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January 22, 2014

The General Assembly of Virginia  
Division of Legislative Automated Systems  
910 Capital Square  
General Assembly Building, Suite 660  
Richmond, VA 23219

Dear Senators and Delegates:

The Virginia Drug Treatment Court Act (Virginia Code 18.2-254.1) directs the Office of the Executive Secretary of the Supreme Court of Virginia, with assistance of the state drug treatment court advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. Pursuant to the Act, a report of these evaluations shall be submitted to the General Assembly. Please find attached the current annual report.

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

Very truly yours,

A handwritten signature in black ink, appearing to read "KRH".

Karl R. Hade

KRH:atp  
Enclosure

# Virginia's Drug Treatment Courts 2013 Annual Report



Office of the Executive Secretary  
Supreme Court of Virginia

## **Preface**

The Virginia Drug Treatment Court Act (*Code of Virginia* §18.2-254.1; see Appendix A) directs the Office of the Executive Secretary of the Supreme Court of Virginia (OES), in consultation with the State Drug Treatment Court Advisory Committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. The Act further directs the OES to annually provide the General Assembly with a report of these evaluations. This report reflects fiscal year 2013 data prepared for the 2014 General Assembly.

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## Executive Summary

### **Virginia Drug Treatment Court Dockets 2013 Annual Report Executive Summary**

In fiscal year 2013, there were thirty-six (36) drug treatment court docket programs approved to operate in Virginia: twenty-two (22) adult, eight (8) juvenile, four (4) family, and two (2) regional DUI Drug Treatment Court Dockets. The Alexandria Family Drug Court closed February 2012 and the Loudoun County Adult Drug Court Program closed June 2012. An additional Adult Drug Treatment Court Docket Program was approved for Arlington Circuit Court in October 2012. Eight localities were approved to establish drug court dockets effective July 2012.

The eight localities approved in July 2012 included an Adult Drug Treatment Court Docket Program in Danville Circuit Court and a Family Drug Treatment Court Docket Program in Montgomery County J&DR District Court which have not had their first docket at the time of writing this report. These programs operate using existing federal, state and/or local resources. This report does not include data for these new programs.

The goals of Virginia drug treatment courts are to:

1. Reduce drug addiction and drug dependency among offenders
2. Reduce recidivism
3. Reduce drug-related court workloads
4. Increase personal, familial and societal accountability among offenders
5. 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 court dockets in fiscal year 2013. 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); and 2) arrest data from the Virginia State Police. Details are provided separately for adult and juvenile drug treatment court dockets. One Family drug treatment court docket accepted participants during calendar year 2012 and another family drug court program opened in June 2013. One family drug court suspended operations in 2012 and another program was approved to operate but has not started as of this report. As a result, there is insufficient data to report on this model. The driving under the influence (DUI) drug treatment court dockets are required to enter data in the Commission for Virginia Alcohol Safety Action Program's (VASAP's) database. DUI Drug Court Data is electronically migrated into the Drug Court Database. Analyses provided in this report were based on data entered for participants in Virginia's drug treatment courts who entered a program after July 1, 2007 and completed successfully or unsuccessfully from a drug

court program on or before June 30, 2013. Statistical information was provided for participants who remain active.

### **Administration of Drug Treatment Court Dockets in Virginia**

The Office of the Executive Secretary, Supreme Court of Virginia, facilitates the development, implementation and monitoring of local adult, juvenile, family, and driving under the influence (DUI) drug treatment court dockets through the Drug Treatment Court Division in the Department of Judicial Services of the Office of the Executive Secretary. The State Drug Treatment Court Advisory Committee, established pursuant to Va. Code §18.2-254.1, offers recommendations to the Chief Justice regarding recognition and funding for drug treatment court docket programs, best practices, and minimum standards for program operations. It also evaluates all proposals for the establishment of new programs and offers recommendations to the Chief Justice.

Across the nation, the executive, legislative and judicial branches of state governments are working together to develop problem-solving courts committed to core principles of therapeutic jurisprudence that address an offender's underlying problems. Increasingly, the public and the other branches of government are looking to the judicial system to address complex social issues that are not being effectively resolved by the traditional legal processes and sentencing methods. In addition, state and local governments are realizing they can save taxpayer dollars through the use of problem-solving courts. To name only a few, some of the problem-solving courts found in many states are drug treatment courts, mental health courts, Veteran's courts, and domestic violence courts.

### **Funding for Drug Treatment Court Dockets**

Virginia's drug treatment court dockets operate under a funding strategy implemented in 2005 to sustain operation and funding of the fourteen (14) original drug treatment courts after their federal funding grants expired. There are ten (10) adult and four (4) juvenile drug treatment court docket programs included in this funding. These programs receive state funds administered through the Supreme Court of Virginia and use these 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). The drug treatment court programs establish memorandums of agreement with their local CSB for needed treatment services with agreed upon financial and/or clinical personnel arrangements. The remaining docket programs operate without state funds; seventeen draw upon local funds, augmented in a few situations by federal grant funds and other resources. Two family and one adult drug treatment court docket programs are not currently accepting participants. The two remaining programs, which are DUI drug court docket programs operated by the local Alcohol Safety Action Program use offender fees to support their program.

In 2013, the OES received a 30 month Statewide Adult Drug Court Discretionary grant award from the Bureau of Justice Assistance (BJA) for \$1.5 million. The purpose of the Adult Drug

Court Discretionary Grant Program (42 U.S.C. 3797u et seq.) is to provide financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders. The FY 2012 Adult Drug Court Discretionary Grant Program will provide grant funds to jurisdictions to implement or enhance a local drug court or to implement, enhance, or expand drug court services statewide. The grant recipient is to use the grant funds to: implement new drug courts; reach capacity of existing drug courts; and expand/enhance capacity of existing drug courts to reach specific or emerging offender populations with drug treatment needs. Funds can also be used at the state level to: improve drug court functioning; increase drug court participation and participant outcomes; track, compile, coordinate, and disseminate state drug court information and resources; increase communication, coordination, and information sharing among drug court programs; conduct a statewide drug court evaluation; or establish a statewide automated drug court data collection and/or performance management system.

The BJA grant award was used to purchase and implement the Risk and Needs Triage (RANT) assessment tool for adult and DUI drug court docket programs as well as the associated training. Grant funds were also used to provide the Moral Reconciliation Therapy (MRT) training, implementation, and participant manuals for adult & DUI drug courts not already using this evidence based program. The RANT and MRT tools are available for adult and DUI docket programs that are not currently receiving federal grant funds. Local financial assistance is also provided to Norfolk, Chesapeake, Buchanan County, Russell County, Tazewell County, Dickenson County, and 30<sup>th</sup> Judicial Circuit adult drug courts and Waynesboro DUI Drug Court. Additionally, funds were designated towards specific drug testing supplies. This grant award will also provide a statewide study of the two regional DUI drug court dockets in Virginia and to study an emerging trend of drug court effectiveness with the prescription drug use population. This study will include five adult drug court docket programs to be determined.

### **Summary of 2013 Drug Treatment Court Docket Program Activity**

Summaries of the major measures of program activity for adult and juvenile drug treatment court docket programs, as well as some demographic information for the DUI drug treatment court dockets are presented in Executive Summary Table 1 on page 1. A more detailed review of these measures can be found in Chapter One while separate reviews of program activity and outcomes are set forth for each model in succeeding chapters.

### **Fiscal Year 2013 Summary Measures**

The following provides a snapshot of the 2013 program summary compared to 2011.

- Increased number of referrals to drug treatment court dockets
- Increased number of participant admissions
- Increased number of active participants



- Increased cost-savings<sup>1</sup> by \$1,865,698 compared to traditional case processing
- Fewer adult participants re-arrested

*Referrals.* There were 1,392 referrals to adult, juvenile and DUI drug treatment court dockets in 2013. This is an increase of 11.4% over 2012. While DUI Drug Court Dockets received 441 referrals, a 4.3% decrease from 2012.

*New Admissions.* New admissions totaled 949 to adult, juvenile, and DUI drug court dockets. This is a 45% increase in the number of new admissions since 2011.

*Active Participants.* In 2013, there were 2,236 active participants in the adult, juvenile, and DUI drug court dockets, an increase of 5.2% from 2012.

*Graduates.* The number of individuals who successfully completed an adult, juvenile, or DUI drug treatment court dockets in 2013 totaled 490 for an overall graduation rate of 59.3%. The graduation rate for the DUI drug court dockets was 74.2%.

*Terminations.* There were 337 persons terminated from an adult, juvenile, or DUI drug treatment court dockets during the year, resulting in an overall termination rate of 40.7%. A 25.8% participant revocation rate was reported in DUI drug treatment court dockets and a 56% termination rate for adult dockets. Terminations and revoked cases constitute unsuccessful program completion.

*Re-arrests.* In 2013, the re-arrest rate was 24.9% for adult, and 12.7% for DUI drug treatment court dockets. This represents a decrease from 2012 figures.

Note: Caution is recommended when comparing re-arrest rates with recidivism. Not all arrests result in conviction and not all arrests and convictions result in re-incarceration. Re-arrest was calculated by the first offense post program departure for all participants. The misdemeanor arrests were separated from the felony arrests in subsequent chapters because most misdemeanor arrests do not result in jail time.

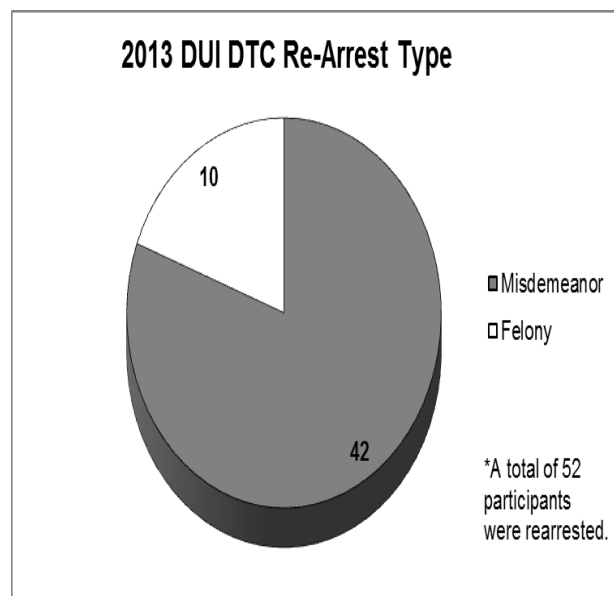
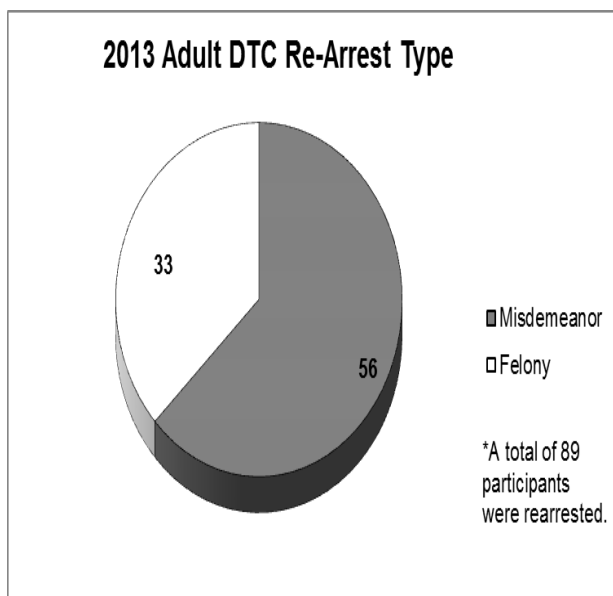
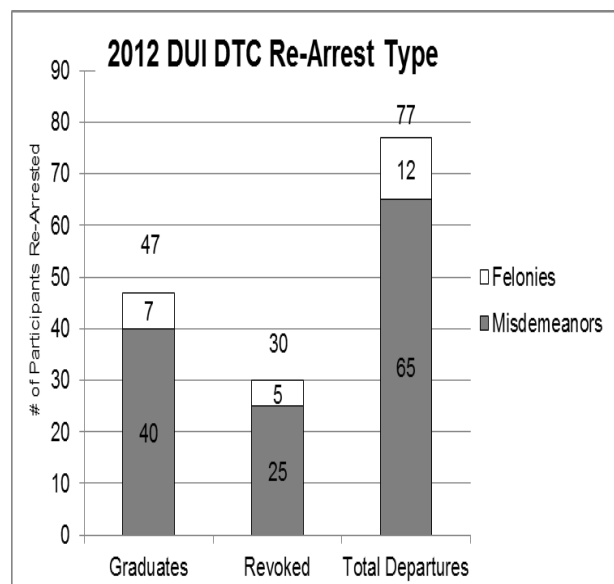
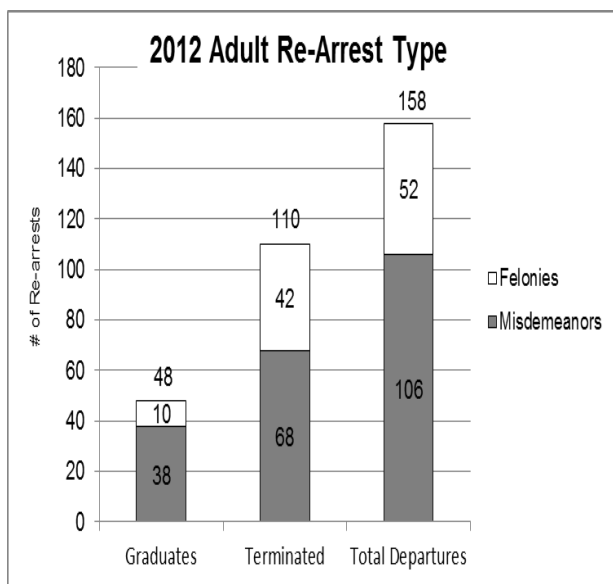
In 2012, the overall re-arrest rate for those departing adult dockets was 40.4% with 24.5% for graduates compared to 56.4% for those terminated. 19.4% of the graduates re-arrested were charged with misdemeanor offenses while only 5.1% were arrested for felony offenses. Nearly 35% of the terminated participants were arrested for misdemeanor offenses while 21.5% were re-arrested for felony offenses. In 2013 there were nearly 75% fewer graduates re-arrested compared to a 30% fewer terminated participants rearrested. The nearly 25% re-arrested in

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<sup>1</sup> Virginia Drug Courts save \$19,234 per person as compared to traditional case processing. FY12 served 1,013 participants and FY13 there were 1,110 participants served. (\$19,484,042 to \$21,349,740, respectively)

2013, 15.7% were charged with misdemeanor offenses while 9.2% were charged with felony offenses. Overall, combining all those who departed drug court in 2013, nearly 44% fewer adult participants were re-arrested compared to 2012.

The 2012 DUI re-arrest rates for DUI docket graduates was 16.2% compared to 32.3% for those revoked. Among the graduates nearly 14% were arrested for misdemeanor offenses while 2.4% were arrested for felony offenses. Nearly 27% of the revoked participants were arrested for misdemeanor offenses while 5.4% were arrested for felony offenses. The re-arrest rate for all DUI docket departures in 2013 was 12.7% which is 32.5% lower than 2012. Among all departures, 10.2% were arrested for misdemeanor offenses while 2.4 were arrested for felony offenses. Overall the re-arrest rate is higher for terminated participants than graduates.



**Executive Summary Table 1: 2013 Adult, Juvenile, and DUI Drug Court Dockets Activity Summary**

	Adult			Juvenile			DUI			Totals		
	2012	2013	%Change	2012	2013	%Change	2012	2013	%Change	2012	2013	%Change
Referrals	668	870	30.2%	120	81	-32.5%	461	441	-4.3%	1249	1392	11.4%
*Row %	53.5%	62.5%		9.6%	5.8%		36.9%	31.7%		100%	100%	
New Admissions	442	485	9.7%	69	55	-20.3%	439	409	-6.8%	950	949	-0.1%
*Row %	46.5%	51.1%		7.3%	5.8%		46.2%	43.1%		100%	100%	
Active Participants During Year	1013	1110	9.6%	152	141	-7.2%	960	985	2.6%	2125	2236	5.2%
*Row %	47.7%	49.6%		7.2%	6.3%		45.2%	44.1%		100%	100%	
Graduated	196	157	-19.9%	31	28	-9.7%	291	305	4.8%	518	490	-5.4%
*Row %	37.8%	32%		6%	5.7%		56.2%	62.2%		100%	100%	
Graduation Rate	50.1%	44%		47.7%	47.5%		75.8%	74.2%		61.7%	59.3%	
Terminated	195	200	2.6%	34	31	-8.8%	93	106	14%	322	337	4.7%
*Row %	60.6%	59.3%		10.6%	9.2%		28.9%	31.5%		100%	100%	
Termination Rate	49.9%	56%		52.3%	52.5%		24.2%	25.8%		38.3%	40.7%	
Re-arrested	158	89	-43.7%	Unavailable			77	52	-32.5%	235	141	-40.0%
*Row %	67.2%	63.1%					32.8%	36.9%		100%	100%	
Re-arrest Rate	40.4%	24.9%					20.1%	12.7%		30.3%	18.4%	
Mean Length of Stay	473	458	-3.2%	357	428	19.9%	463	483	4.3%	460	468	1.7%
Median Length of Stay	425	412	-3.1%	315	379	20.3%	343	344	0.3%	370	364	-1.6%

\*Represents the percentage of the number of participants for each docket model per year.

## CHAPTER ONE: DRUG TREATMENT COURT DOCKETS IN VIRGINIA

### **Virginia Drug Treatment Court Dockets 2013 Annual Report**

#### **Introduction**

The General Assembly enacted the Virginia Drug Treatment Court Act (Va. Code §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 docket in Virginia.

Once implemented, drug court dockets in Virginia and nationwide become an integral part of the court and community response to drug addiction and abuse. As the number of docket 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 court dockets 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
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 court dockets in fiscal year 2013. Information is provided in the report on program participants including demographics, program entry offenses, program length, and re-arrest after program completion or termination. Details are provided separately for adult, juvenile, and driving under the influence (DUI) drug treatment court docket programs. The report is based on data from the drug court database established and maintained by the Office of the Executive Secretary (OES), as well as arrest data from the Virginia State Police and DUI drug court data electronically transferred from VASAP's inferno database to the state drug court database. Drug treatment court staff in local programs enters data on program participants in the drug court database. Local Virginia Alcohol Safety Action Programs (VASAP) enters data for DUI drug courts into their separate data system. This year efforts to electronically migrate the data from

VASAP's database to the drug court database were successful. As a result, data regarding these programs is included in this report. Analyses provided in this report were based on data entered for participants in Virginia's drug treatment courts for participants who entered a program after July 1, 2007, and either graduated or were terminated from a program between July 1, 2007 and June 30, 2013. Statistical information was also provided for participants who remain active.

