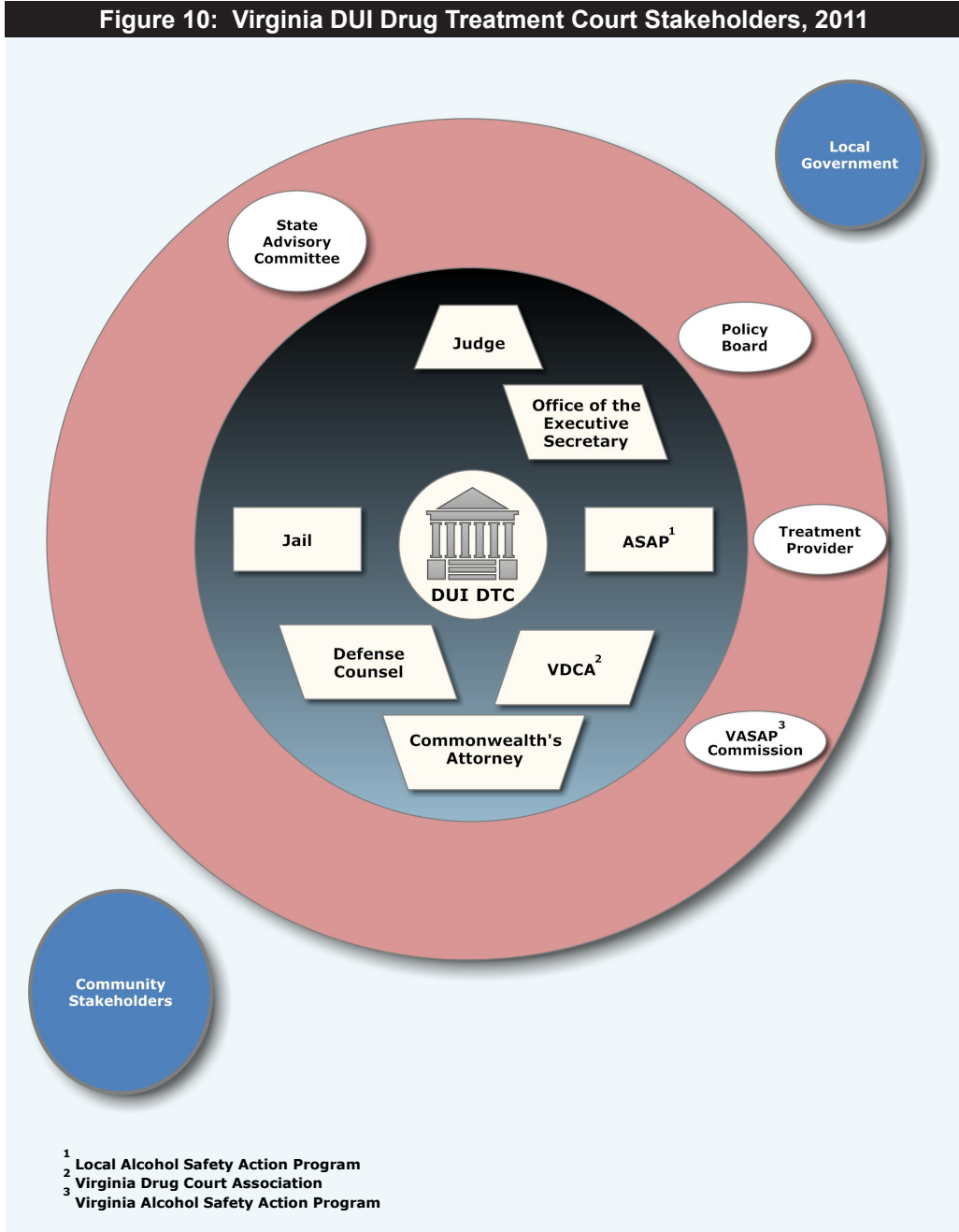
### DUI Drug Treatment Courts in Virginia

The DUI drug court is designed to hold DUI offenders at the highest level of accountability while receiving long-term intensive substance abuse treatment and compliance monitoring before a DUI drug court judge. The DUI drug court is held in the General District Court. In the absence of the DUI drug court, offenders who fail to comply with ASAP are terminated from the program, by the Court. The needs of these individuals are left unaddressed, and they do not receive treatment. Their addictions are left untreated and they are likely to reoffend.

At the request of the Court or the Commonwealth's Attorney, the local ASAP will evaluate an individual for placement in the DUI Drug Court Program prior to conviction or post-conviction. There are two groups that are viewed as potential candidates for the program. First offenders before the court for failure to comply who were not ordered into the DUI drug court at the time of conviction will be eligible. These offenders may be ordered to participate by the court. Offenders with multiple arrests with: a Blood Alcohol Content (BAC) in excess of .20, a failed

