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December 12, 2016

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

Dear Senators and Delegates:

The Virginia Drug Treatment Court Act (Virginia Code 18.2-254.1) directs the Office of the Executive Secretary of the Supreme Court of Virginia, with the assistance of the State Drug Treatment Court Advisory Committee, to develop a statewide evaluation model, and to conduct ongoing evaluations on 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. Attached, please find the Annual Report.

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

With best wishes, I am

Very truly yours,

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

Karl R. Hade

KRH:atp

Enclosures

Where Treatment and Accountability Meet Justice



# **DRUG TREATMENT COURTS**

Department of Judicial Services · Office of the Executive Secretary, Supreme Court of Virginia

## **2016 Annual Report**

## **Preface**

The Virginia Drug Treatment Court Act (*Code of Virginia* §18.2-254.1; *see* Appendix A) directs the Office of the Executive Secretary (OES) of the Supreme Court of Virginia, 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 years 2015 and 2016 data prepared for the 2017 General Assembly.

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## **Virginia Drug Treatment Court Dockets 2016 Annual Report Executive Summary**

In fiscal year 2016, there were thirty-nine (39) drug treatment court dockets approved to operate in Virginia. Approved programs include: twenty-six (26) adult, six (6) juvenile, two (2) family and two (2) regional DUI Drug Treatment Court Dockets. Three adult drug treatment court docket programs (Danville, Smyth County and Virginia Beach) have not yet formally commenced their programs, one juvenile drug court changed to become a juvenile behavioral health docket and five additional applications (one DUI docket, one juvenile drug court and three adult drug courts) are pending approval. Currently, thirty-three (33) drug treatment court dockets are operating throughout the Commonwealth with the additional applications requesting permission to establish drug treatment court dockets currently being reviewed for approval.

Drug treatment court dockets are growing exponentially in the Commonwealth. Much of the recent growth is attributed to the 2012 budget language authorizing the Drug Treatment Court Advisory Committee to consider approval of new drug treatment court dockets providing they utilize existing resources and not request state funds. The budget provision provides -

–Notwithstanding the provisions of subsection O. of § 18.2-254.1, Code of Virginia, any locality is authorized to establish a drug treatment court supported by existing state resources and by federal or local resources that may be available. This authorization is subject to the requirements and conditions regarding the establishment and operation of a local drug treatment court advisory committee as provided by § 18.2-254.1 and the requirements and conditions established by the state Drug Treatment Court Advisory Committee. Any drug court treatment program established after July 1, 2012, shall limit participation in the program to offenders who have been determined, through the use of a 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.”<sup>1</sup>

Since 2012, sixteen (16) new drug treatment court dockets have been approved to operate. In fiscal year 2015, the Halifax County Adult Drug Treatment Court docket and in fiscal year 2016 the Floyd and Giles Counties Adult Drug Treatment Court dockets as well as the Northwestern Regional, Smyth County and Virginia Beach Circuit Drug Court dockets were approved by the Drug Treatment Court Advisory Committee. As part of their application, state funds were not requested and existing resources along with federal grant applications were utilized.

In response to the opiate epidemic, the 2016 budget language authorized funds to support two substance abuse treatment pilot programs at the Norfolk Adult Drug Court and the Henrico County Adult Drug Court utilizing non-narcotic, non-addictive, long-acting, injectable prescription drug treatment regimens as well as authorizing the Office of the Executive Secretary

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<sup>1</sup> Chapter 780 - 2016 Virginia Acts of Assembly - Item 40.H.2

to identify eligible adult drug court sites for participation in a pilot program to provide this injectable prescription drug treatment regimens. This year's budget language also included funding for drug courts in jurisdictions with high drug caseloads to be allocated by the state Drug Treatment Court Advisory Committee (Budget Items H.4-6 will be reviewed in next year's report).

The goals of Virginia drug treatment court docket programs 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; and
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 for fiscal year 2016. Information provided include details of program participants including demographics, program entry offenses, program length, graduation or termination and re-arrest post program completion. The report is based on 1) data from the drug court database developed and maintained by the OES; and 2) arrest data obtained from the Virginia State Police. Details are provided separately for adult and DUI drug treatment court dockets.

The juvenile drug treatment court docket model served less than 150 participants over seven programs during fiscal year 2016. As a result, only basic data will be included for this model. Only two family drug treatment court dockets accepted participants during fiscal year 2016. As a result, there is insufficient data to report on this model. The Commission on Virginia Alcohol Safety Action Program (VASAP) requires the local Alcohol Safety Action Programs (ASAPs) to enter data in the Inferno database. The driving under the influence (DUI) drug treatment court dockets are operated through the local ASAP. Data for the DUI drug treatment court dockets are electronically migrated into the drug court database.

Analyses provided in this report were based on data entered for participants in Virginia's drug treatment court dockets who entered into a program after July 1, 2015 and completed (successfully or unsuccessfully) a drug treatment court docket program on or before June 30, 2016. Statistical information was provided for participants who remain active. Information provided in this report reviews several new best practices in the drug treatment court docket programs over the past three years, such as the results of the Risk and Needs Triage (RANT) tool (a nationally recognized validated assessment tool) and Moral Reconciliation Therapy (MRT) training and implementation.

RANT is a highly secure web-based decision support tool designed with criminal justice professionals in mind. The 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 was selected to comply with the 2012 budget language noted above, —Any drug court treatment program established after July 1, 2012, shall limit participation in the program to offenders who have been determined, through the use of a nationally recognized, validated



assessment tool, to be addicted to or dependent on drugs.” RANT is easily administered by non-specialists in 15 minutes or less and offers instant, individual participant-level reporting. RANT consists of 19 questions. Federal grant funds allowed the OES to purchase the intellectual property to add RANT to the drug court database for adult drug treatment court staff to use for each referral in order to target the high risk and high need candidates for acceptance.

## **Best Practice**

The National Association of Drug Court Professionals (NADCP) announced that evidence-based treatment courts continue to expand and save lives, serving over 127,000 people in the United States in 2014. According to the Office of National Drug Control Policy (ONDCP), the drug treatment court docket model is a best practice because:

- Graduating participants gain the necessary tools to rebuild their lives
- Drug treatment court docket participants are provided intensive treatment and other services for a minimum of one year
- There are frequent court appearances and random drug testing with sanctions and incentives to encourage compliance and completion. Successful completion of the treatment program results in dismissal of the charges, reduced or set-aside sentences, lesser penalties, or a combination of the aforementioned
- Drug treatment court dockets rely upon the daily communication and cooperation of judges, court personnel, probation, treatment providers, and providers of other social services
- The problem of drugs and crime is much too broad for any single agency to tackle alone

NADCP released Vol. I and Vol. II of the Adult Drug Court Best Practice Standards<sup>1</sup> over the last two years, completing the most comprehensive compilation of research-based, specific, practitioner-focused drug court guidance ever produced. The Standards bring to bear over two decades of research on addiction, pharmacology, behavioral health and criminal justice, and include lessons that will not only improve drug court, but will help improve the way the entire system responds to offenders living with addiction or mental illness. Virginia Adult Drug Treatment Court Standards are being revised to correlate with these best practice standards.

## **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 of the Department of Judicial Services. The State Drug Treatment Court Advisory Committee established pursuant to Virginia Code §18.2-254.1 offers recommendations to the Chief Justice regarding recognition and funding for drug treatment court docket programs, best practices and standards for program operations. The Committee also reviews all applications requesting to establish new drug treatment court dockets, evaluates and assists with analyzing the drug court

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<sup>1</sup> <http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf>

data and drug court operations for the annual report and offers recommendations to the Chief Justice.

Drug treatment court dockets have been operating in the Commonwealth for more than 20 years and their efficacy and effectiveness is well documented. In times of serious budget cuts, the drug treatment court docket model offers state and local governments a cost-effective way to increase the percentage of sustained recovery of addicted offenders thereby improving public safety and reducing costs associated with re-arrest and additional incarceration. Every adult participant accepted into a Virginia drug treatment court docket program saves \$19,234 compared to traditional case processing.<sup>1</sup>

*Leroy began selling drugs at age 15 and started using marijuana daily at age 18. His drug use progressed and he began using cocaine, PCP and methamphetamines on a daily basis at age 33. In 2012 Leroy was shot at the age of 39 in a drug deal gone bad. The shooting damaged his spinal cord leaving Leroy paralyzed from the waist down. Following the shooting, he continued his substance abuse which progressed to manufacturing methamphetamines in his home with his wife and small children present. Leroy explained that his only priority was his substance use and that he had absolutely no regard for anyone, including his family. He has an extensive criminal history. Leroy was arrested in 2013 and spent nine months in jail, and on December 4, 2014, Leroy entered the drug court and graduated in 2016.*

*Leroy experienced a prolonged period of homelessness due to the multiple barriers that existed for him around housing early in the program. He gained employment as a housing counselor with the area's Housing and Homeless Program. He also enrolled in community college and completed one semester to begin furthering his education while in drug court. While in drug court, he demonstrated strength, courage and commitment to his recovery and has provided support to his peers in drug court who are struggling to maintain their sobriety.*

*Leroy is now a contributing member of society, maintaining steady employment and routinely giving his time to volunteer and give back to the community as needed. More importantly, he now has meaningful relationships with his family and is actively involved in his children's lives.*

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

Virginia's drug treatment court dockets operate under a funding strategy developed in 2009 by a work group as part of an ongoing strategic goal of Virginia's drug treatment court docket community. The goal was to formulate a plan to address the long-term funding of drug treatment court dockets in Virginia over a ten year period in a way that would support currently funded, unfunded and future drug treatment court dockets. The end result was to develop a funding formula that is both reliable in its consistency from year to year and sufficient in scale

<sup>1</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)

to at least maintain the operations of the Commonwealth's current programs. The funding formula is based on two elements: 1) the number of participants served by the program; and 2) accountability measures. The funds are distributed in the form of grants. Recognizing a secure dedicated funding stream may not be near, and to maintain operations and provide consistency, the funding strategy established was implemented gradually over the past few years. Programs must meet minimum compliance elements to receive funds. The minimum compliance elements include:

- Approval to operate in Virginia
- Established minimum number of participants enrolled
- Compliance with Virginia Drug Court Standards as determined by the Drug Treatment Court Advisory Committee
- Compliance with data entry into the drug court database
- Compliance with grant reporting requirements if currently receiving funds
- Accountability measures include program retention and recidivism rates. (*Benchmark target rates for program retention and recidivism rates will be determined by OES every four years, based on the averages of all like-model dockets over the past two years of program operation with  $\pm 5\%$* )
- Additional programs will be added in the order they were approved to operate if compliant with all funding requirements.