### **Drug Treatment Court Dockets Approved to Operate**

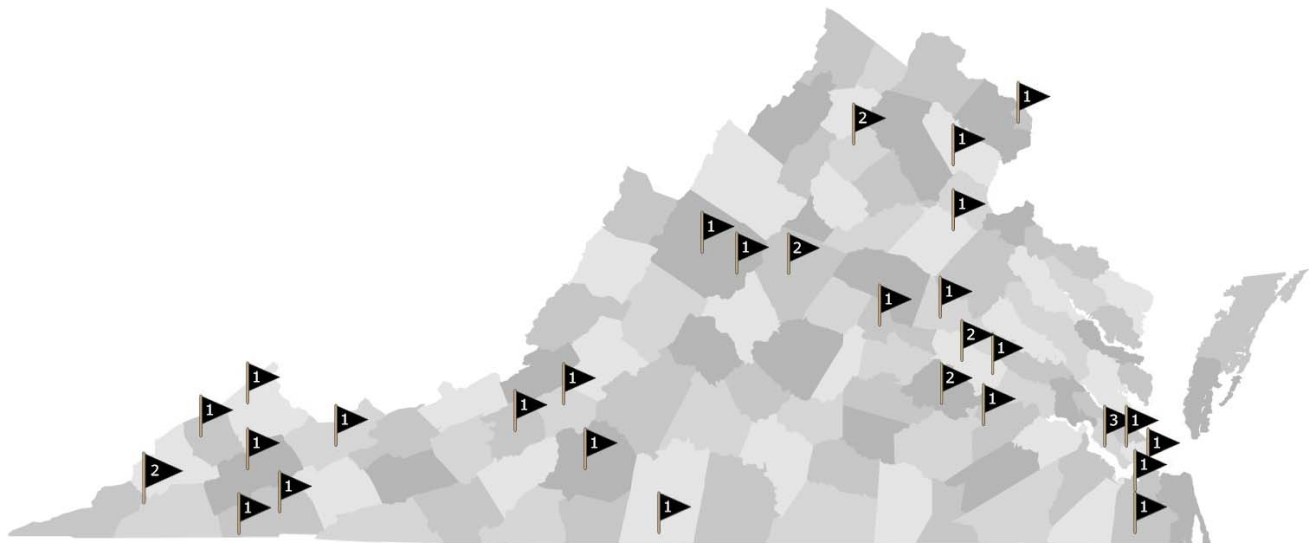
In 2013, there were thirty-six (36) drug treatment court dockets approved to operate in Virginia: twenty-two (22) adult, eight (8) juvenile, four (4) family and two (2) regional DUI drug treatment courts. Twenty-two programs were approved to operate in circuit courts, with two in general district courts and twelve in juvenile and domestic relations district (J&DR) courts. The two docket programs operating in the general district courts were both DUI drug treatment court docket programs. At the time of this report, three drug court docket programs do not have data included in the report. One family drug court in Alexandria closed in February 2012 due to lack of local resources and another family drug court in Newport News stopped accepting drug court participants at about the same time and the Goochland County Family Drug Court began operating June 2013. Additionally the Loudoun County Adult Drug Court closed in June 2012 and the Danville Adult and Montgomery County Family Drug Courts were approved to operate in July 2012 but have not had their first docket. Adult drug courts operate in circuit courts and both juvenile and family drug courts operate in the juvenile and domestic relations district courts. Forty-one (41) Virginia localities currently have at least one type of drug treatment court program in operation. Figure 1

<p style="text-align: center;"><b>General Description of Operational Drug Treatment Court Dockets</b></p> <p><b>22 Adult drug treatment court dockets in circuit courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.</b></p> <p><b>8 Juvenile drug treatment court dockets in juvenile and domestic relations district courts monitor adjudicated delinquents on supervised probation.</b></p> <p><b>4 Family drug treatment court dockets 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.</b></p> <p><b>2 DUI drug treatment court dockets in general district courts monitor DUI offenders through the local Alcohol Safety Action Program.</b></p> <hr/> <p><b>36</b></p>
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In 2012, requests to establish eight new drug court docket programs were not approved by the General Assembly. The Drug Court Advisory Committee reviewed and approved applications for each of these drug court dockets prior to submission to the General Assembly. These included six adult drug court dockets in Buchanan, Dickenson, and Russell Circuit Courts (29<sup>th</sup> Judicial Circuit), Washington County Circuit Court (28<sup>th</sup> Judicial Circuit) a fifth unified drug court for the 30<sup>th</sup> Judicial Circuit (Lee, Scott and Wise Counties), and a sixth in Danville Circuit Court (22<sup>nd</sup> Judicial Circuit). Two family drug court dockets were also part of the new programs requesting approval. They included Goochland J & DR

District Court (16<sup>th</sup> Judicial District) and Montgomery J & DR (27<sup>th</sup> Judicial District). State funds were not requested by any of the programs and only permission to operate was requested as required by statute.

**Figure 1: Drug Treatment Court Dockets in Virginia**



**Adult Drug Treatment Court Dockets**

Arlington County	Norfolk	
Bristol	Portsmouth	<b>N=22</b>
Buchanan County	Rappahannock Regional	
Charlottesville/Albemarle	Richmond City	
Chesapeake	Roanoke City/Salem City/Roanoke County	
Chesterfield/Colonial Heights	Russell County	
Danville	Staunton	
Dickenson County	Tazewell County	
Hampton	Thirtieth Circuit (Lee, Scott & Wise Counties)	
Henrico County	Washington County	
Hopewell/Prince George County		
Newport News		

**Juvenile Drug Treatment Court Dockets**

Chesterfield/Colonial Heights	Prince William County	<b>N=8</b>
Franklin County	Rappahannock Regional	
Hanover County	Richmond City	
Newport News	Thirtieth District (Lee, Scott, and Wise Counties)	

**DUI Drug Treatment Court Dockets**

Fredericksburg Area	Waynesboro Area	<b>N=2</b>
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**Family Drug Treatment Court Dockets**

Charlottesville/Albemarle County	Montgomery County	<b>N=4</b>
Goochland County	Newport News	

Each of these drug court dockets were approved effective July 2012 as a result of budget language allowing the Drug Treatment Court Advisory Committee to approve drug treatment court dockets supported by existing state resources and by federal or local resources without permission from the Code of Virginia. The budget language also included-

"Any drug court treatment programs established after July, 2012, shall limit participation in the program to offenders who have been determined, through the use of nationally recognized, validated assessment tool, to be addicted to or dependent on drugs. However, no such drug court treatment program shall limit its participation to first-time substance abuse offenders only; nor shall it exclude probation violators from participation. The evaluation of drug treatment court programs required by §18.2-254.1 shall include the collection of data needed for outcome measures, including recidivism. Drug treatment court programs shall provide to the Office of the Executive Secretary of the Supreme Court the information needed to conduct such an evaluation."

An additional Adult Drug Treatment Court Docket Program was approved for Arlington Circuit Court in October 2012. The adult felony drug treatment court docket program serving Roanoke City, Roanoke County and the City of Salem (23<sup>rd</sup> Judicial Circuit) is the oldest operating drug treatment court in the Commonwealth having been implemented in September 1995. The program implemented in Arlington County Circuit Court in October 2012 is the newest drug court docket. (Figure 2)

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 Court Dockets in Virginia**

The Office of the Executive Secretary (OES) of the Supreme Court of Virginia facilitates the development, implementation and monitoring of local adult, juvenile, family, and driving under the influence (DUI) drug treatment court dockets through the Drug Treatment Court Division in the Department of Judicial Services. 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. (Figure 2)

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

- Executive Committee acts as an overseer of committee activities and meets monthly to manage the affairs and further the purposes of the Drug Treatment Court Advisory Committee and Virginia's Drug Treatment Court Dockets.
- Operations Committee has the responsibility for developing operating standards applicable to all of Virginia's drug treatment court models. This committee also reviews all applications requesting permission to establish new drug treatment court dockets. In addition, this committee focuses on the training duties set forth in Va. Code §18.2-254.1 (E) (iii) and (iv).
- Planning and Development Committee focuses on the need to obtain permanent or dedicated funding for Virginia's drug treatment court dockets. This committee also works closely with the Judicial Services Department and the legislative division 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 court dockets.
- Evaluation Committee focuses on the duties imposed in Va. Code §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 court dockets 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.

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.

The operations committee has not received any applications requesting permission to establish a drug treatment court docket since October 2012. They have been contacted by various localities giving strong indications that localities will be submitting applications this year.

The evaluation committee monitored the *Virginia Adult Drug Treatment Courts Impact Study* completed in April 2012 and the *Virginia Adult Drug Treatment Courts Cost Benefit Analysis* completed October 2012. Both reports were prepared by the National Center for State Courts for twelve of Virginia's Adult Felony Circuit Drug Courts. The Cost Benefit Analysis was submitted as the required annual report last year.

The Virginia Judicial System's mission 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." In the 2013 State of Judiciary Address Chief Justice Kinser shared, "Another aspect of providing the responsive forum element involves the implementation of programs to solve the problems of the users of our courts."

Across the nation, the executive, legislative, and judicial branches of state governments are working together to develop problem-solving courts committed to core principles of therapeutic jurisprudence that



address an offender's underlying problems. Increasingly, the public and the other branches of government are looking to the judicial system to address complex social issues that are not being effectively resolved by the traditional legal processes and sentencing methods. In addition, state and local governments are realizing they can save taxpayer dollars through the use of problem-solving courts. To name only a few, some of the problem-solving courts found in many states are drug treatment courts, mental health courts, Veteran's courts, and domestic violence courts.

In 2011, legislation similar to the Drug Treatment Court Act addressed criminal justice procedures for Veterans and active military service members. As introduced, the legislation paralleled the Drug Treatment Court Act, but eliminated the courts' involvement. As a result, the Veteran's program is not a Veterans court but is, an early intervention of mental health and substance abuse services for Veterans and active military personnel who are involved in the criminal justice system."

**Virginia's Drug Treatment Court Dockets Mission:**

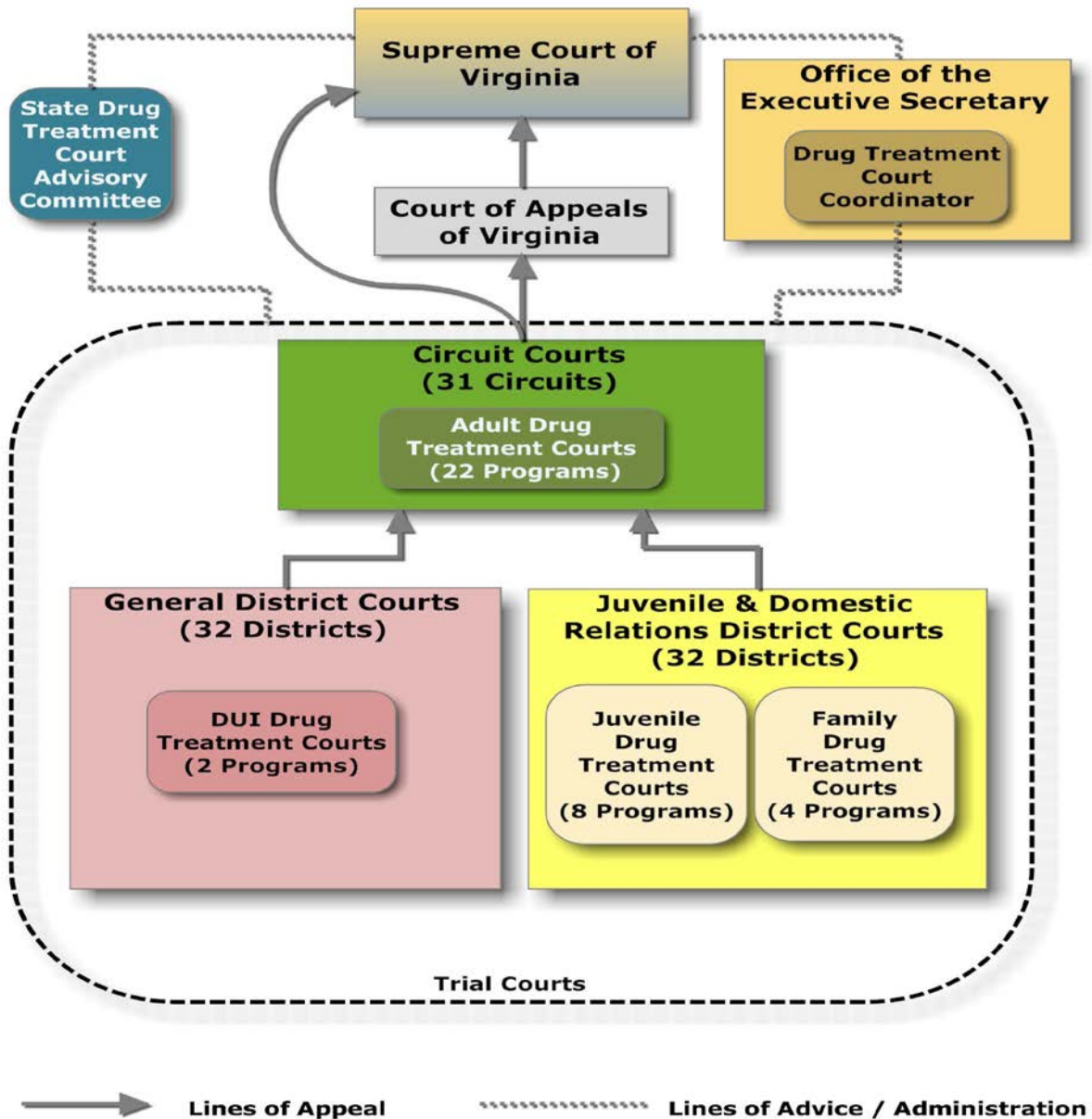
*To provide a judicially-supervised, cost-effective, collaborative approach for handling court-involved individuals with substance use disorders that promotes public safety, ensures accountability, and transforms participants into productive members of the community.*

**Funding for Drug Treatment Court Dockets**

Virginia's drug treatment court dockets operate under a funding strategy implemented in 2005 to sustain operation and funding for the fourteen (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; by drawing upon local resources augmented in a few situations by federal grant funds and other resources. The two remaining programs, which are DUI drug court docket programs operated by the local Alcohol Safety Action Program, use offender fees.

Figure 2: Administration of Drug Treatment Court Dockets in Virginia

**Drug Treatment Courts  
Within the Virginia Court System**



**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 court docket programs. The information in the drug court database was used to generate the statistics contained in this report for the adult, juvenile, and DUI drug treatment court dockets.

Statewide training efforts for drug treatment courts have been made available through a federal grant administered through the Department of Motor Vehicles (DMV) Highway Safety Office. This training is offered to all existing drug court staff as well as drug court staff who are involved in the planning for new drug court dockets. The 2013 training was in Portsmouth with the theme, *Virginia Drug Courts Moving Forward*. Presentations on: Addiction vs. Dependence: What's a Judge to Do? by Dr. Stephen Loyd, MD from East Tennessee State University: Quillen College of Medicine; Health & Wellness by Pam Rickard from Runwell: The Linda Quirk Foundation (which provided mini-grants to the Franklin County Juvenile Drug Court); Monitoring the DUI Offender by the Honorable J. Michael Kavanaugh, Retired Judge, from National Center for DWI Courts; Trends in Adolescent Substance Abuse by Tony Roman, CSAC from Family Insight, P.C.; The Portsmouth Adult Drug Treatment Court moved their Docket to the conference to demonstrate how this locality operates their status hearing. Secretary William Hazel M.D., Virginia Secretary of Health and Human Resources provided supporting comments; Mental Health First Aid presented by Dr. James Reinhard, M.D. from Cook Counseling Center: Virginia Tech University, Multi-Jurisdictional Supervision by Tazewell County Sheriff Brian Hieatt, Russell County Sheriff Steve Dye, and Buchanan County Sheriff Ray Foster; Social Media Judicial Canons by Jeff Geiger, Esquire from Sands Anderson, P.C.; and Engendering Respect by William McCoy from The McCoy Company. A portion of these grant funds was also made available for attendance at the National Association of Drug Court Professionals (NADCP) Conference and in-state training purposes for the past seven years.

The National Highway Traffic Safety Administration (NHTSA), Office of Safety Programs, Enforcement and Justice Services Division awarded a training scholarship to the Rockingham/Harrisonburg DUI Drug Court Docket planning team to attend the three and one-half days 2013 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 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 team 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. This training for operational Drug Courts assists 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. This team was unable to participate in the 2013 training but hope to be selected again to participate in the 2014 training.

**Figure 3:  
Approved Virginia Drug Treatment Court Dockets  
2013**

<b>Locality</b>	<b>Court</b>	<b>Court Type</b>	<b>Operational Date</b>
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 Regional Programs: Fredericksburg King George County Spotsylvania County Stafford County	Circuit, J&DR	Adult felony (4) Juvenile (5)	October 1998 October 1998
Norfolk	Circuit	Adult felony (6)	November 1998
Newport News	Circuit	Adult felony (7)	November 1998
Fredericksburg Area Programs: Fredericksburg, Spotsylvania County & Stafford County King George County	Gen. District	DUI (8)	May 1999  October 2011
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	September 2001 CLOSED 2-14-12
Newport News	J&DR	Juvenile (12)	March 2002
Charlottesville Albemarle County	J&DR	Family (13)	July 2002
Staunton	Circuit	Adult felony (14)	July 2002
Hopewell, Prince George County & Surry County	Circuit	Adult felony (15)	September 2002
Lee/Scott/Wise Counties	J&DR	Juvenile (16)	September 2002
Chesterfield County/Colonial Heights	J&DR	Juvenile (17)	January 2003
Henrico County	Circuit	Adult felony (18)	January 2003
Hampton	Circuit	Adult felony (19)	February 2003
Hanover County	J&DR	Juvenile (20)	May 2003
Prince William County	J&DR	Juvenile (21)	May 2004
Loudoun County	Circuit	Adult felony	May 2004 CLOSED 6-2012
Chesapeake	Circuit	Adult felony (22)	August 2005
Newport News	J&DR	Family (23)	July 2006 SUSPENDED
Tazewell County	Circuit	Adult Felony (24)	March 2009
Franklin County	J&DR	Juvenile (25)	July 2009
Bristol	Circuit	Adult Felony (26)	March 2010
Waynesboro Area: Augusta County Staunton & Waynesboro	Gen. District	DUI (27)	2002 Approved May 2010
Buchanan County	Circuit	Adult Felony (28)	July 2012
Dickenson County	Circuit	Adult Felony(29)	July 2012
Russell County	Circuit	Adult Felony(30)	July 2012
30 <sup>th</sup> Judicial Circuit (Lee, Scott & Wise Counties)	Circuit	Adult Felony(31)	July 2012
Washington County	Circuit	Adult Felony (32)	July 2012
Montgomery County	J&DR	Family (33)	July 2012
Goochland County	J&DR	Family (34)	July 2012
Danville	Circuit	Adult Felony (35)	July 2012
Arlington County	Circuit	Adult Felony (36)	October 2012

## Summary of Drug Treatment Court Docket Activity

*Referrals.* In 2013, 1,392 referrals were made to Virginia's adult, juvenile, and DUI drug treatment court docket programs. Referrals include all sources through which participants are recommended to participate in a program. Of these 1,392 referrals, 870 (62.5%) were referred to an adult drug court, 81 (5.8%) were referred to a juvenile drug court, and 441 (31.7%) were referred to a DUI drug treatment court. The referrals to adult drug treatment court dockets increased by 30% from 2012 to 2013 this increased the statewide drug court referrals by 11.4% for the same time periods. Anecdotally this more than likely is due to the increase in the number of adult drug court dockets approved to operate in the Commonwealth. Table 1.

*Admissions.* Not all of those referred to a drug treatment court docket are accepted or admitted. In 2013, only 485 (or 51%) of those referred to an adult program were admitted. For juvenile drug courts, 55 (68%) were admitted; and 409 (93%) were admitted to DUI drug courts. A total of 949 new admissions were accepted in Virginia's drug court dockets in 2013. This is nearly the same number (950) admitted in 2012.

*Participants.* The number of active participants in local drug court dockets (excluding the family drug court dockets) during 2013 totaled 2,236. Among these were 1,110 participants in adult drug court dockets, 141 in juvenile drug court dockets, and 985 in DUI drug court dockets. Comparing the participant numbers to the prior year, 2012 the number of juvenile participants is 7.2% lower this year while the number of adult and DUI participants have each increased. Table 2.

In 2012 and 2013, the typical participant in drug court was a white single male, high school graduate between the ages of 20 and 39.

*Race.* Adult, juvenile, and DUI drug treatment court dockets each had a majority of White participants in 2013. Overall drug courts saw 66.4% white participants, 31.2% Black participants, and nearly 2% Hispanic participants. All other races accounted for less than 1% each. The same percentage of White participants occurred in the juvenile and DUI drug court dockets (73.5% & 73.8%, respectively) with 58.6% in the adult court dockets. Forty percent of the adult drug treatment court docket participants were Black, while DUI and juvenile dockets saw 23% and 21%, black participants respectively. The adult drug court docket saw 0.5% Hispanic participants while the DUI and juvenile dockets saw 2.6% and 2.2% respectively.

*Gender.* In 2013 Virginia's drug court dockets saw nearly two male participants (68.2%) to every female participant (31.8%). The majority of participants were male in each adult, DUI, and juvenile drug court dockets (57.6%, 79.5% and 72.3%, respectively).

*Age.* The largest percentage (36%) of age-range for participants in Virginia drug dockets in 2013 was 20-29 followed by 30-39 at 24%. The most commonly occurring age range of participants in adult and DUI drug court dockets was 20-29 with 35.5% and 41.7% of participants respectively. Nearly all participants in the juvenile drug court dockets ranged between 10 and 18 years of age. In adult drug courts, 10.4% of participants were over 50 years old.

*Marital Status.* In 2013, among adult, juvenile and DUI total participants 64% of participants were single, 16.3% were married and 11.7% divorced. The adult drug court dockets served participants reported as 66.2% single, 13.2% married and 11% divorced while all juvenile participants were single. The DUI drug court dockets served 57% single, 21.3% married and 14% divorced participants.

*Education.* At the time of admission, one in every five adult drug court docket participants (21%) graduated from high school in 2013. Nearly one in five adult participants (19.8%) had some college and 16.8% achieved a GED certificate. The majority of juvenile drug court docket participants completed 9<sup>th</sup> grade (30.2%), with 24% completing 10<sup>th</sup> grade and 22% completed the 11<sup>th</sup> grade at time of admission. The education level for DUI drug court docket participants is not available for this report.