CHAPTER FOUR: DUI DRUG TREATMENT COURTS

Figure 10: Virginia DUI Drug Treatment Court Stakeholders, 2011





## CHAPTER FOUR: DUI DRUG TREATMENT COURTS

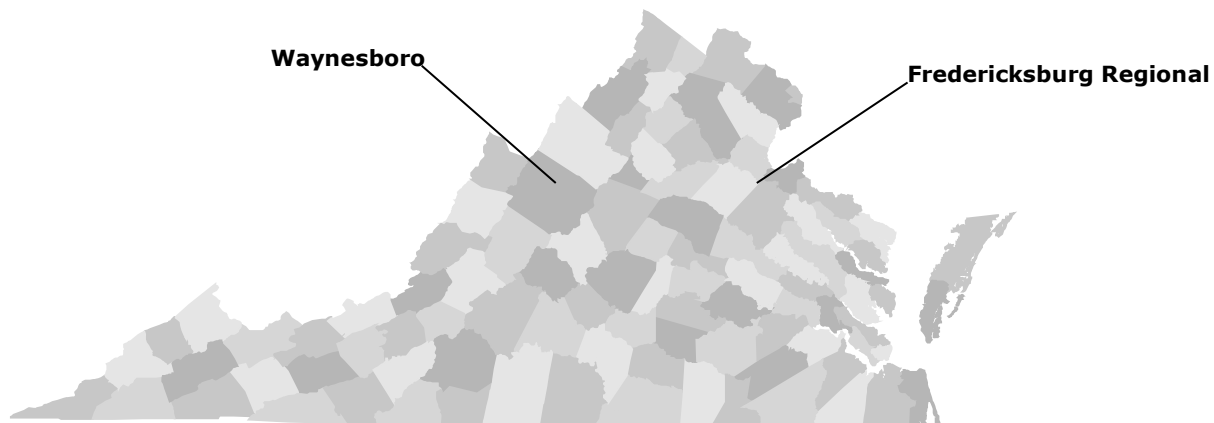
Breath Test for alcohol, a positive Ethyl Glucuronide (EtG) urine test, failed drug test after entering ASAP or non-compliant with ignition interlock are eligible, and may also be ordered into the DUI drug court by the Court. NOTE: Ethyl glucuronide (Etg) is a direct metabolite of alcohol (ethanol). The presence of EtG in urine is an indicator that ethanol was ingested..

The DUI drug court uses the approach that moving quickly to bring offenders into treatment and using a team effort to monitor the participants' progress produces a higher probability that participants will be successful in breaking the cycle of repeated alcohol abuse and preventing new instances of Driving Under the Influence. Participants will not have their charges reduced or dismissed upon the successful completion of the DUI/drug court program. The ultimate goal is to address the reoccurrence rate of Driving Under the Influence and to address the lifelong sobriety of the participants. Benefits of the DUI/drug court include:

- Referring defendants to treatment shortly after arrest.
- Judges closely monitor the progress of participants in the DUI drug court program 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 court operates with the team approach involving judges, prosecutors, defense bar, treatment providers, ASAP staff and community resources.
- The judicial response is designed to have the participant 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 designed to increase the defendant's level of motivation.

The local Alcohol Safety Action Program (ASAP) provides monitoring of each participant throughout the probationary period ordered by the Court. The program requires a minimum participation period of twelve months, consisting of 4-6 months of active treatment and an additional monitoring period of a least 8 months. The program works with Community Services Boards

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



## CHAPTER FOUR: DUI DRUG TREATMENT COURTS

and other treatment providers to provide counseling and treatment for individuals participating in the DUI Drug Court. 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 courts.<sup>5</sup>

### **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 courts accept, assess, and monitor persons according to the policies established by the DUI drug treatment court team. The DUI drug treatment court 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 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 participant fees through the ASAP system. Each local ASAP operates autonomously and is governed by a Policy Board with representatives from the jurisdictions they serve.

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-based DWI Court Program criterion, SAFETEA-LU requires a state to demonstrate a program to refer 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

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<sup>5</sup> <http://www.dwicourts.org/learn/about-dwi-courts/-guiding-principles>

## CHAPTER FOUR: DUI DRUG TREATMENT COURTS

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 for additional 410 grant funds.

### **Operational DUI Drug Treatment Courts in Virginia**

As of the end of Fiscal Year 2011, there were two regional DUI drug courts operating in Virginia. These include the Fredericksburg Regional DUI Drug Court that operates in the Fredericksburg, Spotsylvania and Stafford General District Courts and the DUI Drug Court operating in Waynesboro General District Court, serving Augusta County, Staunton and Waynesboro residents. Figure 11.

Electronic data migration from VASAP's inferno database to the Drug Court Database has been successful this year. However, it was not in time to request the criminal history reports for the DUI drug court participants recidivism results for this report. The DUI Drug Court data reported here was retrieved from the Drug Court Database for both these programs combined. FY2010 data is not included because it only included data from one of the two DUI Drug Courts. Table 26.

### **Summary of 2011 DUI Drug Court Program Activity**

*Referrals.* In FY2011 668 referrals were made to the Fredericksburg Area and Waynesboro Area DUI Drug Courts. The Fredericksburg Area DUI Drug Court serves a greater number of these participants.

*Active Participants.* DUI Drug Courts served 622 participants during FY2011. Currently 415 DUI Drug Court participant remain active. However, the DUI drug courts served more participants than juvenile drug courts.

*Race.* During 2011, the majority of participants in DUI drug courts were white (511 or 82.2%). There were 95 black participants (15.3%). Individuals claiming other racial or ethnic backgrounds made up just less than 3%, collectively.

*Education.* There were 306 participants that indicated 12 years of education. Another 62 participants indicated 13 years, which indicates some post high school education among participants.

*Graduation Rates.* Among the 622 DUI drug court participants in 2011, 200 (32.2%) departed drug court participation in 2011 either by graduation (successful) or revoked (terminated). A total of 132 (66.0% of departures) graduated and 68 (34.0%) were revoked.

**CHAPTER FOUR: DUI DRUG TREATMENT COURTS**

<b>Table 26: 2011 DUI DTC Active Participants &amp; Departures</b>				
<b>Active Participants</b>	622			
<b>Demographic Characteristics</b>	<i>N</i>	<i>%</i>	<i>N</i>	<i>Valid %</i>
<b>Gender</b>				
Males	477			76.7%
Females	145			23.3%
<b>Total</b>	<b>622</b>			<b>100.0%</b>
<b>Race</b>				
White	511			82.2%
Black	95			15.3%
Hispanic	11			1.8%
Asian	1			0.2%
Other	4			0.6%
<b>Total</b>	<b>622</b>			<b>100.0%</b>
<b>Education</b>				
12 years	306		306	83.2%
13 years	62		62	16.8%
No Data	254	40.8%		
<b>Total</b>	<b>622</b>	<b>100.0%</b>	<b>368</b>	<b>100.0%</b>
<b>Departures</b>				
	<i>N</i>	<i>%</i>		
Participants Who Left During Year	200	32.2%		
Completed/Graduated	132	66.0%		
Terminated (Revoked)	68	34.0%		
<b>Total</b>	<b>200</b>	<b>100.0%</b>		

A more detailed summary of the DUI drug court cases will be present in next year's annual report.