Currently, state funds are administered to eleven (11) adult and three (3) juvenile drug treatment court docket programs in the form of grants. Programs receiving these funds utilize the funds primarily for drug treatment court personnel. Treatment services for drug treatment court docket participants are generally provided through local public substance abuse treatment systems also known as the Community Services Boards (CSB) or the Behavioral Health Authorities.

The drug treatment court dockets establish Memoranda of Agreement (MOA) with their local CSB for needed treatment services with agreed upon financial and/or clinical personnel arrangements. The remaining dockets operate without state funds. Fourteen (14) draw upon local funds and in-kind services, augmented in a few situations by federal grant funds and other resources. One juvenile docket received a substantial three year federal grant from the Office of Juvenile Justice and Delinquency Programs. Three adult drug treatment court dockets are not currently accepting participants. The two remaining programs, which are DUI drug treatment court docket programs, operated by the local Alcohol Safety Action Program (ASAP) use offender fees to support their program.

In October 2012, the OES received a Statewide Adult Drug Treatment Court Discretionary grant award from the Bureau of Justice Assistance for \$1.5 million. Virginia utilized these funds to not only improve operations of drug treatment court dockets by adding best practices, such as adding probation officers or case managers for participants' supervision, but also to implement the Risk And Needs Triage (RANT) tool to target the high risk and high needs participants. The cognitive behavioral curriculum-based treatment approach, Moral Reconciliation Therapy (MRT) was also implemented to improve outcomes and provided staff training on how to use these tools as enhancements to the drug court database. The grant award also provides an emerging trend study

of drug court effectiveness with the prescription drug use population. A no-cost extension was granted extending the grant to expire on September 30, 2016.

All Virginia drug court dockets expressed concern around securing and maintaining adequate funding, especially to address issues specific to their unique participant populations. The aftercare component of dockets is crucial and merits increased attention. While all dockets support staff training, additional topic specific training is needed; for example training specific to using injectable naltrexone, naloxone and other medications, relapse prevention warning signs and cultural competency. Ongoing professional development increase staff skills and contributes to enhanced program quality.

As stated previously, every adult participant accepted into a Virginia drug treatment court docket saves \$19,234 compared to traditional case processing. These savings are due to positive drug court participant outcomes including fewer arrests, fewer court cases, less probation time, less jail time, and less prison time relative to the comparison group. Overall, the number of adult drug court participants served in FY2016 saved local agencies and the Commonwealth of Virginia greater than \$24 million dollars. This is over two million more dollars than reported saved in 2015. Savings per participant multiplied by the number of participants served is used to calculate these savings. Savings continue to accrue each year, resulting in a continuously growing return on taxpayer investment. These findings suggest a robust and sustained impact of drug court on recidivism compared to the business-as-usual alternative (probation, jail, and/or prison).

## Fiscal Year 2015-16 Summary Measures

The following provides a snapshot of the 2016 program summary as compared to 2015.

- Increased cost-savings of **over \$2 million** (\$2,327,314) compared to traditional case processing
- Increased number of active participants<sup>1</sup>
- Decreased number of graduates<sup>2</sup> while terminations<sup>3</sup> increased [note: graduate length of stay in program is longer than that of terminates, nearly 300 days longer for adult participants]
- Adult drug treatment court dockets are serving the high risk/high need target population
- 84.82% of adult participants accepted score high risk/high need on the RANT, slight increase from FY15.
- Fewer adult participants re-arrested (51) /reconvicted (43) [less than half as FY15]. Of the 43 that were reconvicted, only 5 were convicted of drug or alcohol related charges.
- Increased number of referrals<sup>4</sup> to drug treatment court dockets, while number of juveniles referred decreased
- Increased number of participant admissions<sup>5</sup>, while number of juveniles decreased

Virginia Drug Courts save \$19,234 per person as compared to traditional case processing. 1,148 participants were served in FY15, while 1,269 participants were served in FY16. (Cost savings = \$22,080,632.00 to \$24,407,946.00 respectively)

*Bonnie's addictions have taken her down some dark roads. Starting at age 13 she experimented with marijuana just for social use, but it led to other addictions. At age 15 she met the father of her kids and tried "meth" (methamphetamine) a few times because that's what he was doing. She had her first child and managed to stay clean and remained clean until after she had her second child two years later. Then their father went to jail and returned home. After years of watching him get high and being abused by him, she caved and started smoking meth daily. Her life spiraled out of control almost immediately. She met someone new and continued to use meth for a few more years until she picked up her first charge. As she realized meth and her probation were not going to work she started using pills. The exact reason she started using pills was the same as she saw so many other people in her life suffer every day. She couldn't say why she started, except to say she's an addict and pills were available. Pill addiction is like no other addiction. You hate it when you have it but you need it when you don't. The high seemed great at the moment but the consequences have seemed never ending. Subutex ended up being her drug of choice. She ended up with another charge, she says out of greed and in fear of withdrawal. She took drugs to jail with her and ended up with the charges that led her into drug court. She feels like everyone has a destination and this is hers. If participants encourage one another to stay sober and see the benefits, that's two people that make it through. Drug court has made her responsible for her sobriety and taught her the tools to maintain it. Her first day of drug court was the scariest and she has to admit the last day is just as scary. She thanked all the participants for being there and for being supportive of her. She thanked another participant for helping her through all the emotional battles and accepting her for who she is. She also thanked the drug court team for this opportunity. She concluded with thanking most of all her mother and uncle for loving her through drug use and sobriety.*

In spite of the difference in demographics, as well as each individual drug court's characteristics and practices, all drug courts experienced a graduation rate above the national average and cost-savings to local agencies and the Commonwealth of Virginia. Results of this study show that Virginia Drug Treatment Courts:

- Reduce recidivism
- Increase treatment completion rates above the national average

Show a savings of over \$24 million in taxpayer dollars. Activity Summary

- 1.) *Active Participants:* In 2016, there were 2,529 active participants in the adult, juvenile and DUI drug treatment court dockets, which was a slight (nearly 3%) increase from 2015.
- 2.) *Graduates:* The number of individuals who successfully completed adult, juvenile or DUI drug treatment court docket programs in 2016 totaled 561 for an overall graduation rate of 57%. This is nearly a 13% decrease from the 2015 overall graduation rate. The graduation rate for the DUI drug treatment court dockets was nearly 70%.
- 3.) *Terminations:* There were 431 persons terminated from an adult, juvenile or DUI drug treatment court dockets during 2016 fiscal year, resulting in an overall termination rate of 43%. A 30% participant revocation rate was reported in DUI drug treatment court dockets.

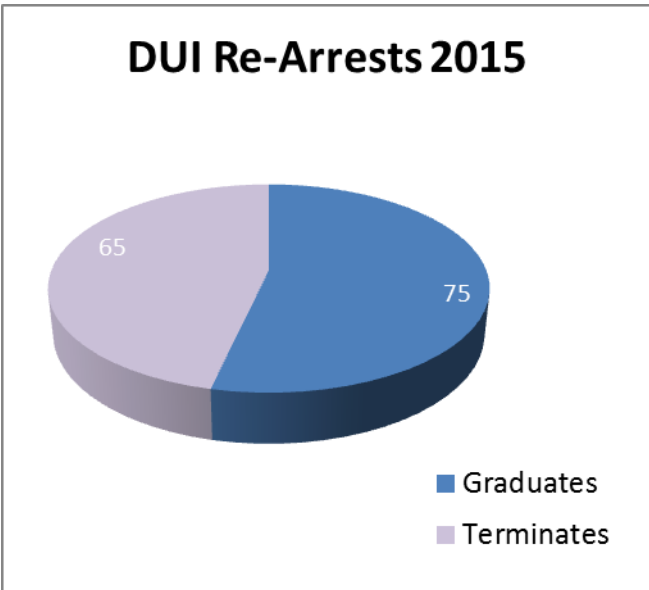
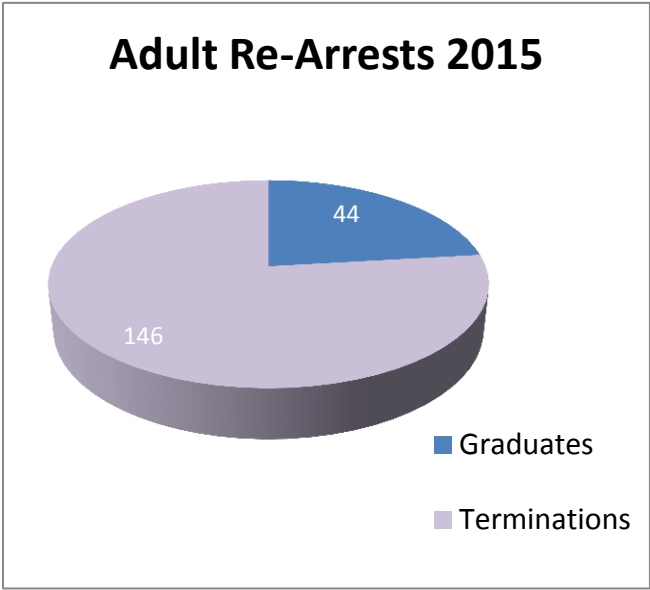
Overall terminations have increased compared to 2015 rates. Note: Terminations and revoked cases constitute unsuccessful program completion.<sup>1</sup>

- 4.) *Referrals*: There were 1,707 referrals to adult, juvenile and DUI drug treatment court dockets in 2016. This was a 5% increase from 2015. Adult drug treatment court docket referrals increased by nearly 17%, while DUI drug court dockets received 18% fewer referrals.
- 5.) *New Admissions*: New admissions totaled 1,007 to adult, juvenile and DUI drug treatment court dockets in fiscal year 2016 and 1,051 in 2015. There was a slight increase in overall new admissions with adult participants increasing by over 9%, DUI decreasing by over 17%, while juvenile participants increased by 1 participant in fiscal year 2016. (Note: Juvenile court cases are lower statewide, as well as nationally, and this trend will continue to be monitored.)
- 6.) *Re-arrests*: In 2016, the re-arrest rate was 11% for adult and 20 % for DUI drug treatment court dockets. This represents a decrease from 2015 figures. Note: Caution is recommended when comparing re-arrest rates with recidivism. Re-arrest data was only available from July 2015 through October. 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 2016, the overall re-arrest rate for those departing adult & DUI drug treatment court dockets was 15%, with 15% for graduates compared to 23% for those terminated. Nearly nine percent (8.9%) of participants were convicted. Nearly 12% (11.70%) of the terminated participants were convicted, while 5.4% of graduates were convicted. In 2015, over 40% of departing participants were convicted. Graduates were convicted at a rate of 18%, while terminates conviction rate was over 59%. Overall, combining those who departed drug court in 2016, nearly 58% fewer adult participants were re-arrested compared to 2015.