**Table 2: 2013 Adult, Juvenile, & DUI Dockets Active Participants**

Active Participants During Year	Adult				Juvenile				DUI				Totals				
	1110				141				985				2,236				
Demographic Characteristics of Participants	N	%	N	Valid %	N	%	N	Valid %	N	%	N	Valid %	N	%	N	Valid %	
<b>Gender</b>																	
Males	639		639	57.6%	102		102	72.3%	783		783	79.5%	1524		1524	68.2%	
Females	471		471	42.4%	39		39	27.7%	202		202	20.5%	712		712	31.8%	
No Data	0	0.0%			0	0.0%			0	0.0%			0	0.00			
<b>Total</b>	<b>1110</b>	<b>100%</b>	<b>1110</b>	<b>100%</b>	<b>141</b>	<b>100%</b>	<b>140</b>	<b>100%</b>	<b>985</b>	<b>100%</b>	<b>985</b>	<b>100%</b>	<b>2236</b>	<b>100%</b>	<b>2236</b>	<b>100%</b>	
<b>Race</b>																	
White	606		606	58.6%	100		100	73.5%	725		725	73.8%	1431		1431	66.4%	
Black	418		418	40.4%	29		29	21.3%	226		226	23.0%	673		673	31.2%	
Hispanic	5		5	0.5%	3		3	2.2%	26		26	2.6%	34		34	1.6%	
Asian	5		5	0.5%	1		1	0.7%	5		5	0.5%	11		11	0.5%	
Other	1		1	0.1%	3		3	2.2%	1		1	0.1%	5		5	0.2%	
No Data	75	6.8%			5	3.5%			2	0.2%			82	3.7%			
<b>Total</b>	<b>1110</b>	<b>100%</b>	<b>1035</b>	<b>100%</b>	<b>141</b>	<b>100%</b>	<b>136</b>	<b>100%</b>	<b>985</b>	<b>100%</b>	<b>983</b>	<b>100%</b>	<b>2236</b>	<b>100%</b>	<b>2154</b>	<b>100%</b>	
<b>Age</b>																	
Ages 10-19	42		42	3.8%	140		140	99.3%	29		29	3.0%	211		211	9.5%	
Ages 20-29	393		393	35.5%	1		1	0.7%	408		408	41.7%	802		802	36.0%	
Ages 30-39	301		301	27.2%	0		0	0.0%	234		234	23.9%	535		535	24.0%	
Ages 40-49	257		257	23.2%	0		0	0.0%	159		159	16.2%	416		416	18.7%	
Ages 50-59	105		105	9.5%	0		0	0.0%	126		126	12.9%	231		231	10.4%	
Ages 60-69	10		10	0.9%	0		0	0.0%	23		23	2.3%	33		33	1.5%	
No Data	2	0.2%			0	0.0%			6	0.6%			8	0.4%			
<b>Total</b>	<b>1110</b>	<b>100%</b>	<b>1108</b>	<b>100%</b>	<b>141</b>	<b>100%</b>	<b>141</b>	<b>100%</b>	<b>985</b>	<b>100%</b>	<b>979</b>	<b>100%</b>	<b>2236</b>	<b>100%</b>	<b>2228</b>	<b>100%</b>	
<b>Marital Status</b>																	
Single	556		556	66.2%	141		141	100.0%	559		559	57.0%	1256		1256	64.0%	
Separated	59		59	7.0%	0		0	0.0%	61		61	6.2%	120		120	6.1%	
Divorced	92		92	11%	0		0	0.0%	137		137	14.0%	229		229	11.7%	
Married	111		111	13.2%	0		0	0.0%	209		209	21.3%	320		320	16.3%	
Cohabiting	16		16	1.9%	0		0	0.0%	0		0	0.0%	16		16	0.8%	
Widowed	5		5	0.6%	0		0	0.0%	14		14	1.4%	19		19	1.0%	
Other	1		1	0.1%	0		0	0.0%	0		0	0.0%	1		1	0.1%	
No Data	272	24.3%			0	0.0%			5	0.5%			275	12.3%			
<b>Total</b>	<b>1110</b>	<b>100%</b>	<b>840</b>	<b>100%</b>	<b>141</b>	<b>100%</b>	<b>141</b>	<b>100%</b>	<b>985</b>	<b>100%</b>	<b>980</b>	<b>100%</b>	<b>2236</b>	<b>100%</b>	<b>1961</b>	<b>100%</b>	
<b>Education (Highest Level Attained)</b>																	
Primary School	1		1	0.1%	0		0	0.0%	Unavailable				1		1	0.1%	
Middle School	19		19	2.4%	7		7	7.3%		26		26	2.9%	26		26	2.9%
9th grade	31		31	3.9%	29		29	30.2%		60		60	6.8%	60		60	6.8%
10th grade	59		59	7.5%	23		23	24.0%		82		82	9.2%	82		82	9.2%
11th grade	70		70	8.8%	21		21	21.9%		91		91	10.3%	91		91	10.3%
12th grade	96		96	12.1%	10		10	10.4%		106		106	12.0%	106		106	12.0%
High School Graduate	165		165	20.9%	2		2	2.1%		167		167	18.8%	167		167	18.8%
GED	133		133	16.8%	4		4	4.2%		137		137	15.4%	137		137	15.4%
Vocational Training	12		12	1.5%	0		0	0.0%		12		12	1.4%	12		12	1.4%
Some College	157		157	19.8%	0		0	0.0%		157		157	17.7%	157		157	17.7%
Associate's Degree	23		23	2.9%	0		0	0.0%		23		23	2.6%	23		23	2.6%
Bachelor's Degree	19		19	2.4%	0		0	0.0%		19		19	2.1%	19		19	2.1%
Post-Bachelor's education	6		6	0.8%	0		0	0.0%		6		6	0.7%	6		6	0.7%
No Data	319	28.7%			45	31.9%				364	29.1%			364	29.1%		
<b>Total</b>	<b>1110</b>	<b>100%</b>	<b>791</b>	<b>100%</b>	<b>141</b>	<b>100%</b>	<b>96</b>	<b>100%</b>		<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>1251</b>	<b>100%</b>	<b>887</b>	<b>100%</b>

*Drugs of Choice.* When admitted to a drug treatment court docket, participants are asked what drug they identify as their “drug of choice” or “drug of preference”. The data confirms drug addicts do not limit themselves exclusively to their preferred choice. The 2013 participants selected 3,530 drug choices among 911 participants that identified a preference. This demonstrated 3.9 separate drug choice selections were made per person. Seventy-three (73%) of adult and juvenile participants with drug choice data selected prescription pills, and 66% selected alcohol as drug of choice, closely followed by marijuana with 64.5%, and 37% of participants selected heroin. Combining crack and powder cocaine reveals just over 72% selected some sort of cocaine as drug of choice. The most commonly selected drugs of choice were prescription pills and cocaine (18.7% of reported selections each), followed by alcohol and marijuana selected nearly 17% of the time each and heroin selected 9.5% of the time. Table 3.

<b>Table 3: 2013 Adult &amp; Juvenile Participants' Drugs of Choice</b>			
Total Participants	1,251		
Total Participants with Drug Choice Data Available	911		
Total Drugs Indicated	3,530		
<b>Drug Type</b>	<b>Total Participants with Drug Choice Indicated</b>	<b>%</b>	<b>% of Available Participants (N=911)</b>
Prescription Pills ( Opiates, including Oxycontin & Benzodiazepines)	661	18.7%	72.6%
Alcohol	598	16.9%	65.6%
Marijuana	588	16.7%	64.5%
Cocaine Crack	435	12.3%	47.7%
Heroin	336	9.5%	36.9%
Cocaine Powder	225	6.4%	24.7%
Amphetamine/Methamphetamine	122	3.5%	13.4%
Ecstasy	117	3.3%	12.8%
LSD	79	2.2%	8.7%
Methadone	71	2.0%	7.8%
Mushrooms	68	1.9%	7.5%
Hallucinogen	39	1.1%	4.3%
K2/Spice	39	1.1%	4.3%
Over the Counter	30	0.8%	3.3%
PCP	24	0.7%	2.6%
Hashish	21	0.6%	2.3%
Inhalant	17	0.5%	1.9%
Bath Salt	11	0.3%	1.2%
Ketamine (Special K)	10	0.3%	1.1%
Barbiturate	4	0.1%	0.4%
Other	35	1.0%	3.8%
<b>Total</b>	<b>3,530</b>	<b>100.0%</b>	



*Drug Screenings.* In 2013, adult, DUI and juvenile drug court dockets administered over 79,000 drug screenings with an average of 41.4 screenings per participant for the year. 4.3% resulted in positive for drug results. The adult drug court dockets administered over 68,000 drug screenings with an average of nearly 68 screenings per participant for the year. The juvenile drug court dockets administered over 4,000 drug screenings with an average of 35 screenings per participant. Adult had results of 3.6% positive for drug results and the juveniles had slightly more than 6% positive results. The DUI drug court docket administered over 7,000 drug screenings with an average of 9 per participant and slightly more than 10% resulting in positive drug results. Table 4.

<b>Table 4: 2013 Adult, Juvenile, &amp; DUI Drug Screenings</b>								
	<b>Adult</b>				<b>Juvenile</b>			
<b>Participants</b>	<b>1110</b>				<b>141</b>			
	<i>N</i>	%	<i>N</i>	Valid %	<i>N</i>	%	<i>N</i>	Valid %
Negative	519		519	51.8%	57		57	44.5%
Positive	483		483	48.2%	71		71	55.5%
No Data	108	9.7%			13	9.2%		
<b>Total</b>	<b>1110</b>	<b>100.0%</b>	<b>1002</b>	<b>100.0%</b>	<b>141</b>	<b>100.0%</b>	<b>128</b>	<b>100.0%</b>
<b>Drug Screenings</b>	<b>68,057</b>				<b>4,498</b>			
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Negative		65,614		96.4%		4,224		93.9%
Positive		2,443		3.6%		274		6.1%
<b>Total</b>		<b>68,057</b>		<b>100.0%</b>		<b>4,498</b>		<b>100.0%</b>
<b>Screenings Per Participant</b>		<b>67.9</b>				<b>35.1</b>		
<b>Positive Screenings Per Participant</b>		<b>2.4</b>				<b>2.1</b>		
	<b>DUI</b>				<b>Totals</b>			
<b>Participants</b>	<b>985</b>				<b>2,236</b>			
	<i>N</i>	%	<i>N</i>	Valid %	<i>N</i>	%	<i>N</i>	Valid %
Negative	533		533	67.2%	1109		1109	57.7%
Positive	260		260	32.8%	814		814	42.3%
No Data	192	19.5%			313	14.0%		
<b>Total</b>	<b>985</b>	<b>100.0%</b>	<b>793</b>	<b>100.0%</b>	<b>2,236</b>	<b>100.0%</b>	<b>1,923</b>	<b>100.0%</b>
<b>Drug Screenings</b>	<b>7,131</b>				<b>79,686</b>			
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Negative		6389		89.6%		76,227		95.7%
Positive		742		10.4%		3,459		4.3%
<b>Total</b>		<b>7,131</b>		<b>100.0%</b>		<b>79,686</b>		<b>100.0%</b>
<b>Screenings Per Participant</b>		<b>9.0</b>				<b>41.4</b>		
<b>Positive Screenings Per Participant</b>		<b>0.9</b>				<b>1.8</b>		

*Program Entry Offenses.* There were 1,251 participants in adult and juvenile drug treatment courts in FY2013, 1,110 adults and 141 juveniles. Offenses with which participants are charged and for which they are referred to a drug treatment court docket are noted at program entry. The

top 25 offenses are reported below. Other offenses appeared less than 1% and are not reflected individually below. Data entered indicates an average of 1.88 charges per participant were recorded in FY2013. By far, the most frequent charge reported for drug court docket participants in 2013 was possession of a Schedule I or II drug (nearly 43% of participants and 23% of charges reported), and violation of probation (about 26% of participants and 14% of charges reported). Other offenses were less likely among drug treatment court docket participants such as grand larceny (14.3% of participants and 7.6% of charges reported) and prescriptions obtained by fraud/forgery (4.6% of participants or 2.5% of charges reported). Table 5.

<b>Table 5: 2013 Adult and Juvenile Participants' Entry Offense</b>			
Total Participants	1,251		
Total Participants with Available Arrest Data	1040		
Total Offenses Indicated	1958		
<b>Offense Total</b>	<b># of Participants w/ Offense Indicated</b>	<b>%</b>	<b>% of Participants (N=1040)</b>
Drugs: Possess Schedule I Or II	443	22.6%	42.6%
Probation Violation	272	13.9%	26.1%
Grand Larceny: \$200+ Not From A Person	149	7.6%	14.3%
Drugs: Possess Marijuana, 1St Off	59	3.0%	5.7%
Petit Larceny: <\$200 Not From A Person	51	2.6%	4.9%
Prescriptions: Obtain By Fraud/Forgery/Etc	48	2.5%	4.6%
Shoplift/Alter Price: Larceny >=\$200	47	2.4%	4.5%
Drugs: Possess W/Intent To Manuf/Sell Sch I, II	47	2.4%	4.5%
Other Forgery Writing:Not In 18.2-168 & 18.2-170	32	1.6%	3.1%
Probation Violation - J&DR Court	31	1.6%	3.0%
Obtain Money/Etc: False Pretense, Larceny>=\$200	30	1.5%	2.9%
Alcohol: Purch/Possess By Person <21Y	28	1.4%	2.7%
Order: Violation Of J&Dr Court Order	25	1.3%	2.4%
Other Forgery Writing: Employ As True	22	1.1%	2.1%
Shoplift/Alter Price: Larceny <\$200, 1St Off	22	1.1%	2.1%
Credit Card Larceny: Take/Obtain No.	21	1.1%	2.0%
Stolen Property: w/ Intent To Sell, Larceny >\$200	19	1.0%	1.8%
Obtain Money/Etc: False Pretense, Larceny<\$200	18	0.9%	1.7%
Assault: (Misdemeanor)	16	0.8%	1.5%
Drugs: Possess Sch III	14	0.7%	1.3%
Burglary: Enter House To Commit Larceny/A&B/Etc	13	0.7%	1.2%
Drugs: Distrib/wi Marijuana >1/2 Oz To 5 Lbs	13	0.7%	1.2%
DWI: 1st Off, BAC .08-.14%	13	0.7%	1.2%
Credit Card Forgery	12	0.6%	1.2%
Others	513	26.2%	49.3%
<b>Total</b>	<b>1,958</b>	<b>100.0%</b>	

## Summary of 2013 Participant Departures from Drug Treatment Court Docket Programs

*Graduation Rates.* Among the 2,236 adult, DUI, and juvenile drug court docket active participants in 2013, 827 (37%) exited program participation through either graduation or termination. A total of 490 (59%) graduated and 337 (41%) were terminated. The graduation rate was highest among DUI docket participants at 74%. The 2013 adult graduation rate was 44%. The juvenile graduation rate was 47.5%.

*Terminations.* The most frequent reasons for program termination in adult drug treatment court dockets in 2013 were unsatisfactory performance (33%) and absconded (25.5%). Among juvenile drug treatment court docket participants, 16% each were terminated for a unsatisfactory performance and new criminal offense, 13% each were terminated for excessive relapses and absconded, while 32.3% were terminated for Other reason not specified. DUI drug court terminations were due to absconded (44%) or excessive relapses (41.5%). The DUI drug court model had the highest reported program departure by death with nearly 6%.

**Table 6: 2013 Adult, Juvenile, & DUI Active Participant Departure Summary**

	Adult		Juvenile		DUI		Totals	
Active Participants During Year	1110		141		985		2,236	
	N	%	N	%	N	%	N	%
Active Participants Who Left During Year	357	32.2%	59	41.8%	411	41.7%	827	37.0%
Active Participants Who Completed/Graduated	157	44.0%	28	47.5%	305	74.2%	490	59.3%
Active Participants Who Left by Termination	200	56.0%	31	52.5%	106	25.8%	337	40.7%
<b>Total</b>	<b>357</b>	<b>100.0%</b>	<b>59</b>	<b>100.0%</b>	<b>411</b>	<b>100.0%</b>	<b>827</b>	<b>100.0%</b>
Type of Terminations:								
<i>Absconded</i>	51	25.5%	4	12.9%	47	44.3%	102	30.3%
<i>Excessive relapses</i>	32	16.0%	4	12.9%	44	41.5%	80	23.7%
<i>Minor violations</i>	6	3.0%	2	6.5%	0	0.0%	8	2.4%
<i>New criminal offense</i>	14	7.0%	5	16.1%	0	0.0%	19	5.6%
<i>Other reason (not specified)</i>	23	11.5%	10	32.3%	9	8.5%	42	12.5%
<i>Unsatisfactory performance</i>	66	33.0%	5	16.1%	0	0.0%	71	21.1%
<i>Withdrawal</i>	7	3.5%	1	3.2%	0	0.0%	8	2.4%
<i>Death</i>	1	0.5%	0	0.0%	6	5.7%	7	2.1%
<b>Total</b>	<b>200</b>	<b>100.0%</b>	<b>31</b>	<b>100.0%</b>	<b>106</b>	<b>100.0%</b>	<b>337</b>	<b>100.0%</b>

*Length of Stay.* In 2013, the average (mean) length of stay (LOS) for adult, DUI and juvenile drug treatment court docket participants was 468 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2012 mean was only 8 days fewer than in 2013. The median LOS for 2013 departures was 364 days, 6 days shorter than in 2012. For 2013

drug court docket graduates, the mean LOS was 544 days compared to 359 days for those terminated. The median LOS for 2013 graduates was 412 days versus 266 days for those terminated. Table 7.

<b>Table 7: 2013 Adult, Juvenile, and DUI Participants' Mean &amp; Median Length of Stay</b>							
Docket Type	Graduates		Non-Graduates		All Departures		
	Mean Days	Median Days	Mean Days	Median Days	Mean Days	Median Days	
<b>2012</b>							
Adult	629	595	316	260	473	425	
Juvenile	350	371	363	295	357	315	
DUI	471	339	439	369	463	343	
Statewide	524	412	357	287	460	370	
<b>2013</b>							
Adult	647	570	310	238	458	412	
Juvenile	489	443	373	335	428	379	
DUI	495	342	448	352	483	344	
Statewide	544	412	359	266	468	364	

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

An examination of re-arrest rates requires looking at fiscal years 2009-2013 departures. Use caution when comparing re-arrest rates with recidivism. Re-arrest is not the same as recidivism. Not all arrests result in conviction and not all arrests and convictions result in re-incarceration. Re-arrest was calculated by the first offense post program departure for all participants. Re-arrest rates beyond two years were not included in the tables because 2013 data could not be tracked for this reporting period.

In 2013 re-arrest rates for adult and DUI drug court dockets combined was 18.4% with adult dockets re-arrest rate at 24.9% and DUI dockets at 12.7% within one to two years.

In 2012, among adult participants, 26 out of 196 graduates (13.3%) were re-arrested within one year of graduation while DUI participants had 27 of 291 graduates (9.3%) re-arrested. Out of 195 adult participants terminated, 56.4% were re-arrested: 76 (39%) within one year and 31 (15.9%) between one and two years from termination. Of 93 DUI participants revoked 32.3% were re-arrested; 19 (20.4%) within one year and 10 (10.8%) between one and two years from termination.

As mentioned above, arrest data provided by the Virginia State Police for this report was available through October 2013 only.

Re-arrest rates for all criminal drug courts dockets are consistently lower for graduates than for those terminated. In 2012, the overall re-arrest rate was 30.3% compared to 18.4% for 2013. In 2013, 40% fewer re-arrested occurred compared to 2012.

**Table 8: Drug Court Docket Participants Re-arrest Rates, 2012-2013**

	2012						2013					
	Adult Dockets		DUI Dockets		Totals		Adult Dockets		DUI Dockets		Totals	
<b>Total Departures</b>	<b>391</b>		<b>384</b>		<b>775</b>		<b>357</b>		<b>411</b>		<b>768</b>	
Graduates	196	50.1%	291	75.8%	487	62.8%	157	44.0%	305	74.2%	462	60.2%
Termination	195	49.9%	93	24.2%	288	37.2%	200	56.0%	106	25.8%	306	39.8%
<b>Total</b>	<b>391</b>	<b>100.0%</b>	<b>384</b>	<b>100.0%</b>	<b>775</b>	<b>100.0%</b>	<b>357</b>	<b>100.0%</b>	<b>411</b>	<b>100.0%</b>	<b>768</b>	<b>100.0%</b>
<b>Graduates</b>												
Re-arrested	48		47		95		12		31		43	
Re-arrest Rate	24.5%		16.2%		19.5%		7.6%		10.2%		9.3%	
Within 1 Year	26		27		53		10		28		38	
Re-arrest Rate	13.3%		9.3%		10.9%		6.4%		9.2%		8.2%	
1-2 Years	20		18		38		2		3		5	
Re-arrest Rate	10.2%		6.2%		7.8%		1.3%		1.0%		1.1%	
<b>Terminated</b>												
Re-arrested	110		30		140		77		21		98	
Re-arrest Rate	56.4%		32.3%		48.6%		38.5%		19.8%		32.0%	
Within 1 Year	76		19		95		75		19		94	
Re-arrest Rate	39.0%		20.4%		33.0%		37.5%		17.9%		30.7%	
1-2 Years	31		10		41		2		2		4	
Re-arrest Rate	15.9%		10.8%		14.2%		1.0%		1.9%		1.3%	
<b>Total Departures</b>	<b>391</b>		<b>384</b>		<b>775</b>		<b>357</b>		<b>411</b>		<b>768</b>	
Re-arrested	158		77		235		89		52		141	
Re-arrest Rate	40.4%		20.1%		30.3%		24.9%		12.7%		18.4%	
Within 1 Year	102		46		148		85		47		132	
Re-arrest Rate	26.1%		12.0%		19.1%		23.8%		11.4%		17.2%	
1-2 Years	51		28		79		4		5		9	
Re-arrest Rate	13.0%		7.3%		10.2%		1.1%		1.2%		1.2%	

**Summary Tables of Program Activity**

A summary of the major measures of program activity for adult, juvenile and DUI drug treatment court docket programs discussed is presented in Table 8. In the sections of this report that follow separate reviews of program activity and outcomes are set forth for each type of program.