## CHAPTER FIVE: FAMILY DRUG TREATMENT COURTS

### 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.

“A family dependency treatment court is a court 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. To accomplish this, the 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 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.”<sup>6</sup>

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.

Family drug courts (FDCs) have adapted the adult criminal drug court model, but with important variations in response to the different needs of families affected by substance use disorders.

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<sup>6</sup> Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model* Monograph. Washington, DC: US Department of Justice.

## CHAPTER FIVE: FAMILY DRUG TREATMENT COURTS

Key adjustments include an emphasis on immediate access to alcohol and drug services coupled with intensive judicial monitoring to support reunification of families affected by substance use disorders. 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.

Family drug treatment court goals include:

- Providing appropriate, timely, and permanent placement of children in a safe healthy environment.
- Stopping the cycle of abuse and neglect in families.
- Providing 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.
- Responding to family issues using a strength-based approach.
- Providing a continuum of family-based treatment and ancillary services for children and parents affected by substance use, abuse, and dependence.
- Providing continuing care and information that families need to access the services they may require to function responsibly.
- Developing cost-effective programming and interventions using the ongoing allocation of resources to support parents and their children.
- Providing gender-specific, culturally and developmentally appropriate treatment.
- Avoiding 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.
- Fostering collaborative relationships among community-based systems so they can effectively manage child abuse and neglect cases.
- Holding parents accountable and responsible for their actions and recovery.

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 FIVE: 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.

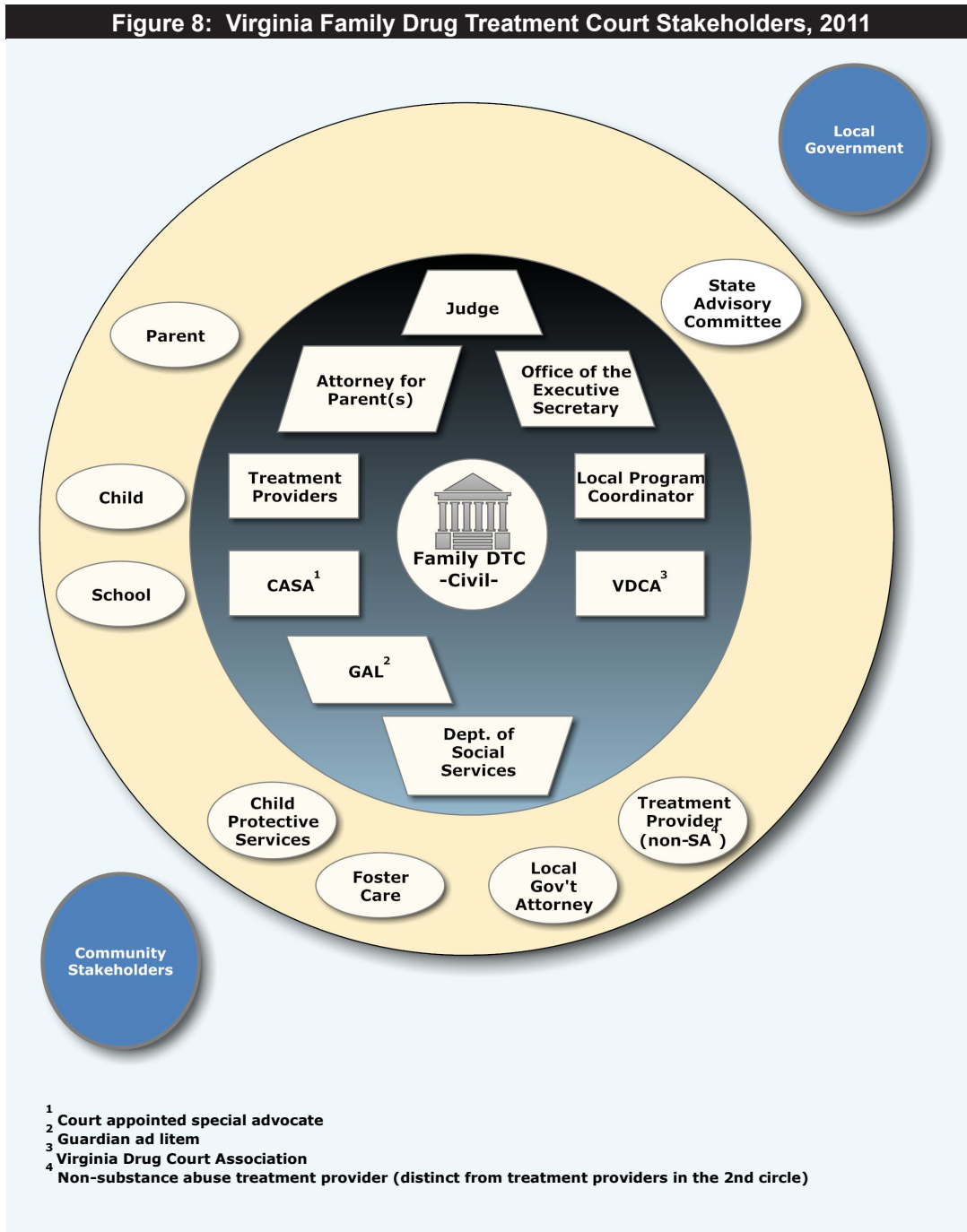
These programs provide permanency for children, sometimes by reunification. Without this program, more children would spend more time in foster care. The Court Appointed Special Advocate (CASA) is a significant partner in this process. When children are removed from the family home and placed in the 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 the court, treatment providers, and social services professionals in a family drug treatment court program provide 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 courts are guided by 10 Key Principles for Permanency Planning for Children. Virginia created and adopted the Family Drug Treatment Court Standards. These standards reflect the existing common characteristics outlined in *Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model* Monograph published by the Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, December 2004. They have been modified for use within the Commonwealth of Virginia. There are and will continue to be differences among individual drug treatment court programs based on the unique needs and operational environments of the local court jurisdictions and the target populations to be served. However, there is also a need for overall uniformity as to basic program components and operational procedures and principles. Therefore, these standards are an attempt