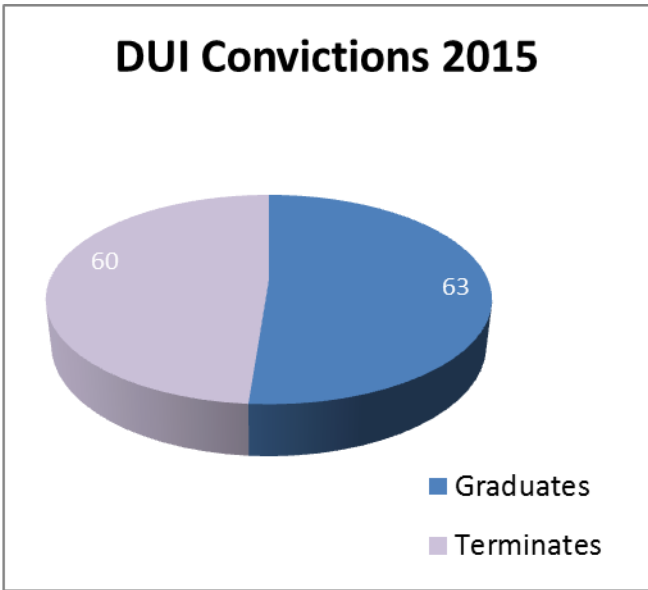
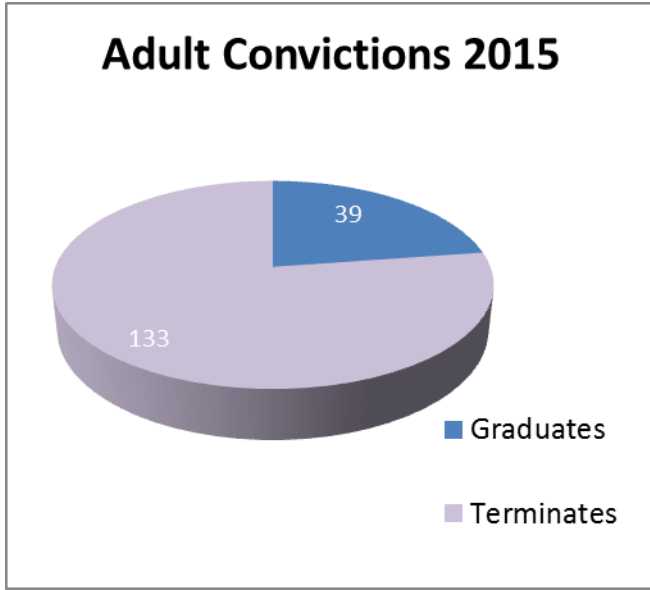
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<sup>1</sup> Graduates stay in drug treatment court longer than those terminated. Mean length of stay for all graduates is 559 days versus 380 days for terminates.



The 2016 re-arrest rates for DUI docket graduates was 7% compared to 42% for those revoked. The re-arrest rate for all DUI docket departures in 2016 was 20%, which is nearly 29% lower than 2015. Among all departures, 15% were re-arrested. Overall, the re-arrest rate is higher for terminated participants than graduates.

Some adult drug courts divert participants from incurring a criminal record. Successful graduates have their criminal charge(s) withdrawn and the arrest may be expunged from the participant’s legal record. Although the offense may not be erased literally from criminal justice databases, expungement entitles the individual to respond truthfully on an employment application or similar



document that the arrest or conviction did not occur. Other adult drug courts are ordered following conviction as a condition of probation or another criminal sentence. In these programs, graduates avoid incarceration and may reduce the length or conditions of probation.

DUI drug court dockets serve individuals charged with repeated instances of driving under the influence (DUI) of drugs or alcohol, also referred to as driving while intoxicated or driving while impaired (DWI). Some DUI drug court dockets also serve first-time DUI offenders with a high blood alcohol content (BAC) at arrest or other risk factors for recidivist impaired driving.

Juvenile drug courts (JDCs) serve teens charged with delinquency offenses caused or influenced by a moderate-to-severe substance use disorder or co-occurring mental health disorder.



**Table 1: 2015 & 2016 Adult, Juvenile, & DUI Drug Court Dockets Activity**

	Adult DTC			Juvenile DTC			DUI DTC			Total		
	2015	2016	%change	2015	2016	%change	2015	2016	%change	2015	2016	% change
Referrals	1017	1186	16.62%	56	73	30.36%	547	448	-18.10%	1620	1707	5.37%
*Row%	62.78%	69.48%		3.46%	4.28%		33.77%	26.24%		100%	100%	
New Admissions	506	547	8.10%	47	48	2.13%	498	412	-17.27%	1051	1007	-4.19%
*Row %	48.14%	54.32%		4.47%	4.77%	6.71%	47.38%	40.91%	-13.66%	100%	100%	
Active Participants During Year	1148	1269	10.54%	123	109	-11.38%	1191	1151	-3.36%	2462	2529	2.72%
*Row %	46.63%	50.18%	7.42%	5.00%	4.31%	-0.69%	48.38%	45.51%	-5.93%	100%	100%	
Graduated	201	210	4.66%	74	20	-72.97%	367	331	-9.81%	642	561	-12.62%
*Row %	31.31%	37.43%		11.53%	3.57%		57.17%	59.00%		100%	100%	
Graduation Rate	47.52%	44.30%	-6.41%	71.84%	46.51%	-35.26%	74.44%	69.68%	-6.39%	63.00%	56.55%	-10.24%
Terminated	222	264	18.92%	29	23	-20.69%	126	144	14.29%	377	431	14.32%
*Row %	58.89%	61.25%		7.69%	5.34%		33.42%	33.41%		100%	100%	
Termination Rate	52.48%	55.70%	6.12%	28.16%	53.49%	89.98%	25.56%	30.32%	18.62%	37.00%	43.45%	17.44%
Re-arrested	190	51	-73.16%				140	93	-33.57%	330	144	-56.36%
*Row %	57.58%	15.45%					42.42%	64.58%		100%	100%	
Re-arrest Rate	44.92%	10.76%	-76.05%				28.40%	19.58%	-31.05%	36.03%	15.17%	-57.88%
Re-Convicted	172	43	-75.00%				123	77	-37.40%	295	120	-59.32%
*Row %	58.31%	35.83%					41.69%	64.17%	53.90%	100%	100%	
Re-Conviction Rate	40.66%	10.17%	-75.00%				24.95%	16.21%	-35.03%	32.21%	12.64%	-60.74%
Mean Length of Stay	Days			Days			Days			Days		
Graduates	650.1	689.11	6.00%	487.64	541.8	11.11%	505.98	470.71	-6.97%	555.49	559.27	0.68%
Non-Graduates	365.66	351.9	-3.76%	408.1	375.78	-7.92%	501.49	435.48	-13.16%	412.19	380.37	-7.72%
Median Length of Stay												
Graduates	577	622.5	7.89%	446	398.5	-10.65%	348	336	-3.45%	416	414.5	-0.36%
Non-Graduates	275	265.5	-3.45%	364	365	0.27%	378	351	-7.14%	318	294	-7.55%

# **DRUG TREATMENT COURT DOCKETS IN VIRGINIA**

## **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 to 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 cases 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 treatment 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 save costs compared to "business as usual" case processing. Virginia drug treatment court dockets continue to improve their development and utilization of evidence-based 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.

Data is provided for adult and DUI drug treatment court docket models and program descriptions are provided separately for adult, juvenile, driving under the influence (DUI) and family drug treatment court dockets. The report is based on data from the drug court database developed 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. Local drug treatment court staff enter data on program participants into the drug court database. Local Virginia Alcohol Safety Action Programs (VASAPs) enter data for DUI drug treatment court docket participants into their separate data system called Inferno. OES migrated the DUI drug treatment court data from VASAP's database to the drug court database. Analyses provided in this report were based on data entered for participants in Virginia's drug treatment court dockets who entered a program after July 1, 2015, and either graduated or were terminated from a program between July 1, 2015 and June 30, 2016. Statistical information is also provided for participants who remain active.

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

Adult drug treatment court dockets operate in circuit courts, DUI drug treatment court dockets operate in general district courts and both juvenile and family drug court dockets operate in the juvenile and domestic relations district courts as described below.

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

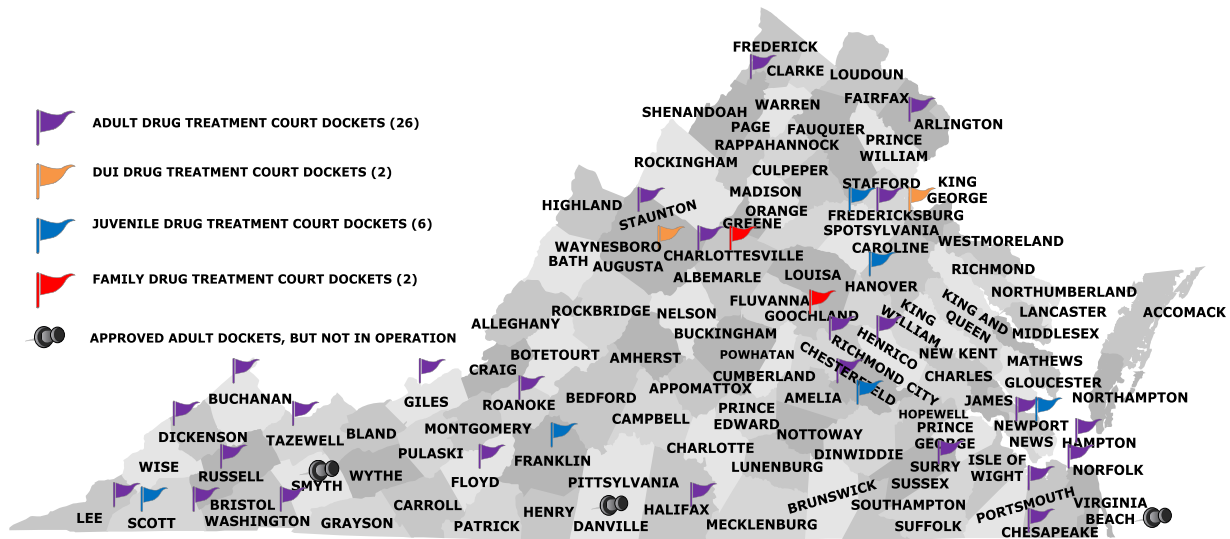
Adult drug treatment court dockets were approved to operate for Pulaski County in April 2014 and Halifax County in April 2016. The adult felony drug treatment court docket program serving Roanoke City, Roanoke County and the City of Salem (23rd Judicial Circuit) is the longest operational drug treatment court docket in the Commonwealth, having been implemented in September 1995. Forty-one (41) Virginia localities currently have at least one model of drug treatment court docket program approved to operate (Figure 1).