**Table 9: 2013 Adult, Juvenile, and DUI Participant Activity Summary**

	Adult Dockets			Juvenile Dockets			DUI Dockets			Totals		
	2012	2013	%Change	2012	2013	%Change	2012	2013	%Change	2012	2013	%Change
Referrals	668	870	30.2%	120	81	-32.5%	461	441	-4.3%	1249	11392	11.4%
Row %	53.5%	62.5%		9.6%	5.8%		36.9%	31.7%		100.0%	100.0%	
New Admissions	442	485	9.7%	69	55	-20.3%	439	409	-6.8%	950	949	-0.1%
Row %	46.5%	51.1%		7.3%	5.8%		46.2%	43.1%		100.0%	100.0%	
Active Participants During Year	1013	1110	9.6%	152	141	-7.2%	960	985	2.6%	2125	2,236	5.2%
Row %	47.7%	49.6%		7.2%	6.3%		45.2%	44.1%		100.0%	100.0%	
Graduated	196	157	-19.9%	31	28	-9.7%	291	305	4.8%	518	490	-5.4%
Row %	37.8%	32.0%		6.0%	5.7%		56.2%	62.2%		100.0%	100.0%	
Graduation Rate	50.1%	44.0%		47.7%	47.5%		78.8%	74.2%		61.7%	59.3%	
Terminated	195	200	1.0%	34	31	-8.8%	93	106	14.0%	322	337	4.7%
Row %	60.6%	58.3%		10.6%	9.2%		28.9%	31.5%		100.0%	100.0%	
Termination Rate	49.9%	56.0%		52.3%	52.5%		24.2%	25.8%		38.3%	40.7%	
Re-arrested	158	89	-43.7%	Unavailable			77	52	-32.5	235	141	-40.0%
Row %	67.2	63.1%					32.8%	36.9%		100.0%	100.0%	
Re-arrest Rate	40.4%	24.9%					20.1%	12.7%		30.3%	18.4%	
Mean Length of Stay	473	458	-3.2%	357	428	19.9%	463	483	4.3%	460	468	1.7%
Median Length of Stay	425	412	-3.1%	315	379	20.3%	343	344	0.3%	370	364	-1.6%

These results are consistent with national drug court research which states drug courts significantly reduce drug use and crime and 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>2</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>3</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.

A summary of the results for the Virginia Adult Drug Treatment Courts Cost Benefit Analysis 2012 Report for the Adult Drug Court Docket model and the associated cost-savings will be presented in the next chapter.

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<sup>2</sup> Lipsey, M.W., & Wilson, D.B. (2001). *Practical meta-analysis*. Thousand Oaks, CA: Sage.

<sup>3</sup> <http://www.nij.gov/nij/topics/courts/drug-courts/madce.htm>.

## **Chapter Two: Adult Drug Treatment Court Dockets**

### **Introduction**

Adult drug treatment court dockets (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 Drug Treatment Court Dockets serve as an alternative to incarceration for drug-dependent offenders. Instead of imprisoning offenders, the drug court docket 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 court dockets reflect a high degree of collaboration between the judicial, criminal justice, and treatment systems.

Drug court dockets are a highly specialized team process that functions within the existing judicial system structure to address nonviolent drug related cases. Adult Drug Court Dockets 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 dockets may regularly involve law enforcement and/or jail staff. A variety of local, state, and federal stakeholders may provide support to programs in addition to that provided by the Office of the Executive Secretary. (See Diagram 1, Appendix A).

The drug court 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 and volunteer 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 docket 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 have been shown to effectively reduce recidivism and substance abuse.<sup>4</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 partnerships develop comprehensive and tightly structured regimens of treatment and recovery services. What is different in drug treatment court compared to the usual criminal justice system process is the continuing oversight and personal involvement of the judge in the monitoring process. By closely monitoring participants, the court actively supports the recovery process and reacts swiftly to impose appropriate therapeutic sanctions or to reinstate criminal proceedings when 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.

### **Virginia Adult Drug Treatment Court Cost Benefit Analysis**

In July 2011, the Office of the Executive Secretary contracted with the National Center for State Courts (NCSC) to complete a cost-benefit analysis of Virginia's Adult Drug Courts. The project was completed in two stages. In the first year an impact evaluation of the adult drug court model was completed. This was followed by the cost-benefit analysis of these same adult drug courts operating in Virginia. Twelve adult drug courts were included in the study. At the time, four drug courts were not included due to limited available data.

The critical finding in the impact evaluation was that drug court participants in the sample were significantly less likely to recidivate than the carefully matched "business-as-usual" comparison group and that this reduction in recidivism was a robust and sustained effect.

The Transactional and Institutional Cost Analysis (TICA) approach was used to determine the cost of Virginia drug courts. The cost model designed to determine the average cost of a drug court in Virginia was based on six basic transactions: Screening and Assessment for drug court placement; Drug court staffing and court sessions; Treatment; Drug testing; Drug court supervision; and Drug court fees collected. This resulted in the average cost of a drug court participant to Virginia taxpayers is slightly less than \$18,000 from time of acceptance to time of completion. Treatment transactions account for 76% of the costs.

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

- Placement costs, including all costs of involvement in the criminal justice system from arrest to either drug court entry or sentencing for the comparison group.

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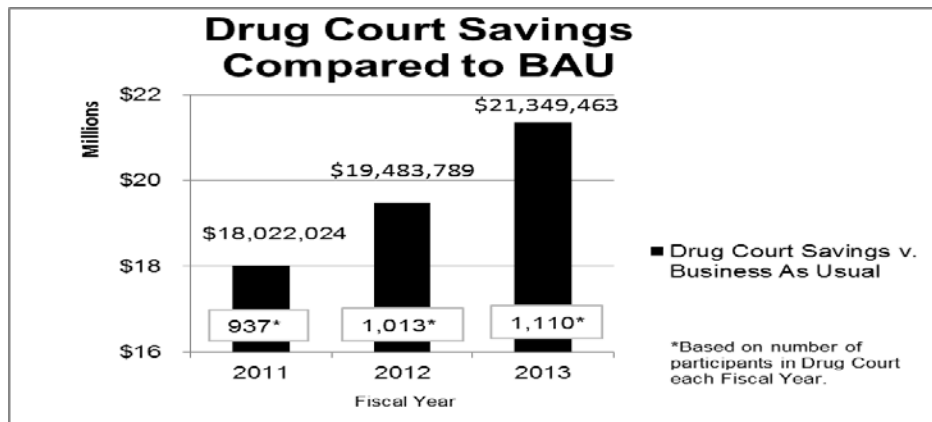
<sup>4</sup> Prendegast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction Science and Clinical Practice* (April), 4-13.

- Drug court costs as determined above, \$17,900.32.
- Outcome costs, including all costs of involvement in the criminal justice system for a new offense beginning from either drug court entry (less the actual cost of drug court) or sentencing for the placement arrest event for the comparison group.
- Victimization costs resulting from recidivism for both property offenses and violent offenses.

The results demonstrate on average, Virginia's Drug Courts save \$19,234 per person when the costs and benefits of the drug court participant group is compared to the "business as usual" or traditional case processing group.

	Drug Court	Comparison	Total
<b>Placement</b>	\$1,441.76	\$4,651.21	(\$3,209.44)
<b>Drug Court</b>	\$17,900.82	\$0.00	\$17,900.82
<b>Outcome</b>	\$10,913.55	\$36,753.96	(\$25,840.41)
<b>Victimization</b>	\$14,583.73	\$22,668.44	(\$8,084.71)
<b>TOTAL</b>	<b>\$44,839.86</b>	<b>\$64,073.61</b>	<b>(\$19,233.75)</b>

Increasing the number of drug court dockets and the number of graduate participants increases the savings generated to the Commonwealth compared to treating these offenders in the traditional case processing.



The overall conclusions reported a robust and sustained impact on recidivism for participants in drug court compared to the "business as usual" alternatives. Additionally, the lower recidivism rate of drug court participants relative to "business as usual" processing.<sup>5</sup> An interesting key finding included in this report is successful completion of drug court (graduation) is strongly related to reductions in post-exit recidivism and programs that incorporate Moral Reconciliation Therapy (MRT) were found to be more effective at reducing the incidence and frequency of recidivism than drug court programs that do not offer MRT.

<sup>5</sup> [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3692012/\\$file/RD369.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3692012/$file/RD369.pdf)

## **Adult Drug Court Bureau of Justice Assistance Grant**

In October 2011, the Office of the Executive Secretary received a statewide Adult Drug Court Discretionary Grant award. The purpose of the Adult Drug Court Discretionary Grant Program (42 U.S.C. 3797u et seq.) is to provide financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders. The FY 2012 Adult Drug Court Discretionary Grant Program provides grant funds to jurisdictions to implement or enhance a local drug court or to implement, enhance, or expand drug court services statewide. The grant recipient uses the grant funds to: implement new drug courts; reach capacity of existing drug courts; and expand/enhance capacity of existing drug courts to reach specific or emerging offender populations with drug treatment needs. Funds are also used at the state level to: improve drug court functioning; increase drug court participation and participant outcomes; track, compile, coordinate, and disseminate state drug court information and resources; increase communication, coordination, and information sharing among drug court programs; conduct a statewide drug court evaluation; or establish a statewide automated drug court data collection and/or performance management system.

The Supreme Court of Virginia received a Bureau of Justice Assistance (BJA) Adult Drug Court Discretionary Grant for \$1.5 million dollars over two and one half years. This award permitted the court to purchase and implement the Risk and Needs Triage (RANT) assessment tool for adult and DUI drug court programs as well as offer the associated training. The grant provided funds to purchase the Moral Reconciliation Therapy (MRT) training, implementation, and participant manuals for adult & DUI drug courts not already using the evidence based treatment curriculum program. The grant allows the RANT and MRT tools to be available for adult and DUI program staff that are not current recipients of BJA grant funds. Local financial assistance is provided to Norfolk, Chesapeake, Buchanan County, Russell County, Tazewell County, Dickenson County, and 30<sup>th</sup> Judicial Circuit adult drug courts and Waynesboro DUI drug court. Each of these drug courts received funding for a probation officer or case manager position, except Dickenson County and Wise County share one position. Funding is also available for specific drug testing supplies, an emerging trend prescription drug study for five adult drug courts yet to be determined. Funds also provide a statewide study of the two regional DUI drug courts in Virginia. The DUI drug court study will be completed at end of next year. The prescription drug study has not begun.

The Risk and Needs Triage (RANT) is a simple but compelling tool for sentencing and dispositions. It is a highly secure web-based decision support tool designed with judges and other criminal justice professionals in mind. It was derived from empirical evidence showing improved outcomes in community correctional settings. This tool demonstrates how drug-involved offenders can be matched to the level of supervision and treatment best suited to both their criminogenic risks and clinical needs. RANT is easily administered by non-specialists in 15 minutes or less and offers instant, individual participant-level reporting. These grant funds allowed the court to purchase the intellectual property to

add RANT to the Drug Court Database for adult and DUI drug court staff to use for each referral in order to target the high risk and high need candidates for acceptance.

Moral Reconciliation Therapy (MRT) is a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. MRT facilitators must complete 32 hours of professional training and become certified to facilitate MRT. As long as clients' judgments about right and wrong are made from low levels of moral reasoning, counseling them, training them in job skills, and even punishing them will have little long-lasting impact on their behavior. They must be confronted with the consequences of their behavior and the effect that it has had on their family, friends and community. Poor moral reasoning is common within at-risk populations MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. In this case, "moral" does not refer to a religious concept, but rather the theoretical conceptualization of psychologist Lawrence Kohlberg. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.

Briefly, MRT seeks to move clients from hedonistic (pleasure vs. pain) reasoning levels to levels where concern for social rules and others becomes important. MRT research has shown that as clients complete steps moral reasoning increases in adult and juvenile offenders. MRT systematically focuses on seven basic treatment issues:

- confrontation of beliefs, attitudes and behaviors
- assessment of current relationships
- reinforcement of positive behavior and habits
- positive identity formation
- enhancement of self-concept
- decrease in hedonism and development of frustration tolerance
- development of higher stages of moral reasoning

MRT is designed to address criminal thinking. It is taught in a group format using structured group exercises and prescribed homework assignments. The MRT participant workbook is structured around 16 objectively defined steps (units) focusing on the seven basic treatment issues above. Participants typically meet weekly and can complete all steps of the MRT program in a minimum of 3 to 6 months.

### **Adult Drug Treatment Court Dockets Approved to Operate**

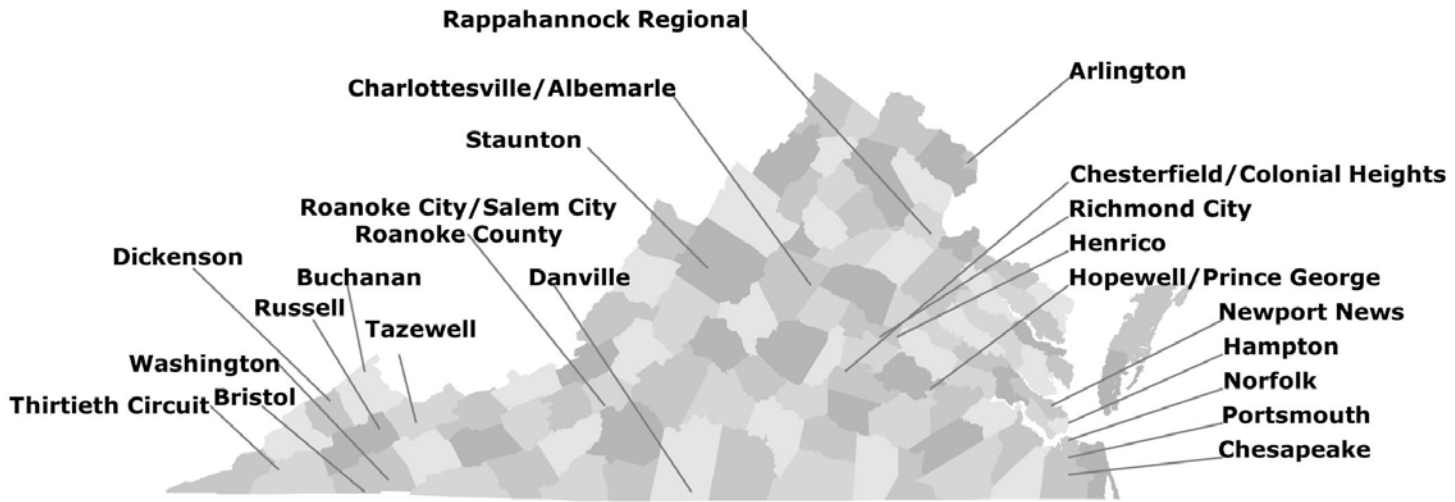
In 2013, there were 22 adult Drug Court Dockets approved to operate in Virginia. All 22 adult drug court dockets were approved to operate in circuit courts. The Loudoun County Adult Drug Court closed in June 2012 and the Danville Adult Drug Court Docket was approved to operate in July 2012 but had not had their first docket yet. Eighteen Virginia Judicial Circuits currently have an adult drug treatment court docket.

In 2012, the General Assembly did not approve six additional adult drug court docket programs. These included six separate adult drug court dockets in Buchanan, Dickenson, and Russell Circuit Courts (29<sup>th</sup> Judicial Circuit), Washington County Circuit Court (28<sup>th</sup> Judicial Circuit), a fifth unified drug court for the 30<sup>th</sup> Judicial Circuit (Lee, Scott and Wise Counties) and a sixth in Danville Circuit Court (22<sup>nd</sup> Judicial Circuit). No state funds were requested, only permission to operate as required by statute. The Drug Court Advisory Committee reviewed and approved applications for each of these drug court dockets. Each of these drug court dockets were approved effective July 2012 as a result of budget language allowing the Drug Treatment Court Advisory Committee to approve drug treatment court dockets supported by existing state resources and by federal or local resources without permission from the Code of Virginia. The budget language also included,

"Any drug court treatment programs established after July, 2012, shall limit participation in the program to offenders who have been determined, through the use of nationally recognized, validated assessment tool, to be addicted to or dependent on drugs. However, no such drug court treatment program shall limit its participation to first-time substance abuse offenders only; nor shall it exclude probation violators from participation. The evaluation of drug treatment court programs required by §18.2-254.1 shall include the collection of data needed for outcome measures, including recidivism. Drug treatment court programs shall provide to the Office of the Executive Secretary of the Supreme Court the information needed to conduct such an evaluation."

An additional Adult Drug Treatment Court Docket was approved for Arlington County Circuit Court in October 2012. Figure 5. The adult felony Drug Court Docket serving Roanoke City, Roanoke County and the City of Salem (23<sup>rd</sup> Judicial Circuit) is the oldest operating drug treatment court in the Commonwealth having been implemented in September 1995. The program implemented in Arlington County Circuit Court in April 2013 is the most recently approved Drug Court Docket.

**Figure 4: Adult Drug Treatment Court Dockets**



Arlington County  
 Bristol  
 Buchanan County  
 Charlottesville/Albemarle  
 Chesapeake  
 Chesterfield/Colonial Heights  
 Danville  
 Dickenson County  
 Hampton  
 Henrico County  
 Hopewell/Prince George County

Newport News  
 Norfolk  
 Portsmouth  
 Rappahannock Regional  
 Richmond City  
 Roanoke City/Salem City/Roanoke County  
 Russell County  
 Staunton  
 Tazewell County  
 Thirtieth Circuit (Lee, Scott & Wise Counties)  
 Washington County

N=22

**Table 10: 2013 Adult Participant Referrals and New Admissions**

<b>Table 10: 2013 Adult Participant Referrals and New Admissions</b>				
<b>Referred</b>	870			
<b>Admitted</b>	485			
<b>Admittance Rate</b>	55.7%			
<b>Demographic Characteristics</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>Valid %</b>
<b>Gender</b>				
Males	275		275	56.8%
Females	209		209	43.2%
No Data	1	0.2%		
<b>Total</b>	<b>485</b>	<b>100%</b>	<b>484</b>	<b>100.0%</b>
<b>Race</b>				
White	279		279	63.1%
Black	156		156	35.4%
Hispanic	2		2	0.5%
Asian	3		3	0.7%
Other	1		1	0.2%
No Data	44	9.1%		
<b>Total</b>	<b>485</b>	<b>100.0%</b>	<b>441</b>	<b>100.0%</b>
<b>Age</b>				
Ages 10-19	18		18	3.7%
Ages 20-29	184		184	38.2%
Ages 30-39	131		131	27.2%
Ages 40-49	108		108	22.4%
Ages 50-59	39		39	8.1%
Ages 60+	2		2	0.4%
No Data	3	0.6%		
<b>Total</b>	<b>485</b>	<b>100%</b>	<b>482</b>	<b>100.0%</b>
<b>Marital Status</b>				
Single	223		223	65.4%
Separated	29		29	8.5%
Divorced	36		36	10.6%
Married	43		43	12.6%
Cohabiting	7		7	2.1%
Widowed	3		3	0.9%
Other	0		0	0.0%
No Data	144	29.7%		
<b>Total</b>	<b>485</b>	<b>100.0%</b>	<b>341</b>	<b>100.0%</b>
<b>Education (Highest Level Attained)</b>				
Primary School	1		1	0.3%
Middle School	6		6	1.9%
9th grade	11		11	3.4%
10th grade	29		29	9.0%
11th grade	24		24	7.5%
12th grade	35		35	10.9%
High School Graduate	65		65	20.2%
GED	51		51	15.9%
Vocational Training	3		3	0.9%
Junior College	0		0	0.0%
Some College	76		76	23.7%
Associate's Degree	5		5	1.6%
Bachelor's Degree	11		11	3.4%
Post-Bachelor's education	4		4	1.2%
No Data	164	33.8%		
<b>Total</b>	<b>485</b>	<b>100.0%</b>	<b>321</b>	<b>100.0%</b>

## **Summary of Adult Drug Treatment Court Docket Activity**

*Referrals.* In 2013, 870 referrals were made to Virginia's adult drug court dockets. Referrals include all sources through which participants are recommended to participate in a Drug Court. Table 10

*Admissions.* Drug court dockets do not accept or admit all of those referred. In 2013, only 485 (56%) of those referred to an adult Drug Court were accepted. This admission rate was lower than both the DUI and juvenile drug court dockets.