**CHAPTER FIVE: FAMILY DRUG TREATMENT COURTS**

to outline those fundamental standards and practices to which all family drug treatment courts in the Commonwealth of Virginia should subscribe.

**Figure 8: Virginia Family Drug Treatment Court Stakeholders, 2011**





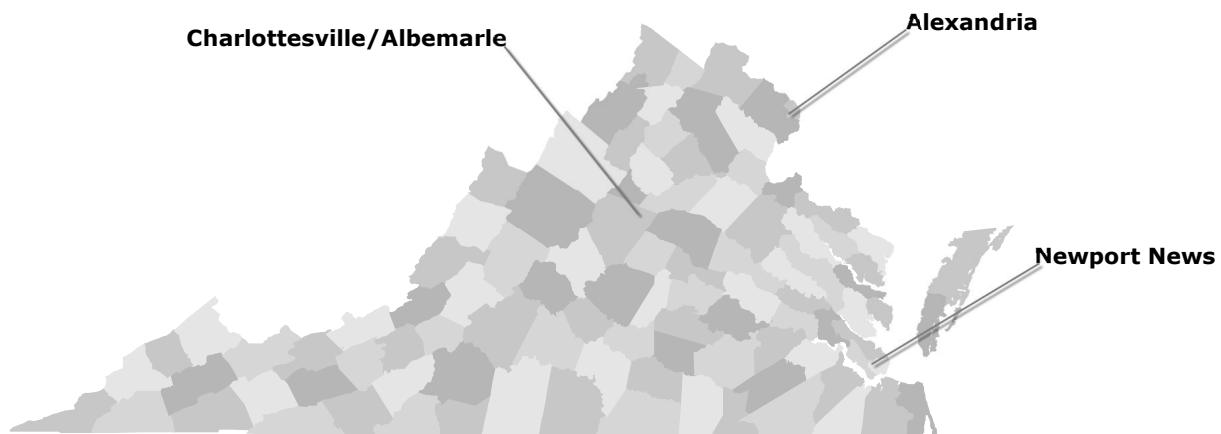
## CHAPTER FIVE: FAMILY DRUG TREATMENT COURTS

### Operational Family Drug Treatment Courts

During 2011, family drug treatment courts operated in the Alexandria, Charlottesville/Albemarle County, and Newport News. All three drug courts operated in juvenile and domestic relations district courts. The 2011 General Assembly did not approve two family drug courts. These included programs in Montgomery (27th Judicial District) and Goochland (16th Judicial District) Juvenile and Domestic Relations District Courts. These family drug court applications were among six requesting approval to establish from the 2011 General Assembly. The two family drug court applications will be among eight localities that will be submitted to the General Assembly in 2012 to request approval to operate.

The first family drug treatment court program in Virginia began in Alexandria in September 2001. Within a year, Charlottesville and Albemarle County began in July 2002. This Drug Court received a federal implementation grant that expired in 2007, while Alexandria continues to operate through local cooperation and support. Charlottesville/Albemarle Family Drug Court received a one-year federal extension for their unspent grant funds. In 2006, the family drug court program in Newport News was implemented after receiving approval from the General Assembly. In March 2011 the Alexandria Family Drug Court Coordinator accepted another position in a different field of work. As a result of this turn over and some needed reorganization this drug court did not accept participants for the remainder of the fiscal year. As a result there is insufficient data to support any conclusions for the family drug court model.

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



## CHAPTER FIVE: FAMILY DRUG TREATMENT COURTS

### Summary of 2011 Family Drug Treatment Court Program Activity

*Referrals and Admissions.* There were 10 referrals made to the Virginia family drug treatment programs in 2011, and 10 were actually admitted. The number of participants during the year totaled 30 compared to 34 in 2010. Table 28.

*Participants.* Of those participating in FDTC programs in 2011, 60.0% were white and 33.3% were black. Among the 29 participants for whom marital status was known, 51.7% were single, 13.8% were separated, and 10.3% were divorced; only 10.3% were married compared to 13.8% who were cohabiting. Unlike in the other drug treatment court models, the majority of participants (76.7%) was female.

*Education.* Of the 27 participants for whom educational information was available nearly a third (29.6%) were high school graduates or received their GED. Two obtained Bachelor's degrees. As in all drug treatment court models, the most prevalent age group was that for participants 20 to 29 years old (56.7% of participants). There was no participant under 20 and only one over 49. Table 28.

*Drug-of-choice.* Data were available for 25 of the 30 participants in 2011. These 25 participants averaged 2 drug selections each. Exactly 60.0% indicated that marijuana was a drug of choice, and 68.0% selected alcohol. Twenty-eight percent of participants selected crack cocaine, and 4.0% selected cocaine powder. Opiates were a drug of choice for 12.0%. Table 29.

*Completions.* Of the 30 participants in 2011, 16 departed the program. Of these, 8 graduated while 8 were terminated from the program. Unsatisfactory performance was the principal reason for termination (4 of 8 participants). The average (mean) length of stay (LOS) was 408 days while the median LOS was 441 days.