Fidelity to the drug court model has been studied to determine if any of the "key components" of drug treatment courts are unnecessary for effective results. The results confirmed that fidelity to the full drug court model, implementing all National Association of Drug Court Professionals' (NADCP) 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 state Drug Treatment Court Advisory Committee, established pursuant to statute, makes recommendations to the Chief Justice regarding recognition and funding for drug treatment court dockets, 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. OES staff along with the Drug Treatment Court Advisory Committee/Evaluation Committee prepared this report.

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



**Adult Drug Treatment Courts**

**N=26**

Arlington County  
 Bristol  
 Buchanan County  
 Charlottesville/Albemarle  
 Chesapeake  
 Chesterfield/Colonial Heights  
 Dickenson County  
 Halifax  
 Hampton  
 Henrico County  
 Hopewell/Prince George County  
 Newport News  
 Norfolk  
 Northwest Regional

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

Danville  
 Smyth County  
 Virginia Beach

N = 3, Non-operational

**Juvenile Drug Treatment Courts**

**N=6**

Chesterfield/Colonial Heights  
 Franklin County  
 Hanover County  
 Newport News  
 Rappahannock Regional  
 Thirtieth District (Lee, Scott, and Wise Counties)

**DUI Drug Treatment Court**

**N=2**

Fredericksburg Area

Waynesboro Area

**Family Drug Treatment Courts**

**N=2**

Charlottesville/Albemarle County

Goochland County

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

- Executive Committee serves as the oversight 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 Department of Judicial Services, Virginia Drug Court Association 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 requirements provided 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 on 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 reports.

### **Committee Activity during Report Period**

The Executive Committee convened monthly meetings by conference call. 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 reviewed applications requesting permission to establish drug treatment court dockets. The Committee chair provided a summary and recommendation to the full Drug Treatment Court Advisory Committee regarding the application(s). Numerous localities shared strong indications that they will be submitting applications. The Operations Committee is currently reviewing the Virginia Adult Drug Treatment Court Standards for compliance with the Adult Drug Court Best Practice Standards. Their target goal is to present their findings and recommendations to adopt revised Adult Standards to correlate with the national best practice standards to the Drug Treatment Court Advisory Committee spring 2017. The Operations Committee chair offered to lead a group to review and recommend changes to the funding strategy as dockets increase and additional funds are anticipated.

The Evaluation Committee monitored and reviewed the development of this report and continues to monitor the *Virginia Adult Drug Treatment Court Dockets Impact with the Prescription Drug Population* funded by the federal Bureau of Justice grant and due to be completed late 2016.

**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."

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

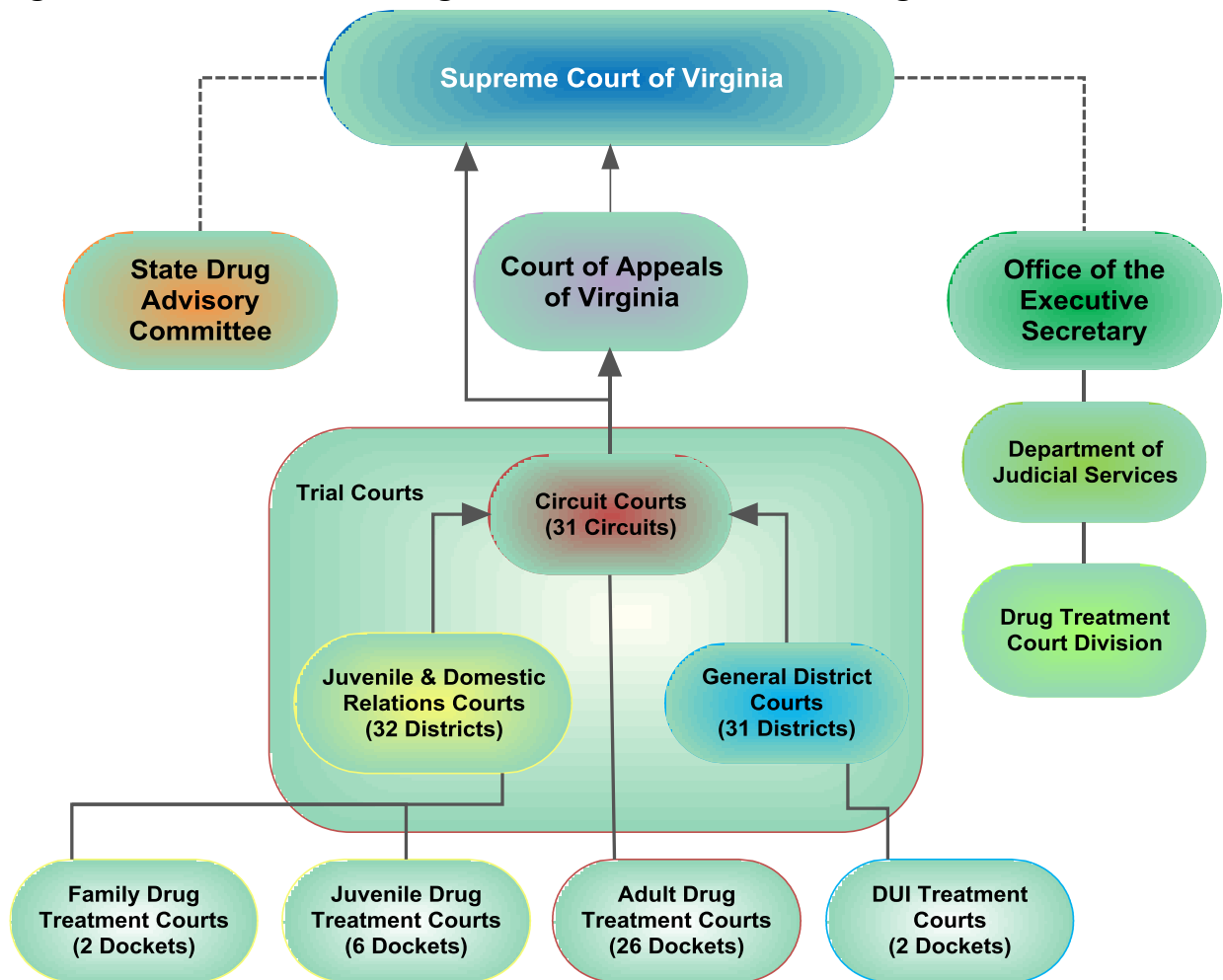
The level of general funds appropriated for drug treatment court docket programs has remained flat over the past years. As noted above, with the increase in number of dockets and additional funds anticipated this funding strategy will be reviewed over the coming year with potential recommendations for changes.

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 grant received was originally set to expire September 30, 2015. A no-cost extension was granted extending the grant to September 30, 2016.

### **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.*

**Figure 2: Administration of Drug Treatment Court Dockets in Virginia**



## Training Highlights

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

Statewide training efforts for drug treatment court dockets 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 treatment court docket staff as well as drug treatment court docket staff who are involved in the planning for new drug treatment court dockets. The 2016 training was held in Williamsburg with the theme *Virginia Drug Courts: Best Practices*. Following last year's successful judges' only session, a judges' only session was scheduled again to allow for further discussion on the topic of Constitutional Issues in Drug Court & Other Problem Solving Dockets. This session was led by Carson Fox, CEO, National

Association of Drug Court Professionals. Other presentations included: Communication: Consensus, Conflict or Capitulation and Revising Phases – Risk Matters by Carolyn Hardin, An Overprescribing Nation: What’s a Judge to Do? by Judge Chip Hurley, Virginia’s Drug Courts Effectiveness with Prescription Drug Users by Patty Moran, Cells Talking Smack: Brain Science and Addiction by Dr. Tricia Smith, Reducing DUIs by Monitoring Alcohol and other Substance Use by Jason Herzog, The Adult Drug Court Best Practice Standards Volume II: Doing Right by Carson Fox, Healthy Healing by Denise Herr, What is an Evidence Based Protocol by Dr. Shannon Carey as well as others. The National Drug Court Institute (NDCI) supported this training by providing their trainers at no cost as part of their statewide technical assistance. A small portion of the highway safety grant provided funds to send two staff to the National Association of Drug Court Professionals (NADCP) Conference in Anaheim, CA. Highway safety grants have supported our annual in-state training for the past ten years.

*Jon entered the drug treatment court in November of 2014. At that time, he was struggling with a severe addiction and a laundry list of poor choices. His relationships with family had suffered greatly and Jon felt that drug court was his last chance. While in our program, he has truly soared; his family is beginning to trust him again as it is clear he is actively investing in his recovery. Jon has become a model participant and mentor to many of the participants in our program. He wholeheartedly believes drug court saved his life and is proud to say he is a member of this great program. We could not be more proud of his success and are looking forward to his graduation in December.*



*Carina first began her journey with the drug treatment court in November of 2013. She came from a family riddled with heroin dependence and struggled to stay sober. Her first relapse while in the program was a wake-up call and she knew she needed to give her all if she wanted to break the cycle of addiction. Carina found the strength needed to fight her addiction and began the path of sobriety. Carina is a true joy to be around and was a source of support for others. She graduated in December of 2014 and has maintained contact with our staff. She is actively working on her recovery, is employed and is pregnant with a healthy drug-free baby.*