*Participants.* The number of active adult participants in local drug courts during 2013 totaled 1,110. Individuals admitted prior to 2013 made up almost 625 (56%) of this total. Table 11.

*Race.* During 2013, the majority of participants in adult drug courts were White (606 or 58.6%). There were 418 Black participants (40.4%). Individuals claiming other racial or ethnic backgrounds made up less than one and a half percent, collectively, of the participants: Hispanics (5 or 0.5%), Asian (5 or 0.5%), and Other (1 or 0.1%). Among new admissions, however, Whites constituted 63%, Blacks were 35.4% while Hispanics only 0.5%.

*Gender.* In adult Drug Courts, as in DUI and juvenile, the majority of participants were male (57.6%). Similarly, 56.8% of new admissions were male.

*Age.* The ages of a plurality of adult participants, and of new admissions, were from 20 to 29 (35.5% and 38.2%, respectively). There were similar percentages of participants aged 30 to 39 (27%) and 40 to 49 (23%). In adult Drug Courts, 10.4% of participants were over age 50 compared to nearly 4% under age 20.

*Marital Status.* In 2013, among the roughly three-fourths (75.7%) of the participants (840) for whom data were available, 556 (66.2%) were single, very slightly higher than the distribution (65.4%) among new admissions for whom marital status was available. Only 13.2% of participants reported that they were married. "Single" and "married" are distinguished from separated (7%), divorced (11%), cohabiting (1.9%), and widowed (0.6%).

*Education.* Information about educational backgrounds was available for 791 of the adult drug court participants in 2013. Of these participants, 165 (21%) received their high school diploma while 133 (16.8%) earned their GED. Additionally 12% or 96 participants completed the twelfth grade. Lastly, 157 (19.8%) reported they had some college, and 12 (1.5%) had vocational training.



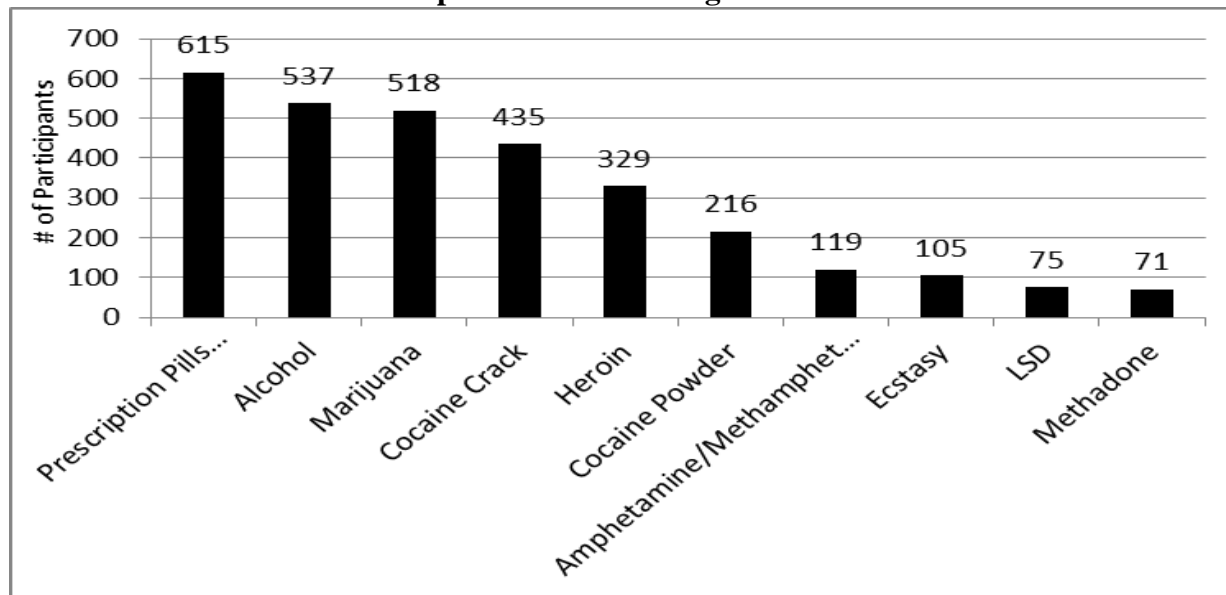
**Table 11: 2013 Adult Participants and Program Departures**

Active Participants During Year	1110			
Demographic Characteristics	N	%	N	Valid %
<b>Gender</b>				
Males	639		639	57.6%
Females	471		471	42.4 %
No Data	0	0.0		
<b>Total</b>	<b>1110</b>	<b>100.0%</b>	<b>1110</b>	<b>100.0%</b>
<b>Race</b>				
White	606		606	58.6%
Black	418		418	40.4%
Hispanic	5		5	0.5%
Asian	5		5	0.5%
Other	1		1	0.1%
No Data	75	6.8%		
<b>Total</b>	<b>1110</b>	<b>100.0%</b>	<b>1035</b>	<b>100.0%</b>
<b>Age</b>				
Ages 10-19	42		42	3.8%
Ages 20-29	393		393	35.5%
Ages 30-39	301		301	27.2%
Ages 40-49	257		257	23.2%
Ages 50-59	105		105	9.5%
Ages 60+	10		10	0.9%
No Data	2	0.2%		
<b>Total</b>	<b>1110</b>	<b>100.0%</b>	<b>1108</b>	<b>100.0%</b>
<b>Marital Status</b>				
Single	556		556	66.2%
Separated	59		59	7.0%
Divorced	92		92	11.0%
Married	111		111	13.2%
Cohabiting	16		16	1.9%
Widowed	5		5	0.6%
Other	1		1	0.1%
No Data	270	24.3%		
<b>Total</b>	<b>1110</b>	<b>100.0%</b>	<b>840</b>	<b>100.0%</b>

Departures		
	N	%
Participants Who Left During Year	357	32.2%
Completed/Graduated	157	44.0%
Terminated	200	56.0
<b>Total</b>	<b>357</b>	<b>100.0%</b>
Type of Terminations:		
<i>Absconded</i>	51	25.5%
<i>Excessive relapses</i>	31	16.0%
<i>Minor violations</i>	6	3.0%
<i>New criminal offense</i>	14	7.0%
<i>Other reason (not specified)</i>	23	11.5
<i>Unsatisfactory performance</i>	66	33.0%
<i>Withdrawal</i>	7	3.5%
<i>Death</i>	1	0.5%
<b>Total</b>	<b>200</b>	<b>100.0%</b>

Education (Highest Level Attained)				
Primary School	1		1	0.1%
Middle School	19		19	2.4%
9th grade	31		31	3.9%
10th grade	59		59	7.5%
11th grade	70		70	8.8%
12th grade	96		96	12.1%
High School Graduate	165		165	20.9%
GED	133		133	16.8%
Vocational Training	12		12	1.5%
Some College	157		157	19.8%
Associate's Degree	23		23	2.9%
Bachelor's Degree	19		19	2.4%
Post-Bachelor's education	6		6	0.8%
No Data	319	28.7%		
<b>Total</b>	<b>1110</b>	<b>100.0%</b>	<b>791</b>	<b>100.0%</b>

**Graph: 2013 Adult Drugs of Choice**



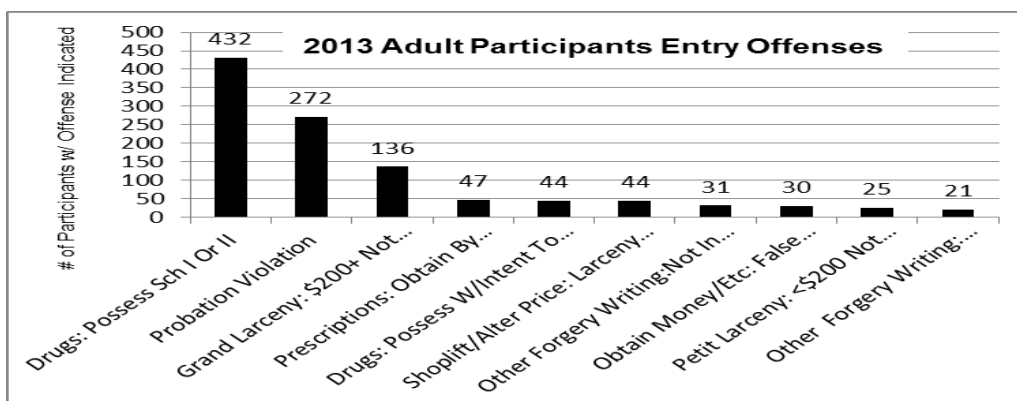
*Drugs of Choice.* When admitted to Drug Court, participants are assessed as to their "drug of choice." Among adult participants in 2013, data were available for 840 of the 1,110. These individuals reported 3,267 separate selections from the long list of possible drug choices, or 3.9 drug-of-choice selections per person. By far, the most commonly selected drugs of choice were prescription drugs (19% of reported selections) and alcohol (16%). Nearly three fourths (73%) of participants providing drug-of-choice data selected prescription drugs, and 64% showed alcohol as a drug of choice. Just fewer than 78% showed some form of cocaine representing 20% of selections when combining powder and crack cocaine. Other frequently chosen drugs included heroin, (39% of individuals and 10% of all selections made); and 14% of participants selected amphetamines/methamphetamines. Table 12.

<b>Table 12: 2013 Adult Participant Drugs of Choice</b>			
Total Participants	1,110		
Total Participants with Drug Choice Data Available	840		
Total Drugs Indicated	3,267		
<b>Drug Type</b>	<b># of Participants with Drug Choice Indicated</b>	<b>%</b>	<b>% of Available Participants (N=840)</b>
Prescription Pills (Benzodiazepine, Opiates, Oxycontin)	615	18.8%	73.2%
Alcohol	537	16.4%	63.9%
Marijuana	518	15.9%	61.7%
Cocaine Crack	435	13.3%	51.8%
Heroin	329	10.1%	39.2%
Cocaine Powder	216	6.6%	25.7%
Amphetamine/Methamphetamine	119	3.6%	14.2%
Ecstasy	105	3.2%	12.5%
LSD	75	2.3%	8.9%
Methadone	71	2.2%	8.5%
Mushrooms	65	2.0%	7.7%
Hallucinogen	34	1.0%	4.0%
PCP	23	0.7%	2.7%
Over the Counter	21	0.6%	2.5%
Hashish	21	0.6%	2.5%
Inhalant	15	0.5%	1.8%
K2/Spice	12	0.4%	1.4%
Bath Salt	9	0.3%	1.1%
Ketamine (Special K)	9	0.3%	1.1%
Barbiturate	4	0.1%	0.5%
Other	34	1.0%	4.0%
<b>Total</b>	<b>3,267</b>	<b>100.0%</b>	

*Program Drug Screenings.* In adult drug court dockets in 2013, there were 68,057 drug screenings conducted for the 1,002 participants for which data were available, an average of 68 screenings per participant for the year. Of the 68,057 screening, only 2,443 (3.6%) were positive. Among participants, just over half (52%) had a positive drug screening during the year. Averaged over 1,002 adult participants, there were 2.4 positive drug screen results each; however, a more accurate statement is that there were 2.4 positive drug tests among the 483 participants who had a positive screen during the year. Table 13.

<b>Table 13: 2013 Adult Participant Drug Screenings</b>				
	<b>Adult</b>			
<b>Participants</b>	<b>1110</b>			
	<i>N</i>	%	<i>N</i>	Valid %
Negative	519		519	51.8%
Positive	483		483	48.2%
No Data	108	9.7%		
<b>Total</b>	<b>1110</b>		<b>1002</b>	<b>100.0%</b>
<b>Drug Screenings</b>	<b>68,057</b>			
	<i>N</i>	%		
Negative	65,614	96.4%		
Positive	2,443	3.6%		
<b>Total</b>	<b>68,057</b>	<b>100.0%</b>		
<b>Screenings Per Participant</b>	<b>67.9</b>			
<b>Positive Screenings Per Participant</b>	<b>2.4</b>			

*Program Entry Offense.* In 2013, the program entry offense was entered for 919 adult participants. Programs recorded on average 1.8 offenses per participant. As was the case overall for adult and juvenile dockets, the most frequent offense reported as the entry offense among the top 25 offenses for the adult participants in 2013 was possession of a Schedule I or II drug at 26.3% of all offenses by nearly half 432 (47%) of participants. Probation violation was reported at 17% of all offenses by 272 or 30% of the adult participants. Nearly 15%, of adult participants (14.8%) or 136 reported grand larceny. The offense grand larceny greater than \$200 not from a person was reported 8.3% of all offenses. The incidence of obtaining prescription by fraud/forgery/etc. was reported by 47 or 5% of participants. Other offenses among participants were reported less frequently. Table 14.



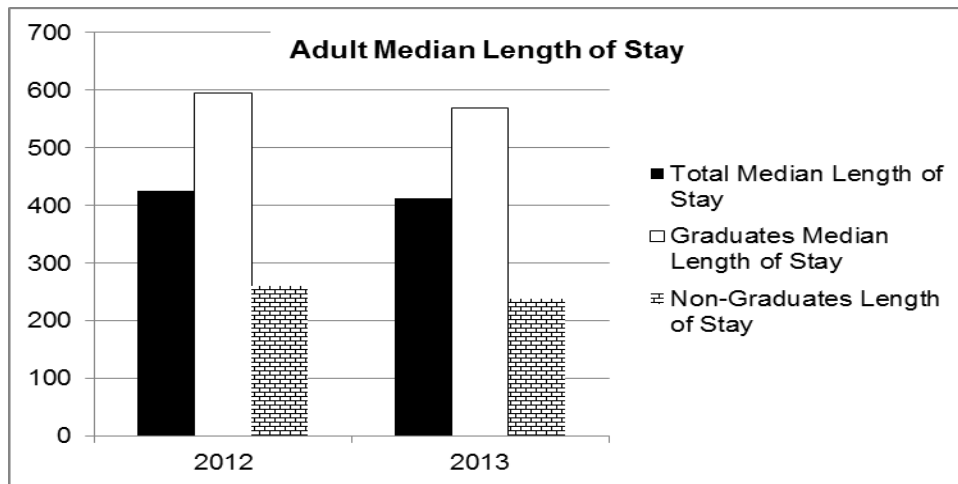
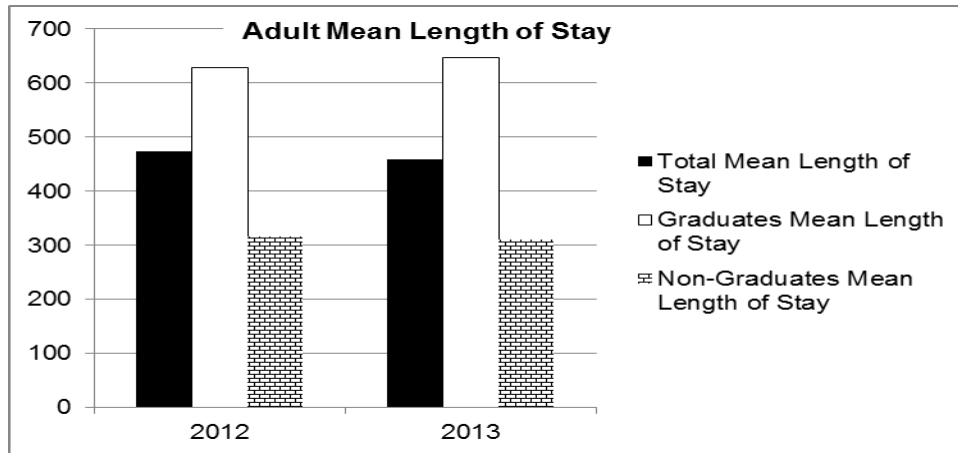
<b>Table 14: 2013 Adult Participants' Entry Offenses</b>			
Total Participants	1,110		
Total Participants with Available Arrest Data	919		
Total Offenses Indicated	1,641		
<b>Offense</b>	<b># of Participants w/ Offense Indicated</b>	<b>%</b>	<b>% of Participants (N=919)</b>
Drugs: Possess Sch I Or II	432	26.3%	47.0%
Probation Violation	272	16.6%	29.6%
Grand Larceny: \$200+ Not From A Person	136	8.3%	14.8%
Prescriptions: Obtain By Fraud/Forgery/Etc	47	2.9%	5.1%
Drugs: Possess W/Intent To Manuf/Sell Sch I, II	44	2.7%	4.8%
Shoplift/Alter Price: Larceny >=\$200	44	2.7%	4.8%
Other Forgery Writing:Not In 18.2-168 & 18.2-170	31	1.9%	3.4%
Obtain Money/Etc: False Pretense, Larceny>=\$200	30	1.8%	3.3%
Petit Larceny: <\$200 Not From A Person	25	1.5%	2.7%
Other Forgery Writing: Employ As True	21	1.3%	2.3%
Credit Card Larceny: Take/Obtain No.	18	1.1%	2.0%
Obtain Money/Etc: False Pretense, Larceny<\$200	18	1.1%	2.0%
Stolen Property: W/ Intent To Sell, Larceny>\$200	17	1.0%	1.8%
Shoplift/Alter Price: Larceny <\$200, 1 <sup>st</sup> Off	16	1.0%	1.7%
Burglary: Enter House To Commit Larceny/A&B/Etc	13	0.8%	1.4%
Drugs: Distib/Pwi Marijuana >1/2 Oz To 5 Lbs	13	0.8%	1.4%
Credit Card Forgery	12	0.7%	1.3%
Drugs: Possess Marijuana, 1st Off	12	0.7%	1.3%
DWI: 1st Off, BAC .08-.14%	12	0.7%	1.3%
Failure To Appear: On Felony Offense	12	0.7%	1.3%
Public Records: Forgery	11	0.7%	1.2%
Drugs: Distrib/Sell For Profit Sch I Or II	10	0.6%	1.1%
Drugs: Possess Sch III	10	0.6%	1.1%
Abuse/Neglect Child: Reckless Disregard For Life	9	0.5%	1.0%
Others	376	22.9%	40.9%
<b>Total</b>	<b>1,641</b>	<b>100.0%</b>	

### **2013 Summary of Adult Participant Departures from Drug Treatment Court Dockets**

*Graduation Rates.* Among the 1,110 adult drug court participants in 2013, 357 exited program participation by either graduation or termination. In 2013 the graduation rate is 44% (157 participants). This is lower than reported in 2012 at 50.1%.

*Terminations.* About half (49.9%) of 2012 participants were terminated while 56% participants were terminated in 2013. The most frequent reasons reported for termination in adult drug court dockets in 2013, were unsatisfactory performance (33%) and absconding (25.5%). Excessive relapses accounted for 16% of terminations while 7% were terminated for a new criminal offense. There was one death reported.

*Length of Stay.* In 2013 the average (mean) length of stay (LOS) in an adult drug court docket was 15 days fewer than in 2012. LOS is measured from program entry (acceptance date) to completion date (either graduation date or date of termination). The median LOS for 2013 departures was 412 days, 13 days less than in 2012. For 2013 adult drug court graduates, the mean LOS was 647 days compared to 310 days for those terminated. The median LOS for 2013 graduates was 570 days versus 238 days for those terminated. (Table 16)



### Summary of Re-arrest Rates Following Adult Drug Court Docket Departure

An examination of re-arrest rates requires looking at departures from fiscal years 2009 to 2013 because too little time has elapsed to adequately assess re-arrests for those departing adult drug court dockets in 2013. In fiscal year 2011, there were 121 adult Drug Court departures and in 2012 and 2013 there were 391 and 357, respectively adult Drug Court departures.

Because arrest data provided by the Virginia State Police for this report were available only through October 2013, re-arrest rates among 2013 departures should be interpreted with caution.

Re-arrest rates among all drug court participants are consistently lower for graduates than for those terminated. Table 15.