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

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<b>Table 27: 2011 Family DTC Referrals &amp; Admissions</b>				
<b>Referred</b>	10			
<b>Admitted</b>	10			
<b>Admittance Rate</b>	100.0%			
<b>Demographic Characteristics</b>				
	<i>N</i>	%	<i>N</i>	Valid %
<b>Gender</b>				
Males	4			40.0%
Females	6			60.0%
<b>Total</b>	<b>10</b>			<b>100.0%</b>
<b>Race</b>				
White	7			70.0%
Black	3			30.0%
Hispanic	0			0.0%
Asian	0			0.0%
Other	0			0.0%
<b>Total</b>	<b>10</b>			<b>100.0%</b>
<b>Age</b>				
Ages 10-19	0			0.0%
Ages 20-29	5			50.0%
Ages 30-39	1			10.0%
Ages 40-49	4			40.0%
Ages 50-59	0			0.0%
Ages 60+	0			0.0%
<b>Total</b>	<b>10</b>			<b>100.0%</b>
<b>Marital Status</b>				
Single	6			60.0%
Separated	2			20.0%
Divorced	1			10.0%
Married	1			10.0%
Cohabiting	0			0.0%
<b>Total</b>	<b>10</b>			<b>100.0%</b>
<b>Education (Highest Level Attained)</b>				
Middle School	0		0	0.0%
9th grade	1		1	11.1%
10th grade	1		1	11.1%
11th grade	0		0	0.0%
12th grade	0		0	0.0%
High School Graduate	2		2	22.2%
GED	3		3	33.3%
Vocational Training	1		1	11.1%
Some College	0		0	0.0%
Associate's Degree	0		0	0.0%
Bachelor's Degree	1		1	11.1%
No Data	1	10.0%		
<b>Total</b>	<b>10</b>	<b>100.0%</b>	<b>9</b>	<b>100.0%</b>

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**Table 28: 2011 Family DTC Participation and Program Departures**

Active Participants During Year					30			
Demographic Characteristics					N	%	N	Valid %
Gender								
Males		7					23.3%	
Females		23					76.7%	
<b>Total</b>		<b>30</b>					<b>100.0%</b>	
Race								
White		18					60.0%	
Black		10					33.3%	
Hispanic		1					3.3%	
Asian		0					0.0%	
Native American		1					3.3%	
Other		0					0.0%	
<b>Total</b>		<b>30</b>					<b>100.0%</b>	
Age								
Ages 10-19		0					0.0%	
Ages 20-29		17					56.7%	
Ages 30-39		5					16.7%	
Ages 40-49		7					23.3%	
Ages 50-59		1					3.3%	
Ages 60+		0					0.0%	
<b>Total</b>		<b>30</b>					<b>100.0%</b>	
Marital Status								
Single		15			15		51.7%	
Separated		4			4		13.8%	
Divorced		3			3		10.3%	
Married		3			3		10.3%	
Cohabiting		4			4		13.8%	
Other		0			0		0.0%	
No Data		1	3.3%					
<b>Total</b>		<b>30</b>	<b>100.0%</b>		<b>29</b>		<b>100.0%</b>	
Education (Highest Level Attained)								
Middle School		1			1		3.7%	
9th grade		1			1		3.7%	
10th grade		8			8		29.6%	
11th grade		1			1		3.7%	
12th grade		2			2		7.4%	
High School Graduate		4			4		14.8%	
GED		4			4		14.8%	
Vocational Training		3			3		11.1%	
Some College		1			1		3.7%	
Associate's Degree		0			0		0.0%	
Bachelor's Degree		2			2		7.4%	
No Data		3	10.0%					
<b>Total</b>		<b>30</b>	<b>100.0%</b>		<b>27</b>		<b>100.0%</b>	

Departures		
	N	%
Participants Who Left During Year	16	53.3%
Completed/Graduated	8	50.0%
Terminated	8	50.0%
<b>Total</b>	<b>16</b>	<b>100.0%</b>
Type of Terminations:		
<i>Absconded</i>	0	0.0%
<i>Excessive relapses</i>	0	0.0%
<i>Minor violations</i>	1	12.5%
<i>New criminal offense</i>	0	0.0%
<i>Other reason (not specified)</i>	3	37.5%
<i>Unsatisfactory performance</i>	4	50.0%
<i>Withdrawal</i>	0	0.0%
<i>Death</i>	0	0.0%
<b>Total</b>	<b>8</b>	<b>100.0%</b>

**CHAPTER FIVE: FAMILY DRUG TREATMENT COURTS**

**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 30.

<b>Table 29: 2011 Family DTC Drug of Choice</b>			
Total Participants		30	
Total Participants with Drug Choice Data Available		25	
Total Drugs Indicated		51	
<b>Drug Type</b>	<b>Total Participants with Drug Choice Indicated</b>	<b>%</b>	<b>% of Available Participants (N=25)</b>
Alcohol	17	33.3%	68.0%
Marijuana	15	29.4%	60.0%
Cocaine Crack	7	13.7%	28.0%
Opiate	3	5.9%	12.0%
Methadone	2	3.9%	8.0%
PCP	2	3.9%	8.0%
Amphetamine	1	2.0%	4.0%
Benzodiazepine	1	2.0%	4.0%
Cocaine Powder	1	2.0%	4.0%
Hallucinogen	1	2.0%	4.0%
Heroin	1	2.0%	4.0%
<b>Total</b>	<b>51</b>	<b>100.0%</b>	