**Figure 3: Approved Virginia Drug Treatment Court Dockets  
2016**

<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	July 1999
Chesterfield County Colonial Heights	Circuit	Adult felony (9)	September 2000
Portsmouth	Circuit	Adult felony (10)	January 2001
Alexandria	J&DR	Family	September 2001 CLOSED 2-14-12
Newport News	J&DR	Juvenile (11)	March 2002
Charlottesville Albemarle County	J&DR	Family (12)	July 2002
Staunton	Circuit	Adult felony (13)	July 2002
Hopewell, Prince George County & Surry County	Circuit	Adult felony (14)	September 2002
Lee/Scott/Wise Counties	J&DR	Juvenile (15)	September 2002
Chesterfield County/Colonial Heights	J&DR	Juvenile (16)	January 2003
Henrico County	Circuit	Adult felony (17)	January 2003
Hampton	Circuit	Adult felony (18)	February 2003
Hanover County	J&DR	Juvenile (19)	May 2003
Suffolk	Circuit	Adult felony	May 2004 CLOSED 12-31-08
Fairfax County	J&DR	Juvenile	May 2003 CLOSED 5/31/11
Prince William County	J&DR	Juvenile	May 2004 CLOSED 6-30-15
Loudoun County	Circuit	Adult felony	May 2004 CLOSED 6-2012
Chesapeake	Circuit	Adult felony (20)	August 2005
Newport News	J&DR	Family (21)	July 2006 CLOSED
Tazewell County	Circuit	Adult felony (22)	March 2009
Franklin County	J&DR	Juvenile (23)	July 2009
Bristol	Circuit	Adult felony (24)	March 2010
Waynesboro Area: Augusta County Staunton & Waynesboro	Gen. District	DUI (25)	2002 Approved May 2010
Buchanan County	Circuit	Adult felony (26)	July 2012
Dickenson County	Circuit	Adult felony(27)	July 2012
Russell County	Circuit	Adult felony(28)	July 2012
30 <sup>th</sup> Judicial Circuit (Lee, Scott & Wise Counties)	Circuit	Adult felony(29)	July 2012
Washington County	Circuit	Adult felony (30)	July 2012
Montgomery County	J&DR	Family	July 2012 CLOSED
Goochland County	J&DR	Family (31)	July 2012
Danville	Circuit	Adult felony (32)	July 2012 Not operating
Arlington County	Circuit	Adult felony (33)	October 2012
Pulaski County	Circuit	Adult felony (34)	October 2014
Halifax County	Circuit	Adult felony (35)	April 2015

Floyd County	Circuit	Adult felony (36)	October 2015
Giles County	Circuit	Adult felony (37)	October 2015
Northwest Regional: Winchester, Clarke, Page and Frederick Counties	Circuit	Adult felony (38)	April 2016
Smyth County	Circuit	Adult felony (39)	April 2016
Virginia Beach Circuit	Circuit	Adult felony (40)	April 2016

## Summary of Drug Treatment Court Docket Activity

*Referrals:* In 2016, there were 1,707 referrals to Virginia’s adult, juvenile and DUI drug treatment court dockets. Referrals include all sources through which participants are recommended to participate in a docket. Of these 1,707 referrals, 1,186 (69.48%) were referred to an adult drug treatment court dockets, 73 (4.28%) were referred to a juvenile drug treatment court docket and 448 (26.24%) were referred to a DUI drug treatment court docket. The referrals to adult drug treatment court dockets increased by nearly 17% from 2015 to 2016 and during the same time period, referrals to DUI drug treatment court dockets decreased by 18% between 2016 and 2015.

*Admissions:* Those referred to a drug treatment court docket are not all accepted or admitted. In 2016, only 547 (or 46%) of those referred to an adult docket program were admitted. For juvenile drug treatment court dockets, 48 (66%) were admitted and 412 (92%) were admitted to DUI drug treatment court dockets. A total of 1,007 new admissions were accepted in Virginia's drug treatment court dockets in 2016. This is a 4% decrease from 1,051 admitted in 2015.

*Participants:* The number of active participants in local drug treatment court dockets (excluding the family drug treatment court dockets) during 2016 totaled 2,529. Among these were 1,269 participants in adult drug treatment court dockets, 109 in juvenile drug treatment court dockets and 1,151 in DUI drug treatment court dockets. Comparing the participant numbers to the prior year, in 2015 adult docket participants increased by over 10% while the juvenile participants decreased by 11% and there are 3% fewer DUI participants in 2016 (See Table 2).

In 2015 and 2016, the typical participant in drug court was a white single male, high school graduate, between the ages of 20 and 39.

*Race:* Adult and DUI drug treatment court dockets served a majority of White participants in 2016. Overall, drug courts served 67% White participants, 30% Black participants and over 2% Hispanic participants. All other races accounted for less than 1% each. DUI drug treatment court dockets served 71% White and 24% Black participants. Adult court dockets served 62% White and 35% Black participants. The adult drug treatment court docket saw nearly 0.5% Hispanic participants while the DUI dockets saw 4% respectively.

*Gender:* In 2016, Virginia's drug court treatment dockets served nearly two male participants (68%) to every female participant (32%). The majority of participants were male in each adult and DUI drug treatment court docket (59% and 76% respectively).

*Age:* The largest age-range group of participants with a combined percentage of over 60% in Virginia drug treatment court dockets in 2016 was 20 to 39. The highest numbers of adult drug treatment court dockets participants were 30-39 at 31% and DUI drug treatment court dockets served nearly an equal percentage of 20-29 and 30-39 year olds with nearly 29% and 30% of participants respectively.

*Marital Status:* In 2016, the adult drug treatment court dockets served participants reported as 59% single, 11% married and nearly 10% divorced. The DUI drug treatment court dockets served 55% single, 20% married and 15% divorced participants.

*Education:* In 2016, at the time of admission, over 41% of adult drug treatment court docket program participants reported they either graduated from high school or earned their GED certificate. Nearly one in five adult participants (19%) had some college. The education level for DUI drug treatment court docket participants was not available for this report.

Veterans treatment dockets serve military veterans or national guard personnel charged with crimes caused or influenced by a moderate-to-severe substance use disorder and/or serious and persistent mental health disorder. Two adult drug courts established veterans tracks to serve veterans with other veterans and meet their unique needs by incorporating resources of the Veterans Justice Outreach (VJO) liaisons and veteran mentors. Additional veterans dockets are anticipated in the coming years. The veteran data is so limited, with only 12 referrals and 1 graduate this past fiscal year it is incorporated among the adult data figures.

Behavioral health dockets serve persons charged with crimes caused or influenced by a serious and persistent mental health disorder. Limited data related to behavioral health dockets may be included in next year's report.

**Table 2: 2016 Adult & DUI Active Participants**

	Adult				DUI				Totals			
Active Participants During Year	1,269				1,151				2,420			
Demographic Characteristics of Participants	N	%	N	Valid %	N	%	N	Valid %	N	%	N	Valid %
<b>Gender</b>												
Males	759		759	59.81%	879		879	76.37%	1638		1638	67.69%
Females	510		510	40.19%	272		272	23.63%	782		782	32.31%
No Data	0	0.00%			0	0.00%			0	0.00%		
<b>Total</b>	<b>1269</b>	<b>100%</b>	<b>1269</b>	<b>100%</b>	<b>1151</b>	<b>100%</b>	<b>1151</b>	<b>100%</b>	<b>2420</b>	<b>100%</b>	<b>2420</b>	<b>100%</b>
<b>Race</b>												
White	797		797	62.81%	818		818	71.19%	1615		1615	66.79%
Black	456		456	35.93%	274		274	23.85%	730		730	30.19%
Hispanic	6		6	0.47%	46		46	4.00%	52		52	2.15%
Asian	4		4	0.32%	8		8	0.70%	12		12	0.50%
Other	6		6	0.47%	3		3	0.26%	9		9	0.37%
No Data	0	0.00%			2	0.09%			2	0.08%		
<b>Total</b>	<b>1269</b>	<b>100%</b>	<b>1269</b>	<b>100%</b>	<b>1151</b>	<b>100%</b>	<b>1149</b>	<b>100%</b>	<b>2420</b>	<b>100%</b>	<b>2418</b>	<b>100%</b>
<b>Age</b>												
Ages 20-29	362		362	28.73%	332		332	29.41%	694		694	29.05%
Ages 30-39	400		400	31.75%	346		346	30.65%	746		746	31.23%
Ages 40-49	289		289	22.94%	211		211	18.69%	500		500	20.93%
Ages 50-59	181		181	14.68%	187		187	16.56%	372		372	15.57%
Ages 60-69	24		24	1.90%	53		53	4.69%	77		77	3.22%
No Data	9	.71%			22	1.91%			31	1.28%		
<b>Total</b>	<b>1269</b>	<b>100%</b>	<b>1260</b>	<b>100%</b>	<b>1151</b>	<b>100%</b>	<b>1129</b>	<b>100%</b>	<b>2420</b>	<b>100%</b>	<b>2389</b>	<b>100%</b>

	Adult			
Marital Status				
Single	755		755	59.50%
Separated	82		82	6.50%
Divorced	121		121	9.54%
Married	140		140	11.03%
Cohabiting	17		17	1.34%
Widowed	15		15	1.18%
Other	1		1	0.08%
No Data	138	10.87%		
<b>Total</b>	<b>1269</b>	<b>100%</b>	<b>1131</b>	<b>100%</b>
Education (Highest Level Attained)				
Primary School	1		1	0.09%
Middle School	21		21	1.88%
9th grade	43		43	3.85%
10th grade	84		84	7.53%
11th grade	99		99	8.87%
12th grade	122		122	10.93%
High School Graduate	242		242	21.68%
GED	220		220	19.71%
Vocational Training	18		18	1.61%
Some College	214		214	19.19%
Associate's Degree	20		20	1.79%
Bachelor's Degree	26		26	2.33%
Post-Bachelor's education	6		6	0.54%
No Data	153	12.06%		
<b>Total</b>	<b>1269</b>	<b>100%</b>	<b>1116</b>	<b>100%</b>

DUI			
629		629	55.22%
85		85	7.46%
168		168	14.76%
235		235	20.63%
0		0	0.00%
22		22	1.93%
0		0	0.00%
12	1.11%		
<b>1151</b>	<b>100%</b>	<b>1139</b>	<b>100%</b>
Unavailable			
<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0.00%</b>

Totals			
1384		1384	60.97%
167		167	7.36%
289		289	12.73%
375		375	16.52%
17		17	0.75%
38		38	1.67%
0		0	0.00%
150	6.20%		
<b>2420</b>	<b>100%</b>	<b>2270</b>	<b>100%</b>
Unavailable			
1		1	0.09%
21		21	1.88%
43		43	3.85%
84		84	7.53%
99		99	8.87%
122		122	10.93%
242		242	21.68%
220		220	19.71%
18		18	1.61%
214		214	19.18%
20		20	1.79%
26		26	2.33%
6		6	0.54%
153	12.06%		
<b>1269</b>	<b>100%</b>	<b>1116</b>	<b>100%</b>

*Drug Screenings:* In 2016, adult, juvenile and DUI drug treatment court dockets administered over 75,000 drug screenings with an average of 37.9 screenings per participant for the year. The adult drug treatment courts alone administered over 67,000 drug screenings. There were significantly fewer tests, 3,500, administered in the juvenile drug treatment courts and DUI court dockets completed over 4,000 drug screens. The average yearly drug screens per participant was 61 for adult drug court, 39 for juveniles, and 6 for those in DUI drug treatment court. Adult programs had results of about 5% positive drug results and the other courts slightly more than 10% of screens resulted in a positive drug result.