**Table 15: 2013 Adult Participant Re-arrest Rates**

	2012			2013			% Change
Total Departures	391			357			-8.7%
Graduates	196		50.1%	157		44.0%	-19.9%
Termination	195		49.9%	200		56.0%	2.6%
Total	391		100.0%	357		100.0%	
<b>Graduates</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	
Re-arrested	38	10	48	9	3	12	-75.0%
Re-arrest Rate	19.4%	5.1%	24.5%	5.7%	1.9%	7.6%	
Within 1 Year	17	9	26	7	3	10	
Re-arrest Rate	8.7%	4.6%	13.3%	4.5%	1.9%	6.4%	
1-2 Years	19	1	20	2	0	2	
Re-arrest Rate	9.7%	0.5%	10.2%	1.3%	0.0%	1.3%	
<b>Terminated</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	
Re-arrested	68	42	110	47	30	77	-30.0%
Re-arrest Rate	34.9%	21.5%	56.4%	23.5%	15.0%	38.5%	
Within 1 Year	43	33	76	46	29	75	
Re-arrest Rate	22.1%	16.9%	39.0%	23.0%	14.5%	37.5%	
1-2 Years	22	9	31	1	1	2	
Re-arrest Rate	11.3%	4.6%	15.9%	0.5%	0.5%	1.0%	
<b>Total Departures</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	
Re-arrested	106	52	158	56	33	89	-43.7%
Re-arrest Rate	27.1%	13.3%	40.4%	15.7%	9.2%	24.9%	
Within 1 Year	60	42	102	53	32	85	
Re-arrest Rate	15.3%	10.7%	26.1%	14.8%	9.0%	23.8%	
1-2 Years	41	10	51	3	1	4	
Re-arrest Rate	10.5%	2.6%	13.0%	0.8%	0.3%	1.1%	

**Summary Table of Adult Drug Treatment Court Docket Activity**

A summary of the major measures of program activity for adult drug treatment court dockets discussed above is presented in Table 16.

<b>Table 16: 2013 Adult DTC Activity Summary</b>			
	<b>2012</b>	<b>2013</b>	<b>%Change</b>
Referrals	668	870	30.2%
New Admissions	442	485	9.7%
Participants During Year	1013	1110	9.6%
Graduated	196	157	-19.9%
Graduation Rate	50.1%	44.0%	
Terminated	195	200	2.6%
Termination Rate	49.9%	56.0%	
Re-arrested	158	89	-43.7%
Re-arrest Rate	40.4%	24.9%	
Mean Length of Stay (In Days)	473	458	-3.2%
Graduates	629	647	2.9%
Non-Graduates	316	310	-1.9%
Median Length of Stay (In Days)	425	412	-3.1%
Graduates	595	570	-4.2%
Non-Graduates	260	238	-8.5%

### **Adult Drug Court Best Practice Standards**

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 [from *Defining Drug Courts: The Key Components* (NADCP, 1997)], have been studied individually and proven to save costs if implemented fully. Virginia’s Drug Court Dockets are required to comply with the Adult Drug Treatment Court Standards based on the 10 Key Components and adopted by the statewide Drug Treatment Court Advisory Committee.

Best practices are aspirational while standards are obligatory and enforceable. This year the National Association of Drug Court Professionals (NADCP) published Volume I of the Adult Drug Court Best Practice Standards. Volume II is scheduled to be released in mid-2014.

Standard I begins by addressing the appropriate target population for a Drug Court. The four subsequent standards assume the drug court is treating the intended participants. Drug Courts target high-risk and high need offenders, or those who are addicted to illicit drugs or alcohol and are at substantial risk for reoffending. Candidates for drug court need to be assessed using validated risk-assessment and clinical assessment tools. The Risk and Needs Triage (RANT) tool is a validated risk assessment. Standard V Substance Abuse Treatment compliments the target population. This requires "participants receive



substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other non-clinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals." (NADCP, 2013) The Moral Reconciliation Therapy (MRT) is an evidence-based, manualized treatment curriculum that requires facilitators complete 32 hours of professional training and become certified to facilitate MRT. MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. In this case, "moral" does not refer to a religious concept, but rather the theoretical conceptualization of psychologist Lawrence Kohlberg. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.

Failing to apply the Ten Key Components has been shown to reduce the effectiveness and cost-effectiveness of Drug Courts by as much as one half (Carey et al., 2012; Downey & Roman, 2010; Gutierrez & Bourgon, 2012; Shaffer, 2010; Zweig et al., 2012).

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 court dockets 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 court dockets 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.

## Chapter Three: Juvenile Drug Treatment Court Dockets

### Introduction

Juvenile Drug Court Dockets are a collaboration of the judicial system, treatment system and juvenile justice system. Juvenile Drug Court Dockets are similar in concept to the Adult Drug Court Docket model. The juvenile drug treatment court dockets 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.

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 juvenile's 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 Court Dockets to determine how juvenile court dockets might incorporate a similar therapeutic approach to deal more effectively with the increasing population of substance-abusing juveniles. Development of juvenile drug court dockets is proving to be a much more complex task than development of the adult drug court dockets. For example, juvenile drug court dockets 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 programs 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, K2 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.

The most reliable findings come from experimental studies, where participants are randomly assigned to different treatment conditions (e.g. Heck, 2006; Marlowe, 2009) <sup>6</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. (See Diagram 3, Appendix A)

This section reviews the basic operations and outcomes of Virginia's juvenile drug treatment courts in fiscal year 2013. 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 criminal history data received from the Virginia State Police. Juvenile Drug Court staff in local programs enters data on drug court participants into the OES Drug Court database. Due to the small number of participants in each juvenile drug court docket these results should be considered with caution. In some cases there were few cases to extract conclusions.

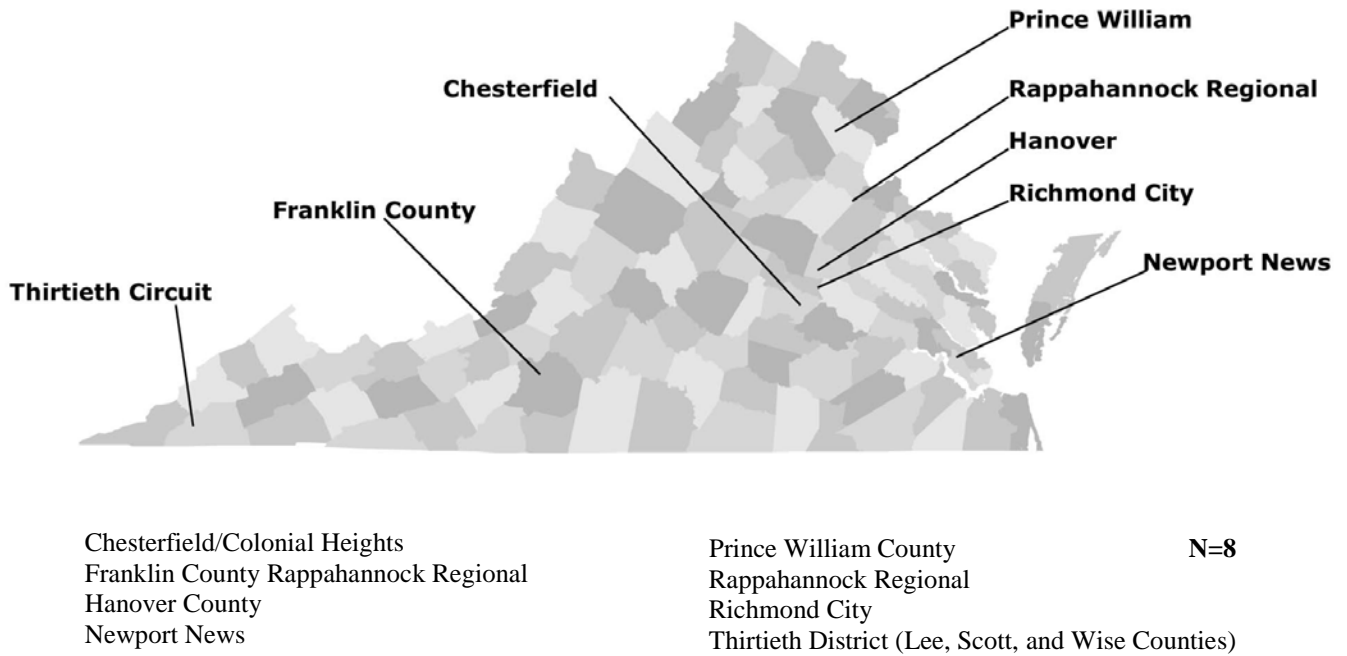
### **Juvenile Drug Treatment Court Dockets Approved to Operate**

As 2013 started there were eight juvenile drug treatment courts operating in juvenile and domestic relations district (J&DR) courts in Virginia, with program capacities ranging from 10 to 25 participants each. For each of these programs, the average length of participation is between 9-12 months.

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<sup>6</sup> Marlowe, D., J.D., Ph.D. (2010) *The Facts on Juvenile Drug Treatment Courts*. National Association of Drug Court Professionals (NADCP).

**Figure 5: Map of Virginia’s Juvenile DTC Dockets, 2013**



The first juvenile drug treatment in Virginia began operating in November 1998 in Fredericksburg, Spotsylvania, and Stafford Counties named as the Rappahannock Regional Juvenile Drug Treatment Court. Eight additional juvenile drug treatment courts became operational between 1999 and 2009. (Figure 7) 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 Juvenile Drug Treatment Court Dockets Participant Activity**

*Referrals and Admissions.* In 2013, 81 referrals were made to Virginia's juvenile drug treatment courts. Referrals include all sources through which participants are recommended to participate in a program. Of these referrals, 55 (68%) were admitted. Table 17

*Participants.* In 2013, there were 141 active participants in juvenile drug treatment court docket programs. This includes both the newly admitted participants (55) in 2013 and the 86 participants already active. (See Table 18, page 43)

In 2013, like 2012, the typical participant in a juvenile drug treatment court was a white, single male, 9<sup>th</sup> grader or between ages 10 and 19.

*Race.* In 2013, the majority of juvenile drug treatment court participants in Virginia were White (100 or 73.5%), with 29 or 21.3% Black, three or 2.2% Hispanic, and one or 0.7% Asian and three (2.2) entered as other races.

*Gender, Age, and Marital Status.* In 2013, the majority of juvenile drug treatment court participants were male (102 or 72%), with 39 participants (28%) being female. All the juvenile participants reported being single.

*Education.* In 2013, two of the 141 juveniles participating in Virginia's juvenile drug treatment courts had graduated from high school. Ninth (9<sup>th</sup>) grade was the highest level of education achieved by the majority of juvenile drug court docket participants at time of program entry (30.2%) while 24% completed the 10<sup>th</sup> grade and 4 participants earned their GED. No other higher education or training was reported.

<b>Table 17: 2013 Juvenile Participant Referrals and Admissions</b>				
<b>Referred</b>	81			
<b>Admitted</b>	55			
<b>Admittance Rate</b>	67.9%			
<b>Demographic Characteristics</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>Valid %</b>
<b>Gender</b>				
Males	44			80.0%
Females	11			20.0%
<b>Total</b>	<b>55</b>			<b>100.0%</b>
<b>Race</b>				
White	38		38	71.7%
Black	12		12	22.6%
Hispanic	2		2	3.8%
Asian	0		0	0.0%
Other	1		1	1.9%
No Data	2	3.6%		
<b>Total</b>	<b>55</b>	<b>100.0%</b>	<b>53</b>	<b>100.0%</b>
<b>Age</b>				
Ages 10-19	55		55	100.0%
<b>Total</b>	<b>55</b>	<b>100%</b>	<b>55</b>	<b>100.0%</b>
<b>Marital Status</b>				
Single	55		55	100.0%
<b>Total</b>	<b>55</b>	<b>100.0%</b>	<b>55</b>	<b>100.0%</b>
<b>Education (Highest Level Attained)</b>				
Primary School	0		0	0.0%
Middle School	1		1	2.7%
9th grade	9		9	24.3%
10th grade	11		11	29.7%
11th grade	8		8	21.6%
12th grade	5		5	13.5%
High School Graduate	1		1	2.7%
GED	2		2	5.4%
No Data	18	32.7%		
<b>Total</b>	<b>55</b>	<b>100.0%</b>	<b>37</b>	<b>100.0%</b>

**Table 18: 2013 Juvenile Participants and Program Departures**

Active Participants During Year	141			
Demographic Characteristics	N	%	N	Valid %
<b>Gender</b>				
Males	102		102	72.3%
Females	39		39	27.7%
No Data	0	0.0%		
<b>Total</b>	<b>141</b>	<b>100.0%</b>	<b>141</b>	<b>100.0%</b>
<b>Race</b>				
White	100		100	73.5%
Black	29		29	21.3%
Hispanic	3		3	2.2%
Asian	1		1	0.7%
Other	3		3	2.2%
No Data	5	3.5%		
<b>Total</b>	<b>141</b>	<b>100.0%</b>	<b>136</b>	<b>100.0%</b>
<b>Age</b>				
Ages 10-19	140		140	99.3%
Ages 20-29	1		1	0.7%
<b>Total</b>	<b>141</b>	<b>100.0%</b>	<b>141</b>	<b>100.0%</b>
<b>Marital Status</b>				
Single	141		141	100.0%
<b>Total</b>	<b>141</b>	<b>100.0%</b>	<b>141</b>	<b>100.0%</b>
<b>Education (Highest Level Attained)</b>				
Primary School	0		0	0.0%
Middle School	7		7	7.3%
9th grade	29		29	30.2%
10th grade	23		23	24.0%
11th grade	21		21	21.9%
12th grade	10		10	10.4%
High School Graduate	2		2	2.1%
GED	4		4	4.2%
No Data	45	31.9%		
<b>Total</b>	<b>141</b>	<b>100.0%</b>	<b>96</b>	<b>100.0%</b>

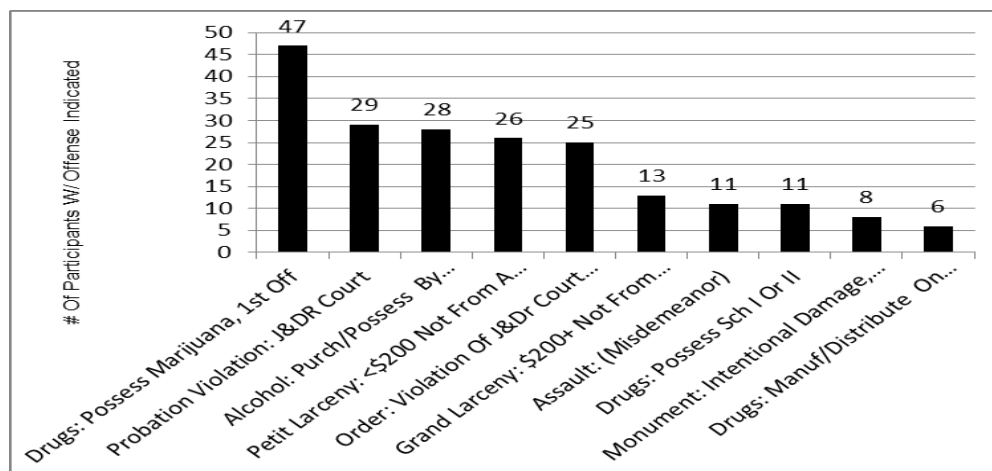
  

Departures		
	N	%
Participants Who Left During Year	59	41.8%
Completed/Graduated	28	47.5%
Terminated	31	52.5%
<b>Total</b>	<b>59</b>	<b>100.0%</b>
<i>Absconded</i>	4	12.9%
<i>Excessive relapses</i>	4	12.9%
<i>Minor violations</i>	2	6.5%
<i>New criminal offense</i>	5	16.1%
<i>Other reason (not specified)</i>	10	32.3%
<i>Unsatisfactory performance</i>	5	16.1%
<i>Withdrawal</i>	1	3.2%
<i>Death</i>	0	0.0%

*Program Drug Screenings.* In juvenile drug treatment court dockets in 2013, there were 4,498 drug screens administered for the 141 participants, an average of 35.1 drug screens per participant for the year. Among juvenile drug treatment court docket participants, 55.5% (or 71) had a positive drug screen result during the year, and 44.5% (or 57) had a negative drug screen results. Table 19.

Table 19: 2013 Juvenile Participant Drugs Screenings				
	Juvenile DTC			
Participants	141			
	N	%	N	Valid %
Negative	57		57	44.5%
Positive	71		71	55.5%
No Data	13	9.2%		
<b>Total</b>	<b>141</b>	<b>100.0%</b>	<b>128</b>	<b>100.0%</b>
<b>Drug Screenings</b>	<b>4,498</b>			
	<b>N</b>	<b>%</b>		
Negative	4,224	93.9%		
Positive	274	6.1%		
<b>Total</b>	<b>4,498</b>	<b>100.0%</b>		
<b>Screenings Per Participant</b>	<b>35.1</b>			
<b>Positive Screenings Per Participant</b>	<b>2.1</b>			

*Program Entry Offense.* There were 141 participants in juvenile drug treatment courts in 2013, fewer than in 2012. Offenses with which participants are charged and for which they are referred to the drug court docket are noted at program entry. Such data were available for 121 of the 141 participants during 2013. By far, the most frequent charge reported for juvenile drug court participants in 2013 was possession of marijuana, 1<sup>st</sup> offense (47 participants or 14.8% of charges reported), and violation of probation (29 participants or 9% of charges reported). The next highest offense among juvenile participants was the possession or purchase of alcohol by persons under 21 years of age (28 or nearly 9% of participants). Table 20.



<b>Table 20: 2013 Juvenile Participant Entry Offenses</b>			
Total Participants	141		
Total Participants with Available Arrest Data	121		
Total Offenses Indicated	317		
<b>Offense</b>	<b># Of Participants w/ Offense Indicated</b>	<b>%</b>	<b>% of Available Participants (N=121)</b>
Drugs: Possess Marijuana, 1st Off	47	14.8%	38.8%
Probation Violation: J&DR Court	29	9.1%	24.0%
Alcohol: Purch/Possess By Person <21Y	28	8.8%	23.1%
Petit Larceny: <\$200 Not From A Person	26	8.2%	21.5%
Order: Violation Of J&Dr Court Order	25	7.9%	20.7%
Grand Larceny: \$200+ Not From A Person	13	4.1%	10.7%
Assault: (Misdemeanor)	11	3.5%	9.1%
Drugs: Possess Sch I Or II	11	3.5%	9.1%
Monument: Intentional Damage, Value <\$1000	8	2.5%	6.6%
Drugs: Manuf/Distribute On Certain Properties	6	1.9%	5.0%
Drugs: Possess Marijuana, 2+ Off	6	1.9%	5.0%
Shoplift/Alter Price: Larceny <\$200, 1St Off	6	1.9%	5.0%
Trespass: After Being Forbidden To Do So	5	1.6%	4.1%
Assault: On Family Member	4	1.3%	3.3%
Disorderly Conduct	4	1.3%	3.3%
Drugs: Possess Sch III	4	1.3%	3.3%
Drugs: Possess w/ Intent to Manuf/sell Sch I,II	4	1.3%	3.3%
Drugs: Sell/Provide For Resale Sch I or II	4	1.3%	3.3%
Paraphernalia: Unauthorized Distribution of	4	1.3%	3.3%
Unauthorized Use: Animal/Vehicle/Etc, Larceny<200	4	1.3%	3.3%
Credit Card Larceny: Take/Obtain No.	3	0.9%	2.5%
Drugs: Sell/Distrib Sch III Drug - Not Steroid	3	0.9%	2.5%
Grand Larceny: \$5+ From A Person (Pick Pocket)	3	0.9%	2.5%
Grand Larceny: Firearm, Not From A Person	3	0.9%	2.5%
Contempt of Court: J&DR Court	3	0.9%	2.5%
Others	53	16.7%	0.1%
<b>Total</b>	<b>317</b>	<b>100.0%</b>	



## Summary of Participant Departures from Juvenile Drug Treatment Court Dockets

*Graduation Rates.* Among the 141 juvenile drug treatment court participants in 2013, 59 (42%) departed program participation through either graduation or program termination. A total of 28 (or 47.5%) graduated and 31 (52.5%) were terminated. This was only a slight difference from 2012. The graduation rate for juvenile drug court dockets in 2012 was 47.7%. Table 21.

*Terminations.* While the reason for program termination in juvenile drug court dockets in 2013 was not specified in program data entered for many of the cases this year in prior years participants were primarily terminated for unsatisfactory performance and because of a new criminal offense.

*Length of Stay.* In 2013, the mean length of stay increased by over two months or 71 days from 2012 to 2013 likewise the median LOS increased 64 days from 2012 to 2013. This increased length of stay appears more pronounced among the graduates each year.

The average (mean) length of stay (LOS) for graduates in juvenile drug treatment court dockets was 489 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The median LOS for 2013 non-graduates was 373 days, 10 more days than in 2012.

2013 juvenile re-arrest data is unable to be calculated due to insufficient or incomplete data entered.