<b>Table 30: 2011 Family DTC Activity Summary</b>			
	<b>2010</b>	<b>2011</b>	<b>%Change</b>
Referrals	22	10	-54.5%
Row %	3.2%	1.3%	
New Admissions	20	10	-50.0%
Row %	4.2%	1.9%	
Active Participants During Year	34	30	-11.8%
Row %	3.8%	2.7%	
Graduated	4	8	100.0%
Row %	2.8%	3.4%	
Graduation Rate	30.8%	50.0%	
Terminated	9	8	-11.1%
Row %	5.3%	3.5%	
Termination Rate	69.2%	50.0%	
Mean Length of Stay	382 Days	408 Days	6.8%
Graduates	513 Days	486 Days	-5.3%
Non-Graduates	324 Days	330 Days	1.9%
Median Length of Stay	357 Days	441 Days	23.5%
Graduates	473 Days	448 Days	-5.3%
Non-Graduates	175 Days	301 Days	72.0%

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



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

**Chair:**

Honorable Cynthia D. Kinser, Chief Justice  
Supreme Court of Virginia

**Vice-Chair:**

Honorable Jerrauld C. Jones, Judge\*  
Norfolk Circuit Court

**Members:**

Karl Hade, Executive Secretary\*  
Office of the Executive Secretary

Assistant Chief Terrell L. Holbrook  
Roanoke County Police Department

Tracey Jenkins, Program Specialist  
Department of Criminal Justice Services

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

Mike Whipple, SA Program Manager  
Department of Corrections

The Honorable W. Randy Carter, Jr., Clerk  
Circuit Court Clerk's Association

Helivi Holland, Director  
Department of Juvenile Justice

The Honorable Humes Franklin, Jr., Judge  
Staunton Circuit Court

The Honorable Charles S. Sharp, Judge\*  
Stafford Circuit Court

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

Julie Truitt, Program Manager  
Dept. of Behavioral Health & Developmental

The Honorable Marcus F. McClung,  
Virginia Association of Commonwealth's  
Attorneys

The Honorable Margaret P. Spencer, Judge\*  
Richmond Circuit Court

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

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

The Honorable David F. Peterson, Judge\*  
Fredericksburg J&DR District Court

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

Mark Blackwell, Executive Director  
SAARA of Virginia, Inc.

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

James Gochenour, Esquire  
Public Defender

Honorable Burke McCahill, Judge  
Loudoun County Circuit Court

Glenn Peterson  
Chesterfield Community Corrections Services

Michelle White, President\*  
Virginia Drug Court Association

Melanie Meadows, Vice President  
Virginia Drug Court Association

Natale Ward  
Virginia Association of Community Services  
Boards

**Staff:**

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

Anna T. Powers, State Drug Court Coordinator  
Judicial Services Department  
Office of the Executive Secretary  
Supreme Court of Virginia

Lakresha D. Etheredge, Assistant to Drug Courts  
Drug Treatment Courts  
Judicial Services Department  
Office of the Executive Secretary  
Supreme Court of Virginia

\*EXECUTIVE COMMITTEE

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

**§ 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

<b>APPENDICES</b>
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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.

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*Appendix III*  
**Virginia's Drug Treatment Court Programs**



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**Virginia's Drug Treatment Court Programs**

**Adult Drug Treatment Courts**

Albemarle County/Charlottesville Drug Court Charlottesville Circuit Court	Newport News Drug Court Newport News Circuit Court
Veritas (Bristol) Drug Court Bristol Circuit Court	Norfolk Drug Court Norfolk Circuit Court
Chesapeake Drug Court Chesapeake Circuit Court	Portsmouth Drug Court Portsmouth Circuit Court
Chesterfield County/Colonial Heights Drug Court Chesterfield Circuit Court	Rappahannock Drug Court (serves the counties of King George, Spotsylvania and Stafford, and the City of Fredericksburg)
Hampton Drug Court Hampton Circuit Court	Richmond Drug Court Richmond Circuit Court
Henrico County Drug Court Henrico Circuit Court	Roanoke Drug Court (serves the County of Roanoke and the cities of Roanoke, Salem and Vinton ) City of Roanoke Circuit Court, County of Roanoke Circuit Court and Salem Circuit Court
Hopewell Drug Court (serves the counties of Prince George and Surry Counties, and the City of Hopewell) Prince George Circuit Court	Staunton Drug Court (serves the County of Augusta and the cities of Staunton and Waynesboro) Staunton Circuit Court
Loudoun County Drug Court Loudoun Circuit Court	Tazewell County Drug Court Tazewell Circuit Court

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**Virginia's Drug Treatment Court Programs (continued)**

**Juvenile Drug Treatment Courts**

Chesterfield County/Colonial Heights Drug Court Chesterfield J&DR District Court	Prince William County Drug Court Prince William J&DR District Court
Franklin County Drug Court Franklin County J&DR District Court	Rappahannock Regional Drug Court (serves the counties of King George, Spotsylvania and Stafford, and the City of Fredericksburg)
Hanover Drug Court Hanover J&DR District Court	Richmond Drug Court Richmond J&DR District Court
Newport News Drug Court Newport News J&DR District Court	Thirtieth District Drug Court (serves the counties of Lee, Scott & Wise ) Lee, Scott, and Wise Counties General and J&DR District Courts

**Family Drug Treatment Courts**

Albemarle County/Charlottesville Drug Court  
Charlottesville J&DR District Court

Alexandria Drug Court  
Alexandria J&DR District Court

Newport News Drug Court  
Newport News J&DR District Court

**DUI Drug Treatment Courts**

Fredericksburg Area Drug Court (serves the counties of Spotsylvania and Stafford, and the City of Fredericksburg) Fredericksburg General District Court Stafford General District Court Spotsylvania General District Court	Waynesboro Area Drug Court (serves the County of Augusta and the cities of Staunton and Waynesboro) Waynesboro General District Court
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*Appendix IV*  
**Drug Courts 2020 Report**