**Table 3: 2016 Adult, Juvenile, DUI, & Veteran Drug Screenings**

<b>2016</b>	<b>Adult</b>		<b>DUI</b>		<b>Juvenile</b>		<b>Total</b>	
<b>Participants</b>	<b>1,116</b>		<b>790</b>		<b>91</b>		<b>1,997</b>	
	<i>N</i>	%	<i>N</i>	Valid %	<i>N</i>	Valid %	<i>N</i>	Valid %
Negative	64117	94.91%	4007	89.78%	3232	90.36%	71356	95.17%
Positive	3495	5.17%	456	10.22%	345	9.64%	4296	4.83%
<b>Total Tests</b>	<b>67,612</b>	<b>100.00%</b>	<b>4,463</b>	<b>100.00%</b>	<b>3,577</b>	<b>100.00%</b>	<b>75,652</b>	<b>100.00%</b>
<b>Total Cases Tested</b>	<b>1,116</b>		<b>790</b>		<b>91</b>		<b>1,997</b>	
<b>Screenings Per Participant</b>	<b>60.58</b>		<b>5.65</b>		<b>39.31</b>		<b>37.9</b>	
<b>Positive Screenings Per Participant</b>	<b>3.13</b>		<b>0.58</b>		<b>3.79</b>		<b>2.15</b>	

### **Summary of 2016 Participant Departures from Drug Treatment Court Docket Programs**

*Graduation Rates:* Among the 2,529 adult, juvenile and DUI drug treatment court docket active participants in 2016, 992 (39%) exited program participation through either graduation or termination. A total of 561 (56%) graduated and 431 (43%) were terminated. The graduation rate was highest among juvenile and DUI docket participants at nearly 70%. The 2016 adult graduation rate was nearly 44%, while juvenile was nearly 47%.

*Terminations:* The most frequent reasons for program termination in adult drug treatment court dockets in 2016 were unsatisfactory performance and absconding, nearly 30% and 28% respectively. Data entered for reasons for departure among the other drug treatment court docket models was insufficient to report.

Table 4: 2016 Adult, Juvenile, & DUI Active Participant Departure Summary								
	Adult		Juvenile		DUI		Totals	
Active Participants During Year	1,269		109		1,151		2,529	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Active Participants Who Left During Year	474	37.15%	43	39.45%	475	41.27%	992	39.34%
Active Participants Who Completed/Graduated	210	43.53%	20	46.51%	331	69.68%	561	56.55%
Active Participants Who Left by Termination	264	56.47%	23	53.49%	144	30.32%	431	43.45%
Total	474	100.00%	43	100.00%	475	100.00%	992	100.00%
Type of Terminations:								
<i>Absconded</i>	75	28.40%	3	13.04%			78	27.18%
<i>Excessive relapses</i>	50	18.94%	1	4.35%			51	17.77%
<i>Minor violations</i>	9	3.41%	1	4.35%			10	3.48%
<i>New criminal offense</i>	19	7.20%	4	17.39%			23	8.01%
<i>Other reason (not specified)</i>	18	6.82%	4	17.39%			22	7.67%
<i>Unsatisfactory performance</i>	79	29.92%	9	39.13%			88	30.66%
<i>Withdrawal</i>	10	3.79%	1	4.35%			11	3.83%
<i>Death</i>	3	1.14%	0	0.00%			3	1.05%
<i>Permanency goal not achieved</i>	1	0.38%	0	0.00%			1	0.35%
<b>Total</b>	<b>264</b>	<b>100.00%</b>	<b>23</b>	<b>100.00%</b>			<b>287</b>	<b>100.00%</b>

*Length of Stay:* In 2016, the average (mean) length of stay (LOS) for adult, juvenile and DUI drug treatment court docket participants was 480 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2015 mean LOS was only 19 days longer. The median LOS for 2016 departures was 294 days, which is 24 days less than 2015. For 2016 drug court docket graduates, the mean LOS was 559 days compared to 412 days for those non-graduates. The median LOS for 2016 graduates was 416 days versus 318 days for those who did not graduate.

**Table 5: 2015 & 2016 Adult, Juvenile, DUI, Participants' Mean & Median Length of Stay**

Docket Type	Graduates			Non-Graduates			All Departures		
	Total Cases	Mean Days	Median Days	Total Cases	Mean Days	Median Days	Total Cases	Mean Days	Median Days
<b>2015</b>									
Adult	201	650	577	222	366	275	423	500	434
Juvenile	33	488	446	29	408	364	62	450	425
DUI*	335	506	348	117	501	378	452	505	350
Statewide	569	555	416	368	412	318	937	499	378
<b>2016</b>									
Adult	210	689	623	264	352	266	474	500	448
Juvenile	20	542	399	23	376	365	43	453	393
DUI*	295	471	336	134	435	351	429	460	339
Statewide	525	559	415	421	380	294	946	480	371

\* DUI cases without Date Accepted entered are not counted as LOS calculation is not possible.

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

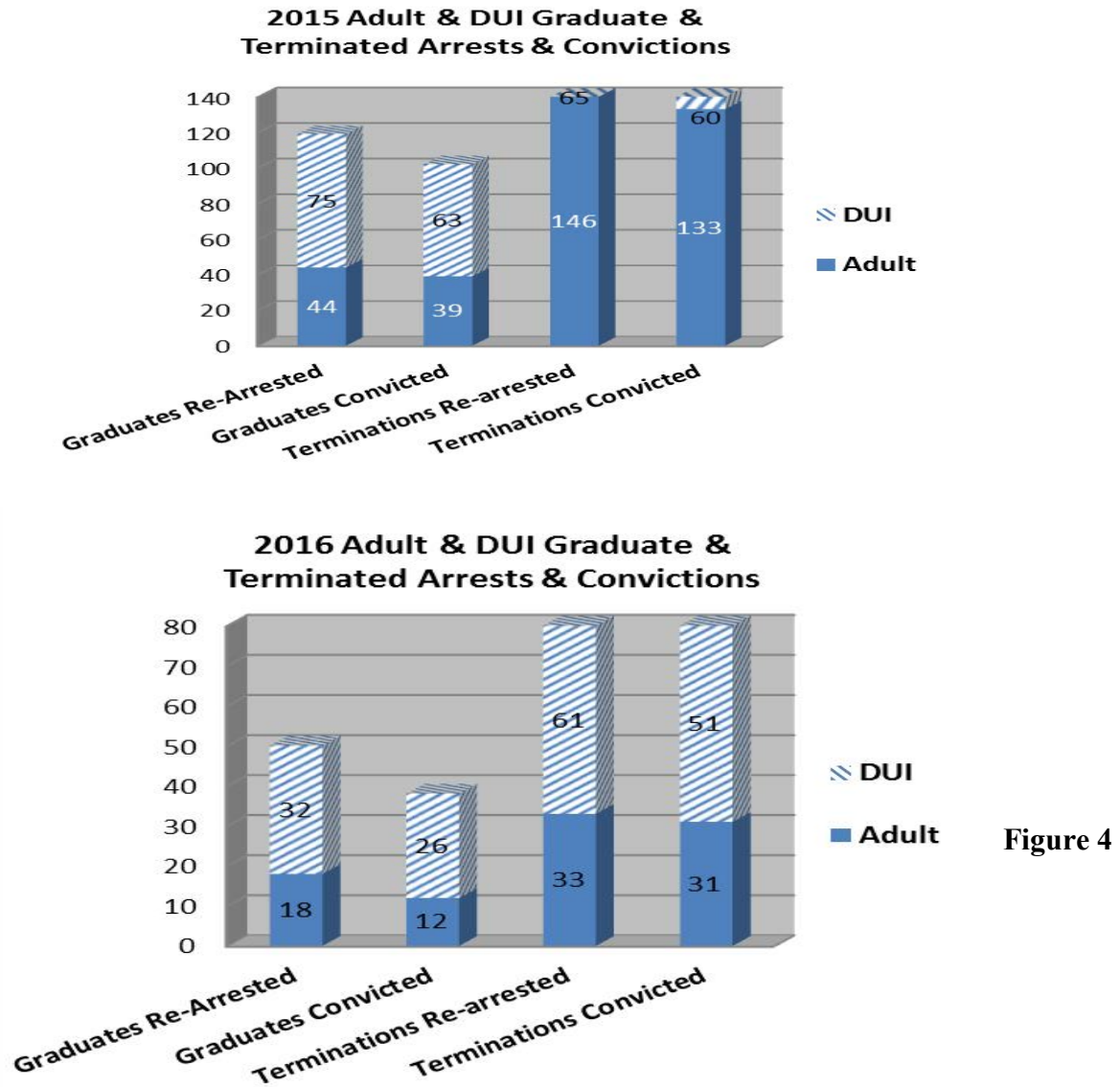
A criminal history record was requested for program departures occurring in fiscal years 2015-2016 to calculate re-arrest rates. Caution is recommended when comparing re-arrest rates with recidivism as re-arrest is not the same as recidivism. Not all arrests result in conviction and not all arrests and convictions result in re-incarceration. Re-arrest was calculated by using any offense that occurred post program departure for all participants. Re-arrest rates beyond two years were not included in the tables because 2016 data could not be tracked for this reporting period. Note: Arrest data provided by the Virginia State Police for this report was available through October 2016 only.

In 2016, re-arrest rates for adult and DUI drug treatment court dockets combined was 15%, with adult docket re-arrest rates at 11% and DUI dockets at 20% within one year post docket exit. In 2015, among adult participants, 21 out of 201 graduates (10%) were re-arrested within one year of graduation, while DUI participants had 50 of 367 graduates (14%) re-arrested. Out of 222 adult participants terminated, 66% were re-arrested: 103 (46%) within one year and 43 (19%) one to two years from termination. Of the 126 DUI participants revoked, 52% were re-arrested; 57 (45%) within one year and 8 (6%) one to two years from termination.

Re-arrest rates for all criminal drug treatment court dockets are consistently lower for graduates than for those terminated. In 2016, the overall re-arrest rate for graduates was 15% compared to 23% for those terminated.