<b>Table 21: 2013 Juvenile Docket Activity Summary</b>			
	<b>2012</b>	<b>2013</b>	<b>%Change</b>
Referrals	120	81	-32.5%
New Admissions	69	55	-20.3%
Participants During Year	152	141	-7.2%
Graduated	31	28	-9.7%
Graduation Rate	47.7%	47.5%	
Terminated	34	31	-8.8%
Termination Rate	52.3%	52.5%	
Mean Length of Stay (In Days)	357	428	19.9%
Graduates	350	489	39.7%
Non-Graduates	363	373	2.8%
Median Length of Stay (In Days)	315	379	20.3%
Graduates	371	443	19.4%
Non-Graduates	295	335	13.6%

## **Chapter Four: DUI Drug Treatment Court Dockets**

### **Introduction**

Driving under the influence (DUI) drug treatment court dockets 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 docket 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 court dockets 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 court dockets operate within a post-conviction model.

The Virginia Highway Safety Office reports that, in 2012, 229 persons were killed (29.5% of all traffic fatalities) and 5,861 persons were injured (9% of all traffic injuries) in alcohol-related crashes. There were 8,777 alcohol related crashes (7% of all crashes) throughout the Commonwealth in 2012. In 2012, convictions for Driving Under the Influence (DUI) increased 1.98% with 28,719 convictions statewide. Of those convicted for DUI seventy-seven percent (77%) were male and 23% were female. The average blood alcohol content (BAC) of tested drinking drivers was .1397, a slight increase 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 4,000 people were hospitalized due to crash injuries staying over 27,900 days with medical costs of over \$277 million.

The Virginia Highway Safety Office included facts related to teenagers. Fourteen (14) teenagers, aged 15-19 were killed in alcohol-related crashes, nearly 2% of the total traffic fatalities. 464 teenagers, aged 15-19 were injured in alcohol-related crashes, nearly 0.7% percent of the total traffic injuries. The Virginia alcohol-related crash fatalities and injuries have decreased over the past five years from 2008 to 2012. Virginia's over 5,000 alcohol-related injuries in 2012 is a 16% decrease since 2008 while the 229 Virginia alcohol-related fatalities have decreased 35% over the last five years. Alcoholism/addiction left untreated affects not only the individual but also the community as a whole through the actions of the active addict, such as Driving Under the Influence (DUI) offenses, Assaults, Domestic Violence, Larcenies, Burglaries, Auto Thefts, and other driving offenses involving unlicensed individuals such as Habitual Offenders, Driving on a Suspended or Revoked operator's licenses, and other illegal activities.

### **DUI Drug Treatment Court Dockets in Virginia**

The DUI Drug Court Docket 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 Docket is held in the General District Court. In the absence of the DUI Drug Court, offenders who fail to comply with Alcohol Safety Action Program (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 Docket 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 that were not ordered into the DUI drug court docket at the time of conviction will be eligible. These offenders may be ordered to participate by the court. Multiple offenders who were arrested with a Blood Alcohol Content (BAC) in excess of .20, a fail Breath Test for alcohol, a positive Ethyl Glucuronide (EtG) urine test for alcohol, fail a drug test after entering ASAP, or non-compliant with ignition interlock are eligible, and may also be ordered into the DUI drug court docket 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 docket 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 Docket 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 docket program through bi-monthly or 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 docket 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 at least 8 months. The program works with Community Services Boards and other treatment providers to provide counseling and treatment for individuals participating in the DUI drug court docket. ASAP works with the judges, prosecutors, and defense bar to coordinate the functions of the court.

The Ten Guiding Principles of DWI Courts established by the National Drug Court Institute provide best practices used to establish the standards that guide the operation of Virginia's DUI drug treatment court dockets.

## **Target Population**

The population served by the DUI drug treatment court docket is the hard-core drinking driver. The Virginia Code (§§18.2-266 to 18.2-273) provides that persons convicted of Driving Under the Influence (DUI) enter and successfully complete the Virginia Alcohol Safety Action Program (VASAP). In agreement with each court, the DUI drug treatment court dockets accept, assess, and monitor persons according to the policies established by the DUI drug treatment court team. The DUI drug treatment court docket 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 DUI drug court dockets are 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 remainder of this section discusses the federal transportation budget which uses Driving While Intoxicated (DWI) instead of DUI. The Moving Ahead for Progress in the 21st Century Act (MAP-21), (P.L. 112-141), was signed into law by President Obama on July 6, 2012. Funding surface transportation programs at over \$105 billion for fiscal years (FY) 2013 and 2014, MAP-21 is the first long-term highway authorization enacted since 2005. MAP-21 extends current law (SAFETEA-LU) for the remainder of FY 2012, with new provisions for FY 2013 and beyond taking effect on October 1, 2012. Prior to MAP-21, each apportioned program had its own formula for distribution, and each State's total was the sum of the amount it received for each program. MAP-21's new approach to distribution of formula funds is now based on the amount of formula funds each State received under Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy For Users (SAFETEA-LU). MAP—21 can impact all DWI Courts. In the fight against impaired driving, the law set out some of the authorized programs that can receive U.S. Transportation Grant Funds. The approved list includes DWI Courts, training and education of criminal justice professionals (including law enforcement, prosecutors, judges and probation officers) to assist in handling impaired driving cases, and 24-7 sobriety programs. MAP-21 is a huge bill as it deals with all transportation, not just motor vehicles. But one section, Section 405, deals with highway safety and how to reduce highway deaths by setting "National Priority Safety Programs." In that section it sets out impaired driving as the main priority for funding, stating:

(C) Impaired Driving Countermeasures.—52.5 percent of the funds provided under this section in each fiscal year shall be allocated among States that met the requirements of the impaired driving countermeasures (as described in subsection (d)).

Therefore, of the funding for fiscal year 2013 and 2014 set for National Priority Safety Programs, slightly over one-half must be allocated for impaired driving countermeasures, pending federal appropriations. That funding will be distributed to the State Highway Safety Offices (SHSO) coming

from the National Highway Traffic Safety Administration (NHTSA), a division of the Department of Transportation. It is important to note that NHTSA does not provide grants directly to any individual court. NHTSA provides the money to each SHSO and then the individual SHSO determines how the money is distributed. How much money each state receives from NHTSA will vary based on a formula that NHTSA will use. In determining the allocation of the money received, the SHSO is not required to give the money to DWI Courts. DWI Courts are just one of the authorized programs listed in the bill. It is possible the money could be given to a number of other activities. Other authorized activities listed in the bill include:

- High visibility enforcement efforts
- Hiring Traffic Safety Resource Prosecutors (TSRPs)
- Hiring Judicial Outreach Liaisons (JOLs)
- Hiring a state impaired-driving coordinator
- Training criminal justice professionals
- Alcohol ignition interlock programs
- Improving blood-alcohol concentration testing and reporting
- 24-7 programs, and
- Paid and earned media in support of some of these activities.

It is extremely unlikely that the funding would go to just one activity. Each state will most likely allocate to a number of the activities in order to provide a comprehensive response to the impaired driving issue. It will be critical that DWI Courts and others work with their State Highway Safety Office and demonstrate that DWI Courts are making a difference. It will be critical that DWI Courts continue raising awareness in their communities and discussing what they are doing to save lives and make it safer to live there.

An additional grant funding opportunity may be the “24-7 Sobriety Program.” 24-7 is a concept that started in South Dakota where impaired drivers are breath tested twice a day, every day. MAP—21 allows funding for the costs associated with 24-7 Sobriety Programs. This may be something that DWI Courts are interested in developing, especially for participants in the first phase of the program. While it is alcohol based, it will allow funding for regular testing of participants, which is a critical part of any DWI Court. However, please note that at this point in time, the regulations to determine who and/or what agency can apply for this funding have not been written. When the grants are available and amount available will vary state to state. It will be important for DWI Courts to be in contact with local SHSOs to find out what each office’s requirements are for any grant application. Any funding that comes from a SHSO will have to enhance or expand ongoing efforts or support a new program. It cannot be used to replace or supplant current local funding. This is a great opportunity for DWI Courts. They are specifically listed in MAP—21 as an authorized program for grant funding.

Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy For Users (SAFETEA-LU) provides states with two alternative means to qualify for a 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 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 transportation grant funds.

### **DUI Drug Treatment Court Dockets Approved to Operate**

As of the end of Fiscal Year 2013, there were two regional DUI Drug Courts operating in Virginia. These include the Fredericksburg Area DUI Drug Court that operates in the Fredericksburg, King George Spotsylvania and Stafford General District Courts and the Waynesboro Area DUI Drug Court operating in Waynesboro General District Court, serving Augusta County, Staunton and Waynesboro residents.

In 2012, the Fredericksburg Area DUI Drug Court requested to expand its dockets in King George County. An application was submitted and approved by the statewide Drug Treatment Court Advisory Committee in October 2012. This did not result in an additional operational program but expanding an existing program into another jurisdiction within the same judicial district.

Electronic data migration from VASAP's inferno database to the Drug Court database has been successful this year. The DUI drug court data reported here was retrieved from the Drug Court Database for both these programs combined. (Table 22).

### **Summary of DUI Drug Court Docket Participant Activity**

*Referrals.* In FY2013, 441 referrals were made to the Fredericksburg Area and Waynesboro Area DUI drug court dockets. This is about 4% less than the previous year.

*Active Participants.* DUI drug court dockets served 985 participants during FY2013. The two DUI drug court dockets serve nearly as many participants as the over twenty adult drug court dockets.

The majority of DUI drug court docket participants were male, white, single and between ages 20-39 years old.

*Race.* During 2013, the majority of participants in DUI drug court dockets were white (725 or 73.8%). There were 226 black participants (23%). Individuals claiming other racial or ethnic backgrounds made up just slightly more than 3%, collectively.

*Gender.* In DUI dockets the majority of participants were male (nearly 80%) in 2013.

*Age.* Similar to the adult docket participants about 42% of the DUI docket participants were between ages 20-29, and nearly 24% between ages 30-39. Roughly sixteen percent of participants were between ages 40 and 49 while approximately 15% were over 50.

*Marital Status.* In 2013 DUI docket participants, for whom data were available were slightly more than half (57%) were single and 21% were reported as married with 14% divorced.

**Table 22: 2013 DUI Active Participants & Departures**

Table 22: 2013 DUI Active Participants & Departures				
<b>Active Participants During Year</b>	985			
<b>Demographic Characteristics</b>	<b>N</b>	<b>%</b>	<b>N</b>	<b>Valid %</b>
<b>Gender</b>				
Males	783		783	79.5%
Females	202		202	20.5%
No Data	0	0.0%		
<b>Total</b>	<b>985</b>	<b>100.0%</b>	<b>985</b>	<b>100.0%</b>
<b>Race</b>				
White	725		725	73.8%
Black	226		226	23.0%
Hispanic	26		26	2.6%
Asian	5		5	0.5%
Other	1		1	0.1%
No Data	2	0.2%		
<b>Total</b>	<b>985</b>	<b>100.0%</b>	<b>983</b>	<b>100.0%</b>
<b>Age</b>				
Ages 10-19	29		29	3.0%
Ages 20-29	408		408	41.7%
Ages 30-39	234		234	23.9%
Ages 40-49	159		159	16.2%
Ages 50-59	126		126	12.9%
Ages 60-69	23		23	2.3%
No Data	6	0.6%		
<b>Total</b>	<b>985</b>	<b>100.0%</b>	<b>979</b>	<b>100.0%</b>
<b>Marital Status</b>				
Single	559		559	57.0%
Separated	61		61	6.2%
Divorced	137		137	14.0%
Married	209		209	21.3%
Widowed	14		14	1.4%
Cohabiting	0		0	0.0%
Other	0		0	0.0%
No Data	5	0.5%		
<b>Total</b>	<b>985</b>	<b>100.0%</b>	<b>980</b>	<b>100.0%</b>

Departures		
	<b>N</b>	<b>%</b>
Participants Who Left During Year	411	41.7%
Completed/Graduated	305	74.2%
Revoked	106	25.8%
<b>Total</b>	<b>411</b>	<b>100.0%</b>
Reason for Revocations		
<i>Absconded</i>	47	44.3%
<i>Excessive relapses</i>	44	41.5%
<i>Minor violations</i>	0	0.0%
<i>New criminal offense</i>	0	0.0%
<i>Other reason (not specified)</i>	9	8.5%
<i>Unsatisfactory performance</i>	0	0.0%
<i>Withdrawal</i>	0	0.0%
<i>Death</i>	6	5.7%
<b>Total</b>	<b>106</b>	<b>100.0%</b>

*Drug Screenings.* Over 7,000 drug screenings conducted with an average of 9 per participant. Among the DUI docket participants, slightly more than 10% had a positive result and nearly 90% had negative results. Table 23.

<b>Table 23: 2013 DUI Participant Drug Screenings</b>				
	<b>DUI DTC</b>			
<b>Participants</b>	<b>985</b>			
	<i>N</i>	%	<i>N</i>	Valid %
Negative	533		533	67.2%
Positive	260		260	32.8%
No Data	192	19.5%		
<b>Total</b>	<b>985</b>	<b>100.0%</b>	<b>793</b>	<b>100.0%</b>
<b>Drug Screenings</b>	<b>7,131</b>			
	<i>N</i>		%	
Negative	6389		89.6%	
Positive	742		10.4%	
<b>Total</b>	<b>7,131</b>		<b>100.0%</b>	
<b>Screenings Per Participant</b>	<b>9.0</b>			
<b>Positive Screenings Per Participant</b>	<b>0.9</b>			

*Graduation Rates.* Among the 985 DUI drug court docket participants 411 (42%) departed in 2013. The graduation rate is 74% with 305 DUI drug court participants departing by graduation (successful) and 106 (26%) were revoked (terminated).

*Revocations.* The most frequent reasons for program termination in DUI Drug Courts are non-attendance or excessive relapses.

The length of stay in a DUI drug court docket is nearly 15 months or 483 days mean (or average) length of stay and 344 days median length of stay.

*Re-arrest.* In 2013, the re-arrest rate was 12.7% for DUI drug treatment court dockets. This represents a decrease from 2012 figures.

Note: Caution is recommended when comparing re-arrests rates with recidivism. Not all arrests result in conviction and not all arrests and convictions result in re-incarceration. Re-arrest was calculated by the first offense post program departure for all participants. We separated the misdemeanor arrests from the felony arrests here because most misdemeanor arrests do not result in jail time.

The 2012 DUI re-arrest rates for DUI docket graduates was 16.2% compared to 32.3% for those revoked. Among the graduates nearly 14% were arrested for misdemeanor offenses while 2.4% were arrested for felony offenses. Nearly 27% of the revoked participants were arrested for misdemeanor offenses while 5.4% were arrested for felony offenses. The re-arrest rate for all DUI docket departures in 2013 was 12.7% which is 32.5% lower than 2012. Among all departures, 10.2% were arrested for



misdemeanor offenses while 2.4% were arrested for felony offenses. Overall the re-arrest rate is higher for terminated participants than graduates.

Table 24: DUI DTC Re-arrest Rates							
	2012			2013			% Change
Total Departures	384			411			7.0%
Graduated	291		75.8%	305	74.2%		4.8%
Revoked	93		24.2%	106	25.8%		14.0%
Total	384		100.0%	411	100.0%		
<b>Graduated</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	
Re-arrested	40	7	47	25	6	31	-34.0%
Re-arrest Rate	13.7%	2.4%	16.2%	8.2%	2.0%	10.2%	
Within 1 Year	21	6	27	22	6	28	
Re-arrest Rate	7.2%	2.1%	9.3%	7.2%	2.0%	9.2%	
1-2 Years	17	1	18	3	0	3	
Re-arrest Rate	5.8%	0.3%	6.2%	1.0%	0.0%	1.0%	
<b>Revoked</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	
Re-arrested	25	5	30	17	4	21	-30.0%
Re-arrest Rate	26.9%	5.4%	32.3%	16.0%	3.8%	19.8%	
Within 1 Year	15	4	19	15	4	19	
Re-arrest Rate	16.1%	4.3%	20.4%	14.2%	3.8%	17.9%	
1-2 Years	9	1	10	2	0	2	
Re-arrest Rate	9.7%	1.1%	10.8%	1.9%	0.0%	1.9%	
<b>Total Departures</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	<b>Misdemeanor</b>	<b>Felony</b>	<b>Total</b>	
Re-arrested	65	12	77	42	10	52	-32.5%
Re-arrest Rate	16.9%	3.1%	20.1%	10.2%	2.4%	12.7%	
Within 1 Year	36	10	46	37	10	47	
Re-arrest Rate	9.4%	2.6%	12.0%	9.0%	2.4%	11.4%	
1-2 Years	26	2	28	5	0	5	
Re-arrest Rate	6.8%	0.5%	7.3%	1.2%	0.0%	1.2%	

## Chapter Five: Family Drug Treatment Court Dockets

### Introduction

Family drug treatment court dockets (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>7</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 substance-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.

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<sup>7</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.

Family Drug Treatment Courts (FDTCs) 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. 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 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) judicial supervision of structured community-based treatment, (4) regular status hearings before the judge to monitor treatment progress and program compliance, (5) increased defendant accountability through a series of graduated sanctions and rewards or increased parenting skills and monitoring, (6) mandatory periodic drug testing, and (7) assistance with employment, housing, and other necessary skills to enable 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 additional 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 has the opportunity to closely monitor the progress of addicted parents and their children. Early reports of family drug treatment court programs' effectiveness indicate that participants are more likely to achieve family reunification when involved in court-monitored programs. When family reunification does not occur, drug treatment court professionals report that children may still be better served when their parents are involved in family drug treatment court programs. Drug treatment court staff report cases in which parents recognize early that their recoveries were very unlikely. Subsequently, they agreed that family reunification was not in the best interests of their children. The decreased time in temporary placement and expedited permanent placement was beneficial to the children.

Family Drug Treatment Courts are guided by 10 Key Principles for Permanency Planning for Children.<sup>8</sup> 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

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<sup>8</sup> <http://www.ncjfcj.org/images/stories/dept/ppcd/keyprinciples.final..pdf>

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.<sup>9</sup> 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 to outline those fundamental standards and practices to which all family drug treatment courts in the Commonwealth of Virginia should subscribe.

### **Family Drug Treatment Court Dockets Approved to Operate**

During 2013, family drug treatment courts operated in the Charlottesville/Albemarle County, and Goochland County began June 2013. The Arlington Family Drug Court closed in 2012 and Newport News Family Drug Court suspended operations indefinitely. The Montgomery County Family Drug Court was approved to operate in July 2012 but has not started yet. All Family Drug Courts operate in juvenile and domestic relations district courts.

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. 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 turnover and some needed reorganization this Drug Court did not accept participants for the remainder of the fiscal year. Alexandria Family Drug Court closed February 2012, and about the same time Newport News Family Drug Court suspended operations indefinitely. Both Goochland and Montgomery Counties Family Drug Courts were approved in July 2012. Goochland began June 2013 while Montgomery County has not yet started. As a result there is insufficient data to support any conclusions for the family Drug Court model.

### **Summary of Family Drug Treatment Court Activity**

There is insufficient data among the family Drug Courts to support any conclusions or program outcomes.

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<sup>9</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.