# DRUG COURTS 2020

## Advancing Virginia's Drug Courts

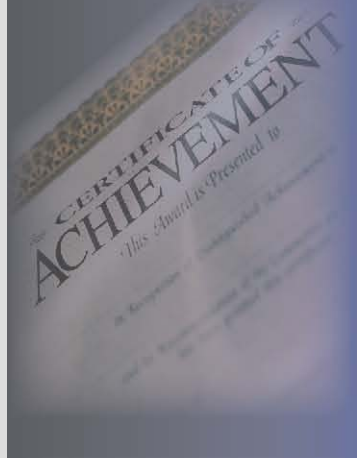
Using Strategies Organized Under the Visions of the Judicial System's Strategic Plan

### Mission

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

Office of the Executive Secretary  
Supreme Court of Virginia

Adopted by the State Drug Treatment Court Advisory Committee



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

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

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

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

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

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

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

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

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

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

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

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

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

## **The Mission of Virginia’s Drug Treatment Courts:**

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

### **Vision 1**

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

Drug Treatment Court Programs will:

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

### **Vision 2**

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

Drug Treatment Court Programs will:

- 2.1 Protect individual rights to due process.<sup>3</sup>

### **Vision 3**

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

Drug Treatment Court Programs will:

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

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<sup>2</sup> 2009 Strategic Plan, Strategy 1.4.

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

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



#### **Vision 4**

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

Drug Treatment Court Programs will:

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

#### **Vision 5**

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

Drug Treatment Court Programs will:

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

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

<sup>5</sup> Strategy 4.2; Key Component Four; Standard VI.

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

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

<sup>7</sup> Key Component Three; Standard V.

<sup>8</sup> See Strategy 6.2.

## **Vision 6**

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

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

- 6.1 Properly secure and account for resources for drug court operations
  - 6.1.1 Encourage localities to work in partnership with the oversight agency to ensure effective operations<sup>9</sup>
- 6.2 Develop and employ meaningful and practical measures of performance and regularly report findings to the public.<sup>10</sup> (Appendix D)
  - 6.2.1 Encourage localities to work in partnership with the oversight agency to ensure effective operations
  - 6.2.2 Endorse and comply with BJA's 10 Key Components. (Appendix C)
- 6.3 Will employ appropriate technologies to enhance their operating performance<sup>11</sup>
- 6.4 Improve the accuracy, timeliness, and use of case-related data.<sup>12</sup>
  - 6.4.1 Improve the accuracy and timeliness of data submissions to the Virginia Drug Treatment Court Database by individual courts.
- 6.5 Demonstrate accountability to the public through the adoption of standard data benchmarks and the annual public reporting of these performance measures.
  - 6.5.1 Utilize a peer review process to promote compliance and accountability in drug treatment court program operations.
- 6.6 Be accountable for sound fiscal policies, ethical practices, and performance reporting.

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<sup>9</sup> Standard XII; see also Strategy 4.6.

<sup>10</sup> Strategy 6.3; Key Component Eight; Standard X.

<sup>11</sup> Strategy 6.8.

<sup>12</sup> Strategy 6.5.

## **Vision 7**

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

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

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

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<sup>13</sup> Strategy 7.3

<sup>14</sup> Strategies 7.3 and 7.4;

<sup>15</sup> Strategy 7.2.

<sup>16</sup> Strategy 6.6.b; Key Component Nine; Standard XI.

<sup>17</sup> Key Component Ten; Standard XII.

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## **Appendices**

Appendix A: State Funding Work Group Report, July 2009

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

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

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

**Appendix A**  
**Virginia Drug Courts**  
**State Funding Work Group Report<sup>18</sup>**  
**July 2009**

*An ongoing strategic goal of Virginia's drug treatment court community has been securing a funding stream that is both reliable in its consistency from year to year and sufficient in scale to at least maintain the operations of the Commonwealth's current programs. Ideally, the community would like to enjoy funding that is also sufficient to support the operation of new programs.*

*In 2009, a work group studied these issues and proposed a plan to address the long-term funding of drug courts in Virginia over a ten year period (see this Appendix). In 2010, a committee of the Drug Courts 2020 Planning Team reviewed the 2009 funding plan and conducted additional research (see Appendix B) to learn more about other states whose drug courts seem closer to achieving the strategic funding goal than is the current situation in Virginia.*

## **Overview**

### **Introduction**

This document, while in draft form, is the work product of the joint Virginia Drug Court Association and Supreme Court of Virginia State Funding Work Group. This document outlines the recommendations developed by the workgroup for a long-term funding strategy. The recommendations will require additional development as we move toward implementation. The members of this work group welcome feedback and the opportunity to continue the partnerships and discussions begun as a result of this project.

### Purpose

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

### Members

Michelle White facilitated the work group with support from Jeff Gould and Dave Pastors and representatives from 12 specific representative courts (one person per court) and three additional individuals from the VDCA, as well as Anna Powers and Paul Delosh from OES. Careful

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<sup>18</sup> This report has been edited for inclusion in this Strategic Plan.

thought and consideration was given as to which courts would be participating in this process, bearing in mind equity in the following categories, among others: type, funded/unfunded, size, age, geographic location and VDCA membership. Drug court representatives from the following areas were invited to participate: Lee/Scott/Wise Juvenile, Alexandria Family, Fredericksburg (Adult & Juvenile-1 rep), Chesterfield Adult, Hanover Juvenile, Hopewell/Prince George/Surry Adult, Richmond Juvenile, Chesapeake Adult, Norfolk Adult and Portsmouth Adult. The additional invitees included Patty Gilbertson and Larry Robinson.