**Table 6: Drug Court Docket Participants Re-arrest Rates FY 2015 & 2016**



**Figure 4**

	2015						2016					
	Adult Dockets		DUI Dockets		Totals		Adult Dockets		DUI Dockets		Totals	
<b>Total Departures</b>	<b>423</b>		<b>493</b>		<b>916</b>		<b>474</b>		<b>475</b>		<b>949</b>	
Graduates	201	48%	367	74%	568	62%	210	44%	331	70%	541	
Termination	222	52%	126	26%	348	38%	264	56%	144	30%	408	
<b>Total</b>	423	100%	493	100%	916	100%	474	100%	475	100%	949	
<b>Graduates</b>												
Re-arrested	44		75		119		18		32		50	
Re-arrest Rate	22%		20%		21%		9%		7%		15%	
Within 1 year	21		50		71		18		32		50	
Re-arrest Rate	10%		14%		13%		9%		7%		15%	
1-2 years	23		25		48							
Re-arrest Rate	11%		7%		8%							
<b>Terminated</b>												
Re-arrested	146		65		211		33		61		94	
Re-arrest Rate	66%		52%		61%		13%		42%		23%	
Within 1 year	103		57		160		33		61		94	
Re-arrest Rate	46%		45%		46%		13%		42%		23%	
1-2 years	43		8		51							
Re-arrest Rate	19%		6%		15%							
<b>Total Departures</b>	<b>423</b>		<b>493</b>		<b>916</b>		<b>474</b>		<b>475</b>		<b>949</b>	
Re-arrested	190		140		330		51		93		144	
Re-arrest Rate	45%		28%		36%		11%		20%		15%	
Within 1 year	124		107		231		51		93		144	
Re-arrest Rate	29%		22%		25%		11%		20%		15%	
1-2 years	66		33		99							
Re-arrest Rate	16%		7%		11%							

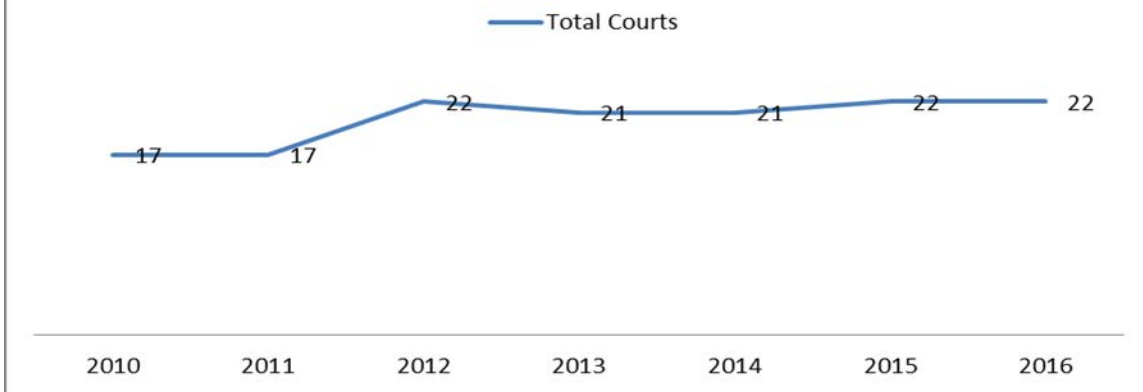
\*For 2016, Re-arrest data is only available between July 2015 and October 2016.

The following line graphs display multi-year summaries of:

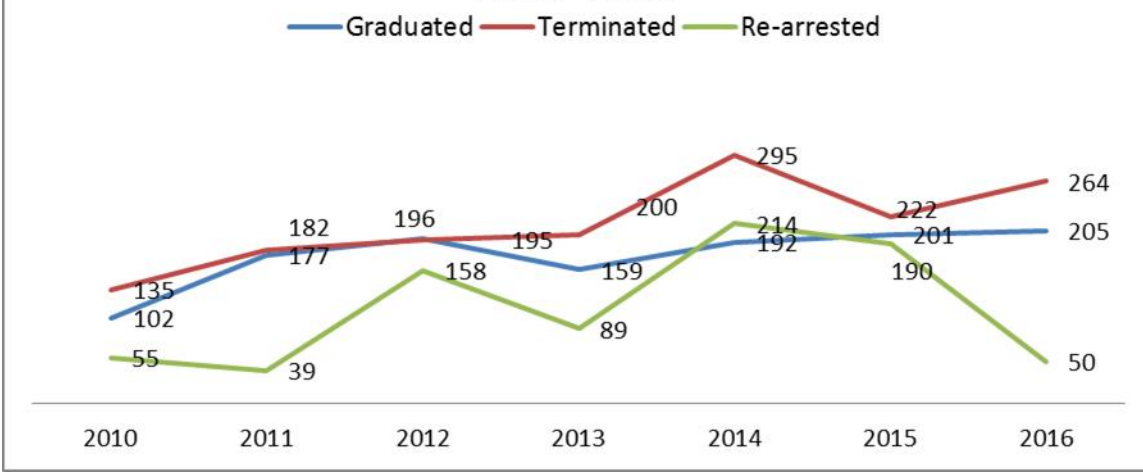
- The number of adult drug treatment courts in operation since 2010,
- The total number of graduates, terminated, & re-arrests for 2010 through 2016
- The rates for graduates, terminated, & re-arrests 2010 through 2016.

**Figure 5: Six Years Summary Graphs**

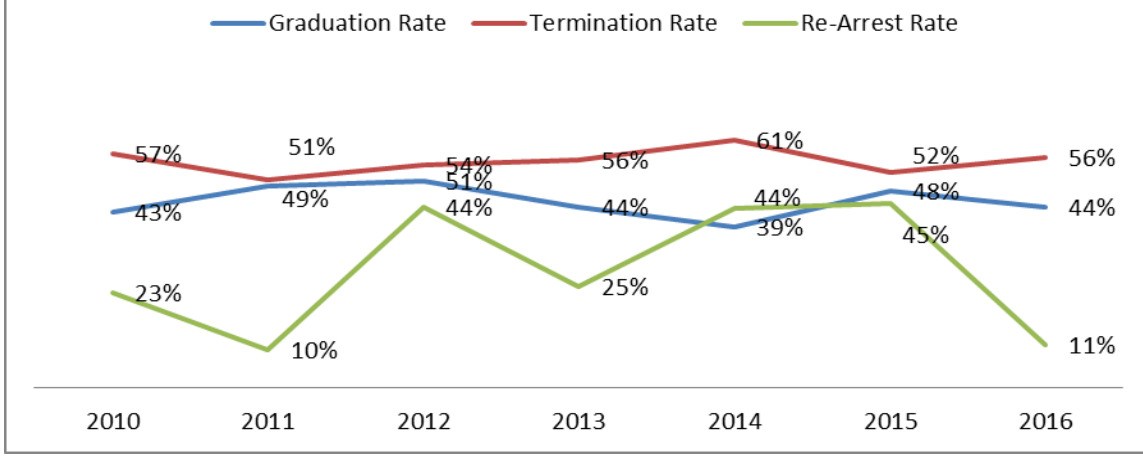
## Adult Drug Treatment Courts in Operation 2010-2016



## Graduate, Terminated, & Re-Arrests Totals 2010-2016



## Graduate, Terminated, & Re-Arrest Rates 2010-2016



\*For 2016, Re-arrest data is only available between July 2015 and October 2016.

## Adult Drug Treatment Court Dockets

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

Drug treatment court dockets are a highly specialized team process that functions within the existing judicial system structure to address nonviolent drug and drug-related cases. They are unique in the criminal justice setting because they build a close collaborative relationship between criminal justice and drug treatment professionals. Adult drug treatment court dockets employ a program designed to reduce drug use relapse and criminal recidivism among defendants and offenders through a treatment needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment and various rehabilitation services. Within a cooperative courtroom atmosphere, the judge heads a team of drug court staff, including a coordinator, attorneys, probation officers and 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 OES (See Diagram 1, Appendix B).

The drug treatment court docket process begins with a legal review of the offender's current and prior offenses and a clinical assessment of his or her substance abuse history. Offenders who meet eligibility criteria and are found to be drug and/or alcohol dependent volunteer to be placed in the drug treatment court docket 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>5</sup>

As a result of this multifaceted approach to crime and addiction, participants in drug treatment court docket programs have a lower recidivism rate than drug offenders who are incarcerated in state prisons. This success rate is due in large measure to the fact that drug treatment court

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<sup>5</sup> Prendegast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction Science and Clinical Practice* (April), 4-13.

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 cannot 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 treatment court dockets. The cost-benefit analysis report included twelve out of the sixteen adult drug treatment court dockets operating in Virginia. Four drug treatment court dockets were not selected to be included due to their limited available data.

The critical finding in the impact evaluation was that drug treatment court docket 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 cost model designed to determine the average cost of a drug treatment court docket in Virginia was based on six basic transactions: screening and assessment for drug court placement; drug court staffing and court sessions; treatment; drug testing; drug court supervision; and drug court fees collected. This resulted in the average cost of a drug court participant to Virginia taxpayers is slightly less than \$18,000 from the time of acceptance to the time of completion, which is typically longer than one year. Treatment transactions account for 76% of the costs.

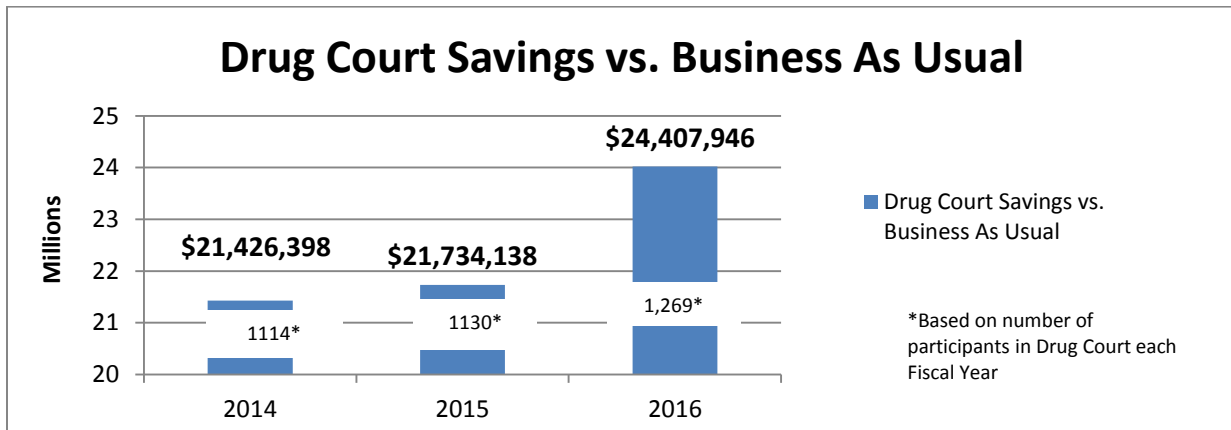
The costs and benefits of drug treatment court participation were calculated and compared to the costs of processing a case through the traditional "business as usual" approach. The cost and benefit domains investigated include:

- Placement costs, including all costs of involvement in the criminal justice system from arrest, to either drug treatment court docket entry or sentencing for the comparison group
- Drug treatment court docket costs as determined above, \$17,900.82
- Outcome costs, including all costs of involvement in the criminal justice system for a new offense, beginning from either drug treatment court entry (less the actual cost of drug treatment court docket) 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 adult drug treatment 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 treatment court dockets and the number of graduate participants increases the savings generated to the Commonwealth compared to treating these offenders via traditional case processing.