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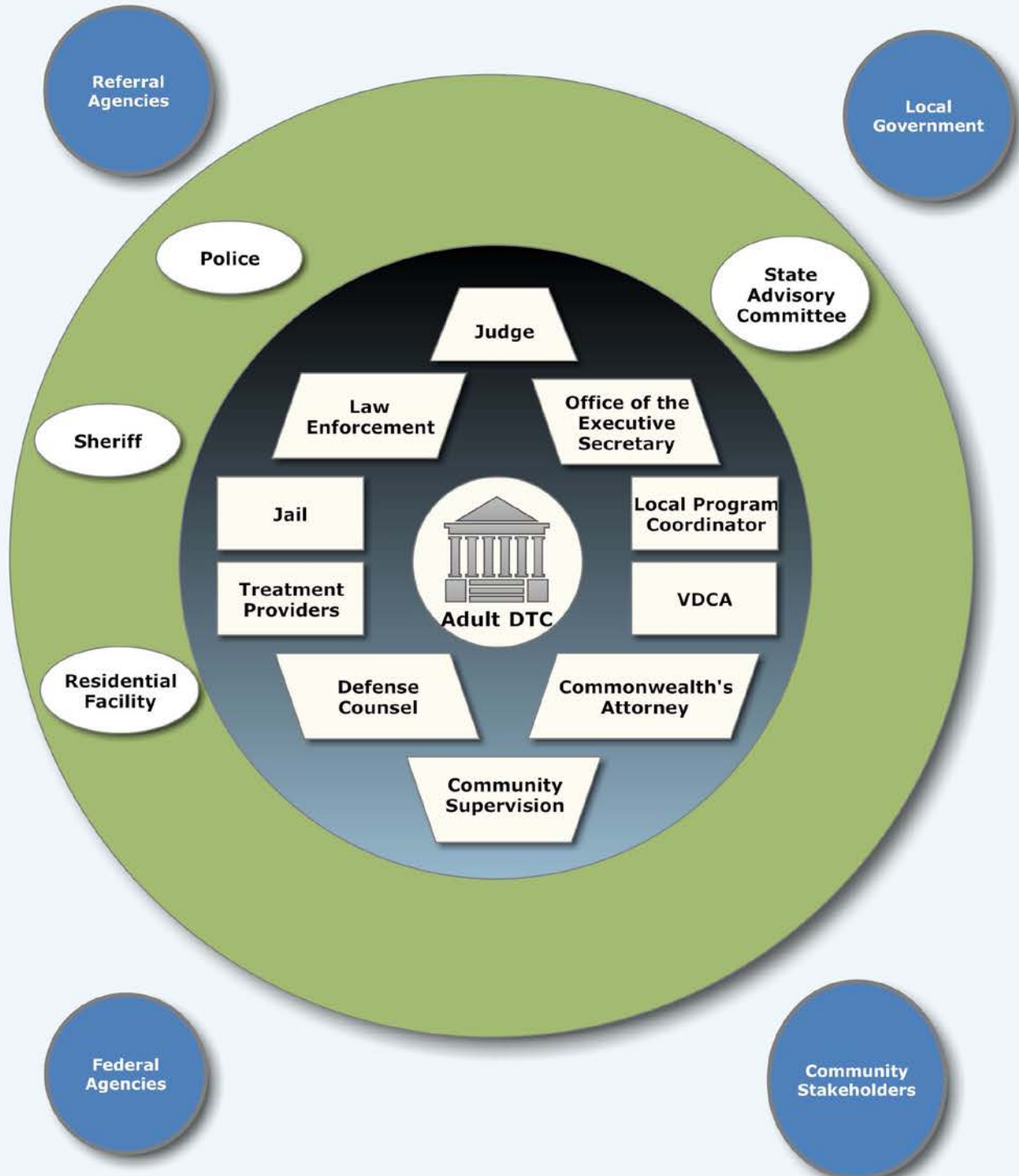
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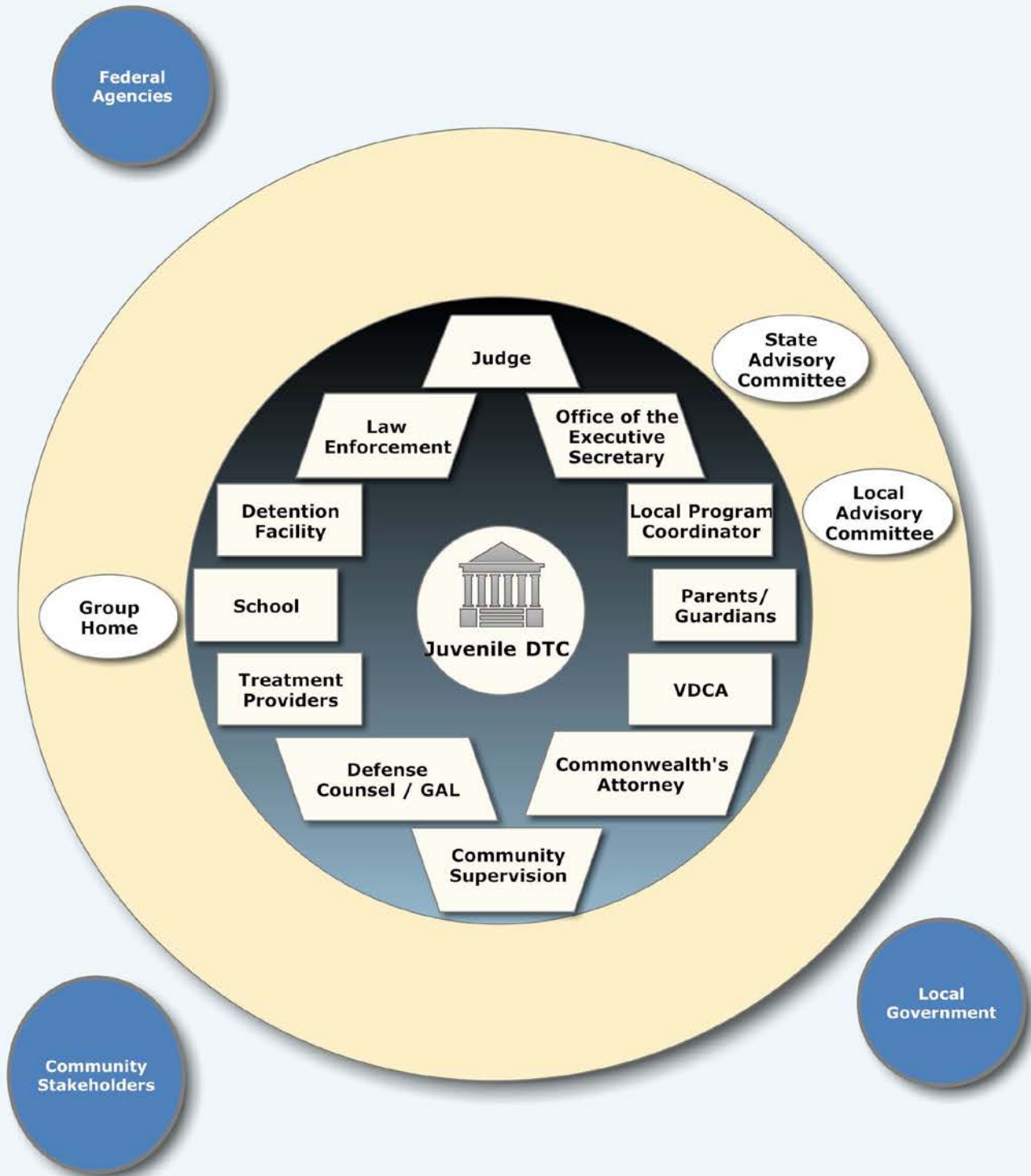
*Appendix A*

**Diagrams of Virginia Drug Treatment Court Docket Stakeholders**

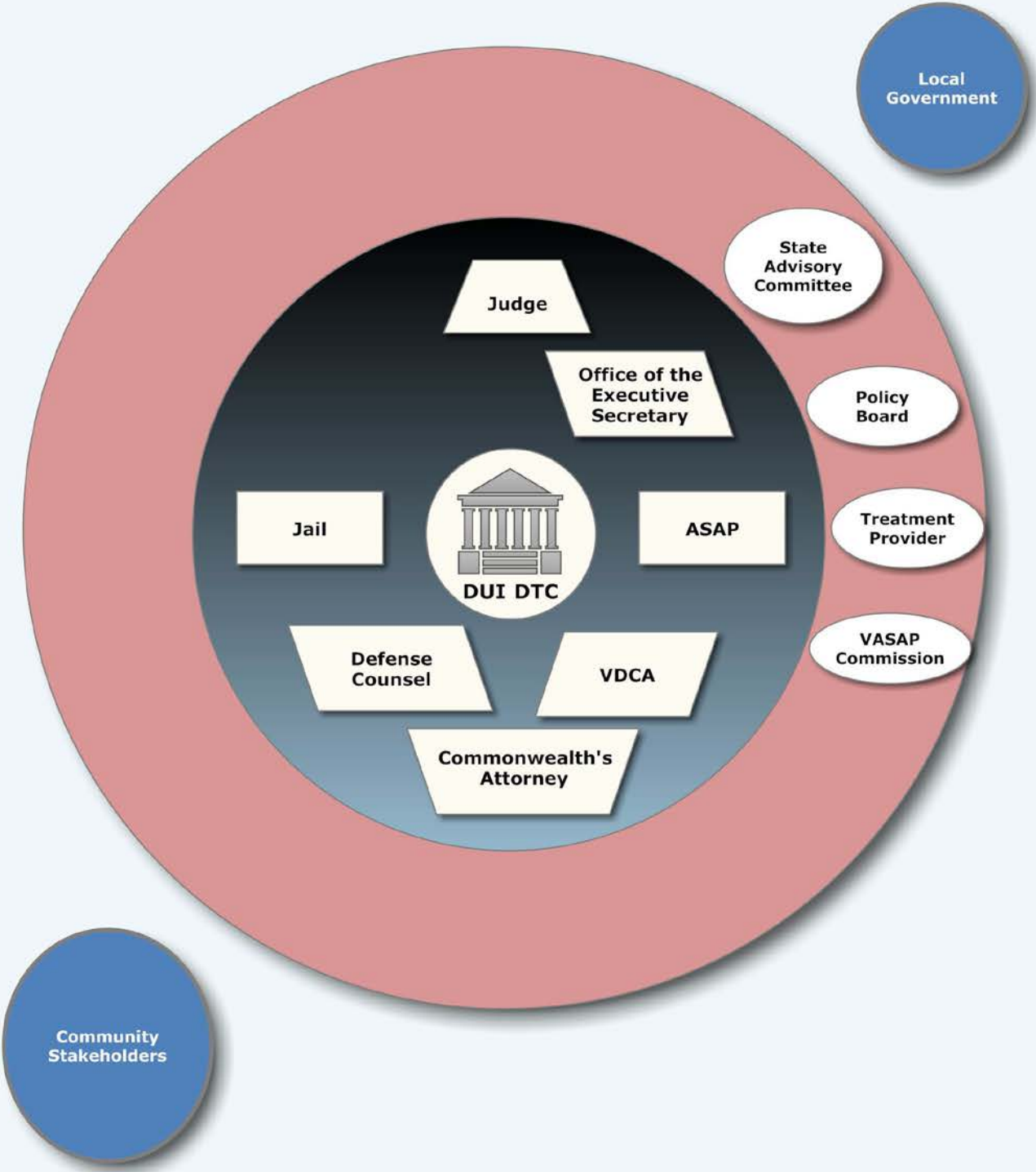
## Virginia Adult Drug Treatment Court Stakeholders, 2013



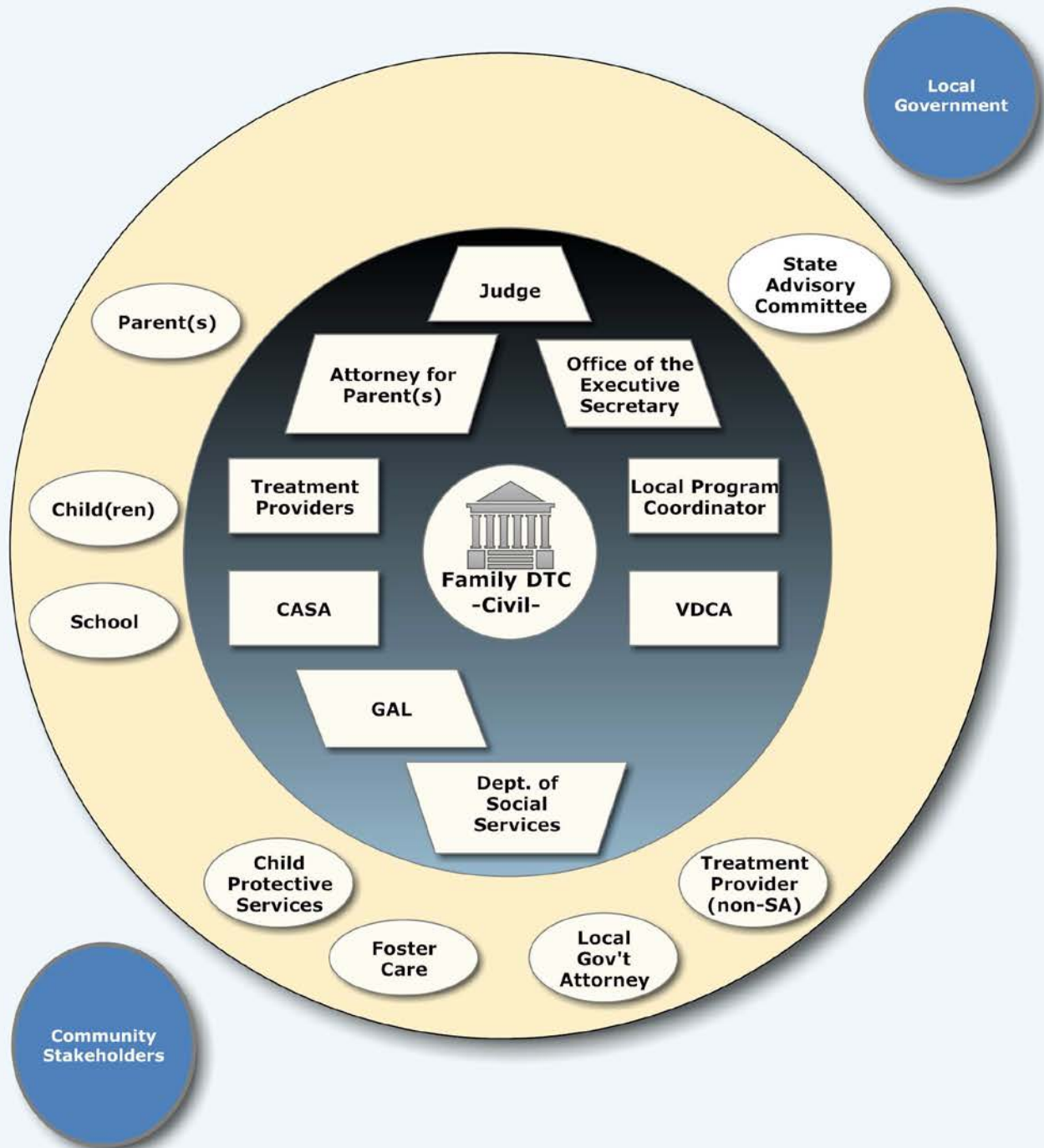
## Virginia Juvenile Drug Treatment Court Stakeholders, 2013



**Virginia Adult Drug Treatment Court Stakeholders, 2013**



## Virginia Family Drug Treatment Court Stakeholders, 2013



*Appendix B*

**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 recidivism; (iii) reducing drug-related court workloads; (iv) increasing personal, familial and societal accountability among offenders; and, (v) promoting effective planning and use of resources among the criminal justice system and community agencies.

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

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

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

G. Each jurisdiction or combination of jurisdictions that intend to establish a drug treatment court or continue the operation of an existing one shall establish a local drug treatment court advisory committee. Jurisdictions that establish separate adult and juvenile drug treatment courts may establish an advisory committee for each such court. Each advisory committee shall ensure quality, efficiency, and fairness in the planning, implementation, and operation of the drug treatment court or courts that serve the jurisdiction or combination of jurisdictions. Advisory committee membership shall include, but shall not be limited to the following people or their designees: (i) the drug treatment court judge; (ii) the attorney for the Commonwealth, or, where applicable, the city or county attorney who has responsibility for the prosecution of misdemeanor offenses; (iii) the public defender or a member of the local criminal defense bar in jurisdictions in which there is no public defender; (iv) the clerk of the court in which the

drug treatment court is located; (v) a representative of the Virginia Department of Corrections, or the Department of Juvenile Justice, or both, from the local office which serves the jurisdiction or combination of jurisdictions; (vi) a representative of a local community-based probation and pretrial services agency; (vii) a local law-enforcement officer; (viii) a representative of the Department of Behavioral Health and Developmental Services or a representative of local drug treatment providers; (ix) the drug court administrator; (x) a representative of the Department of Social Services; (xi) county administrator or city manager; and (xii) any other people selected by the drug treatment court advisory committee.

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

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

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

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

L. Each offender shall contribute to the cost of the substance abuse treatment he receives while participating in a drug treatment court pursuant to guidelines developed by the drug treatment court advisory committee.

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 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.

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

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*Appendix C*

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

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

**Chair:**

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

**Vice-Chair:**

Honorable Jerauld C Jones, Judge\*  
Norfolk Circuit Court

**Members:**

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

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

Hon. Charles S. Sharp, Judge\*  
Stafford Circuit Court

Hon. Margaret P. Spencer, Judge\*  
Richmond Circuit Court

Patricia Shaw, President\*  
Virginia Drug Court Association

Major Steve Thompson  
Prince William County Police Department

Hon. John Weisenburger, Sheriff  
Virginia Sheriff's Association

Hon. Thomas Roberts, Clerk  
Staunton Circuit Court

Mike Whipple, SA Program Manager  
Department of Corrections

Deron Phipps, Policy & Planning Director  
Department of Juvenile Justice

Julie Truitt, Program Manager  
Dept. of Behavioral Health & Developmental  
Services/Office of Substance Abuse Services

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

Bruce Crusier, Director Programs & Services  
Department of Criminal Justice Services

Catherine Mullins, Esq.  
Virginia Indigent Defense Commission

Melanie Meadows, Vice-President  
Virginia Drug Court Association

Hon. Charles Dorsey, Judge  
Roanoke City Circuit Court

Hon. Burke F. McCahill, Judge  
Loudoun Circuit Court

Bettina Coghill, Coordinator  
Hopewell/Prince George Surry Adult Drug  
Court.

Cheryl Robinette, Coordinator  
Tazewell Adult Drug Court

Cynthia C. Bauer  
Senior Permanency Policy Specialist  
Virginia Department of Social Services

Natale Ward, Senior Director  
Hampton/Newport News CSB  
Virginia Association of Community Services  
Boards

Hon. Denise Lunsford  
Albemarle Commonwealth's Attorney  
Commonwealth's Attorneys Association

Hon. D. Scott Bailey, Judge  
Prince William J&DR District Court

Hon. Chadwick S. Dotson, Judge  
Wise Circuit Court

Hon. Jack Hurley, Judge  
Tazewell Circuit Court

Hon. Frederick G. Rockwell, III, Judge  
Chesterfield Circuit Court

**Staff:**

Paul DeLosh, Director  
Judicial Services Department

Anna T. Powers, State Drug Court Coordinator  
Judicial Services Department

Michael Waite, Drug Court Analyst  
Drug Treatment Courts  
Judicial Services Department

**\*EXECUTIVE COMMITTEE**

*Appendix D*

**Virginia's Drug Treatment Court Dockets**

## Virginia's Drug Treatment Court Programs

### Adult Drug Treatment Courts

30<sup>th</sup> Circuit Adult Drug Court (Lee, Scott & Wise Counties)  
Wise County Circuit Court

Albemarle County/Charlottesville Drug Court  
Charlottesville Circuit Court

Arlington County Drug Court  
Arlington County Circuit Court

Veritas (Bristol) Drug Court  
Bristol Circuit Court

Buchanan County Drug Court  
Buchanan County Circuit Court

Chesapeake Drug Court  
Chesapeake Circuit Court

Chesterfield County/Colonial Heights Drug Court  
Chesterfield Circuit Court

Danville Drug Court  
Danville Circuit Court

Dickenson County Drug Court  
Dickenson County Circuit Court

Hampton Drug Court  
Hampton Circuit Court

Henrico County Drug Court  
Henrico Circuit Court

Hopewell Drug Court  
(serves the counties of Prince George and Surry Counties, and the City of Hopewell)  
Prince George Circuit Court

Newport News Drug Court  
Newport News Circuit Court

Norfolk Drug Court  
Norfolk Circuit Court

Portsmouth Drug Court  
Portsmouth Circuit Court

Rappahannock Regional Drug Court  
(serves the counties of King George, Spotsylvania and Stafford, and the City of Fredericksburg)

Richmond Drug Court  
Richmond Circuit Court

Twenty-third Judicial Circuit 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

Russell County Drug Court  
Russell County Circuit Court

Staunton Drug Court  
(serves the County of Augusta and the cities of Staunton and Waynesboro)  
Staunton Circuit Court

Tazewell County Drug Court  
Tazewell Circuit Court

Washington County Drug Court  
Washington County Circuit Court

## Virginia's Drug Treatment Court Programs

### Juvenile Drug Treatment Courts

Chesterfield County/Colonial Heights  
Drug Court  
Chesterfield J&DR District Court

Franklin County Drug Court  
Franklin County J&DR District Court

Hanover Drug Court  
Hanover J&DR District Court

Newport News Drug Court  
Newport News J&DR District Court

Prince William County Drug Court  
Prince William J&DR District Court

Rappahannock Regional Drug Court  
(serves the counties of King George,  
Spotsylvania and Stafford, and the City of  
Fredericksburg)  
Fredericksburg J&DR District Court

Richmond Drug Court  
Richmond J&DR District Court

Thirtieth District Drug Court  
(serves the counties of Lee, Scott & Wise )  
Lee, Scott, and Wise Counties J&DR District  
Courts

### Family Drug Treatment Courts

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

Goochland County Drug Court  
Goochland County J&DR District Court

Montgomery County Drug Court  
Montgomery County 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 King George, Spotsylvania  
and Stafford, and the City of Fredericksburg)  
Fredericksburg General District Court  
King George General District Court  
Spotsylvania General District Court  
Stafford General District Court

Waynesboro Area Drug Court  
(serves the County of Augusta and the cities  
of Staunton and Waynesboro)  
Waynesboro General District Court