## **Process**

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

- What data elements should funding be tied to?
- What should the cycle for funding be?
- What should the funding mechanism be?
- Should each court that applies to OES for state funding receive funds?
- What should the funding amount be in each category (Adult, Family and Juvenile)?
- Should there be a minimum or maximum amount in each category?
- Should there be base level/ranges of funding for each court in each category?
- Should there be supplemental, performance based grant awards?
- What should the implementation timeline for the funding plan look like?

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

## **Funding**

### **Mechanism & Cycle**

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

#### **1. Initial funding**

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

- Programs may only receive funds once in this category
- Grant period is two years versus the current one year funding cycle (contingent on funding being available)
- Match (cash or in-kind) of 25% is required based on the established formula utilized by the Bureau of Justice Assistance for Drug Court grants
- Grants may be awarded for up to \$120,000 per year or a maximum grant award of \$240,000 for the two-year cycle.

- Programs must have an average number of participants enrolled in the program to receive the base level of funding of \$120,000:
  1. End of Year 1:
    - i. Adult: 6
    - ii. Juvenile: 4
    - iii. Family: 4
  2. End of Year 2:
    - i. Adult: 12
    - ii. Juvenile: 6
    - iii. Family: 6
- Only programs that meet minimum compliance elements (see below) will receive funds

## 2. On-going funding

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

- Programs apply bi-annually
- Grant period is two years
- Match (cash or in-kind) of 25% is required based on the established formula utilized by the Bureau of Justice Assistance for Drug Court grants
- Programs must have an average number of participants enrolled in the program to receive the base level of funding of \$120,000:
  1. End of Year 3 and on-going:
    - i. Adult: 24
    - ii. Juvenile: 9
    - iii. Family: 9
- Grants will be awarded based on number of active participants\* for two previous years per program type and will include ranges so a slight change in caseloads will not be severely detrimental to a program's continued operation:
  1. Adult: maximum of \$250,000 per year
    - i. \$5,000 per participant x 50 participants (maximum)
    - ii. Ranges:
      1. 25-30 participants = \$165,000
      2. 34-41 participants = \$205,000
      3. 42-50 participants = \$250,000
  2. Juvenile: maximum of \$187,500 per year
    - i. \$12,500 per participant x 15 participants (maximum)
    - ii. Ranges:
      1. 10-15 participants = \$187,500
  3. Family: maximum of \$187,500 per year
    - i. \$12,500 per participant x 15 participants (maximum)
    - ii. Ranges:
      1. 10-15 participants = \$187,500
- Only programs that meet minimum compliance elements (see section below) are eligible to receive funds
- Supplemental, Performance Based funds may be available for programs that exceed the target rates (up to \$15,000 per program annually) as a supplement to the baseline



formula established by the numbers served. These funds would be awarded based on a competitive process with a separate grant application. Programs must exceed established benchmarks in both recidivism and retention. They must be in compliance with the Drug Court Standards and data entry requirements. Only programs in the “On-going” category may apply. These funds are subject to availability.

- Maintenance of effort increases may be applied after the initial biennium of funding. It is recommended that funds from the first year of each biennium roll over to the second year of each biennium.
3. Programs that are non-compliant for two consecutive funding cycles may receive reductions or elimination of grant funds. A corrective action plan will be completed after the initial year of non-compliance. The program must then become compliant in the second year or face reductions or elimination of grant funds.

*\*A participant is considered active upon receiving a program acceptance date and continues to be active while receiving services through the program graduation date. Participants are not active if they have absconded for more than 14 days, are incarcerated for more than 14 days (non-sanction) or have graduated from the program (even if they are receiving after care services).*

#### **Compliance Elements**

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

**1. Initial funding category**

- Approval from the General Assembly to operate a Drug Court
- Compliance with Virginia Drug Court Standards per model as determined by the Statewide Advisory Board.
- Database entry compliance (or agreement to comply with data entry if the court is not operational).

**2. On-going funding category**

- Compliance with Virginia Drug Court Standards per model
- Database entry compliance
- Grant reporting compliance
- Accountability compliance

#### **Accountability**

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

Every four years the Supreme Court of Virginia will determine benchmark target rates for program retention and recidivism rates. The benchmark target rate for these two measures will be established by determining the average for all the programs based on the last two years of program operation and adding a range of plus or minus 5%. The target rates will be determined by program type so that like programs will be compared to each other. Once these target rates

are established, each program's individual rates will be compared to the target rate to determine if programs meet, falls below or exceeds the target rate.

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

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

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

## **Role of OES**

### **Internal Infrastructure**

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

### **Grant application process**

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

## **Funding**

A spreadsheet (not attached in this Appendix) projects the funding required to implement this plan over a ten-year period of time. For ease of demonstration, the maximum award amounts were used for each program annually. The programs were listed in order of implementation, first listing currently funded programs and then in order of implementation for unfunded programs. In Year 1, all currently funded programs would receive grant awards based on the new funding plan. Also, in Year 1 two unfunded programs would receive State funds. The spreadsheet also shows that a new program would not be funded until Year 7 of the plan.

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

Fund Two Additional Programs Annually

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

## **Appendix B**

### **2010 Research by the Drug Courts 2020 Funding Committee**

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

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

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

## Drug Treatment Court Funding in Selected States, May 2010

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

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

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

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



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

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

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

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

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

**Summary**

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

## Appendix D

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

[http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/admin/adult\\_standards.pdf](http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/admin/adult_standards.pdf)

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

#### **STANDARD I**

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

#### **STANDARD II**

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

#### **STANDARD III**

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

#### **STANDARD IV**

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

#### **STANDARD V**

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

#### **STANDARD VI**

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

#### **STANDARD VII**

Abstinence is monitored by frequent alcohol and other drug testing.

#### **STANDARD VIII**

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

#### **STANDARD IX**

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

#### **STANDARD X**

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

#### **STANDARD XI**

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

#### **STANDARD XII**

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