The overall conclusions reported a robust and sustained impact on recidivism for participants in drug treatment court dockets compared to the "business as usual" alternatives. Additionally, the lower recidivism rate of drug court participants relative to "business as usual" processing leads to lower costs within the criminal justice system and victimization costs for the drug treatment court group relative to the comparison group. These lower costs within the criminal justice system and victimization costs, along with lower placement costs, result in average savings of almost \$20,000 per drug court participant, relative to the costs of "business-as-usual" processing.<sup>6</sup>

An interesting key finding included in this report is successful completion of drug treatment 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 treatment court programs that do not offer MRT.

### Risk and Needs Triage (RANT)

The Risk and Needs Triage (RANT) is not a professional diagnosis but assesses an offender's criminogenic risks and clinical needs. The assessment provides a highly secure web-based

<sup>6</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)

decision support tool that suggests the level of supervision and treatment best suited to address an individual's criminogenic risks and clinical needs. The RANT tool has 19 questions and is easily administered by a non-specialist in 15 minutes or less. The tool immediately generates easily understandable reports sorting offenders into one of four risk/needs quadrants with direct implications for suitable correctional dispositions and behavioral health treatment. The RANT helps determine whether or not a candidate is a good fit for drug treatment court. 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. The tool will indicate that an individual classified as high risk and high needs typically require a combination of services involving intense treatment, close monitoring and accountability for their actions. This triage screen was designed to identify those risks and needs for offenders that have been proven by research to predict a poorer response to standard supervisory or treatment requirements. The goal is to use this information to match the offenders to those programs that are most likely to elicit the best outcomes. All Virginia adult drug treatment courts are required to complete the RANT questionnaire in the drug court database prior to accepting the candidate. Drug treatment court dockets target the high risk of recidivating and high need for treatment offenders.

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

**Criminogenic risks** are those offender characteristics that make them less likely to succeed in traditional forms of rehabilitation and thus more likely to return to drinking, drug-taking or crime. In this context, the term risk does *not* relate to a risk for violence or danger to the community. Examples of such high risk factors include, but are not limited to, an earlier onset of substance abuse or crime, recurring criminal activity and previously unsuccessful attempts at rehabilitation

**Clinical needs** are those areas of psychosocial dysfunction that if effectively addressed can substantially reduce the likelihood of return to substance abuse, crime and other misconduct. Examples of high needs factors include, but are not limited to, addiction to drugs or alcohol, psychiatric symptoms, chronic medical conditions and illiteracy. Importantly, this does *not* imply that high risk or high needs individuals should be denied opportunities to participate in rehabilitation or diversionary programs. Rather, more intensive and better skilled community-based programming is required to improve outcomes for such individuals.

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 for criminal justice professionals. RANT is easily administered by non-specialists in 15 minutes or less and offers instant, individual participant-level reporting. Federal grant funds allowed the OES to purchase the intellectual property to add RANT to the drug court database for adult and DUI drug treatment court staff to use for each referral in order to target the high risk and high needs candidates for acceptance.

Research has demonstrated the importance of matching the risk and needs levels of drug-involved offenders to appropriate levels of judicial supervision and treatment services.

Treatment court dockets can better allocate resources to those who will most benefit from varying types and intensities of intervention if participants are better matched to services based on their risks and needs. In 2014, all Virginia drug treatment court dockets implemented this tool.

The RANT score assigns offenders to one of four quadrants with two scales, one of risk and one of need, based upon their RANT score. Using a 2-by-2 matrix, offenders are simultaneously matched on risk and needs to one of four quadrants having direct implications for selecting suitable correctional dispositions and behavioral care treatment. Some examples of practice implications and indicated interventions as defined by Dr. Marlowe for selecting suitable correctional dispositions and behavioral care treatment for individuals in each of the four quadrants are provided below, in italics:

<b>Practice Implications or <i>Alternative Tracks</i></b>		
	<b>High Risk</b>	<b>Low Risk</b>
<b>High Needs (dependent)</b>	<ul style="list-style-type: none"> <li>✓ Status calendar</li> <li>✓ Treatment</li> <li>✓ Prosocial &amp; adaptive habilitation</li> <li>✓ Abstinence is distal</li> <li>✓ Positive reinforcement</li> <li>✓ Self-help/alumni groups</li> <li>✓ ~18-24 months</li> </ul> <i>Drug Court Track</i>	<ul style="list-style-type: none"> <li>✓ Noncompliance calendar</li> <li>✓ Treatment(separate milieu)</li> <li>✓ Adaptive habilitation</li> <li>✓ Positive reinforcement</li> <li>✓ Self-help/alumni groups</li> <li>✓ ~12-18 months</li> </ul> <i>Treatment Track</i>
<b>Low Needs (abuse)</b>	<ul style="list-style-type: none"> <li>✓ Status calendar</li> <li>✓ Prosocial habilitation</li> <li>✓ Abstinence is proximal</li> <li>✓ Negative reinforcement</li> <li>✓ ~12-18 months</li> </ul> <i>Supervision Track</i>	<ul style="list-style-type: none"> <li>✓ Noncompliance calendar</li> <li>✓ Psycho-education</li> <li>✓ Abstinence is proximal</li> <li>✓ Individualized/stratified groups</li> <li>✓ ~3-6 months</li> </ul> <i>Diversion Track</i>

### **Virginia Risk and Needs Triage Statistics**

The Risk and Needs Triage (RANT) Assessment was administered to individuals referred to a Virginia drug treatment court docket. Seven hundred eighteen (718) cases were administered the RANT between 7/01/2015 and 6/30/2016 and are included in this summary.

Of the 718 cases referred to a drug treatment court, for which data was available, approximately 84.8% of all cases scored High Risk/High Need (HR/HN) on the RANT while only eight cases (1.1%) indicated Low Risk/Low need (LR/LN). The remaining 14.1% of cases scores were split between High Risk/Low Need (HR/LN) and Low Risk/High Need (LR/HN). Virginia drug treatment court dockets are seeing and accepting the HR/HN population which they are designed best to serve.



**RANT Table 1: Scores for Virginia Drug Treatment Courts** (n=718)

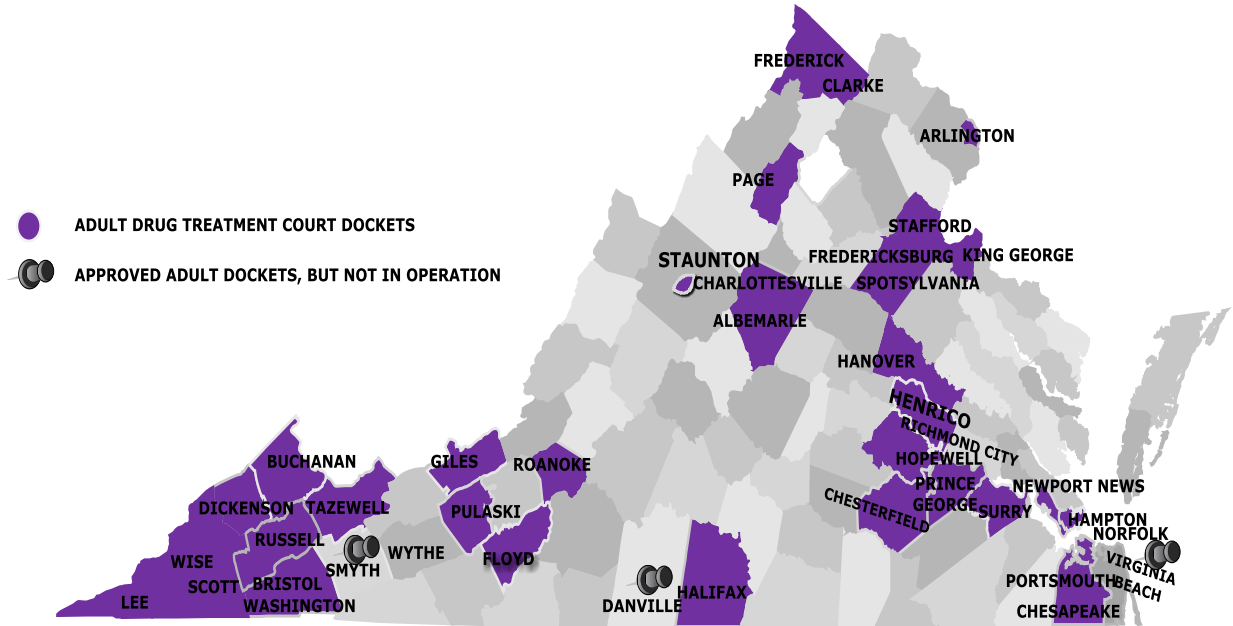
		High Risk	Low Risk
High Need	Total % Count	84.8% (n=609)	6.7% (n=48)
Low Need	Total % Count	7.4% (n=53)	1.1% (n=8)

Demographic information for the cases accepted in the program are displayed in Table 3. Both Caucasian and African-American scores for the HR/HN and LR/LN align with the majority distribution of RANT scores on the HR/HN quadrant. The odds of being HR/LN are higher for African-American than Caucasian. Likewise, the odds of being LR/HN are lower for African American than Caucasian. The odds of being HR/HN or LR/HN are higher for male than female. The odds of being HR/LN are lower for female than male. The highest proportion of both males and female scores was in the HR/HN group.

**RANT Table 2: Scores for Virginia Drug Treatment Court Docket Cases by Demographics**

	High Risk/High Need (HR/HN)	High Risk/Low Need (HR/LN)	Low Risk/High Need (LR/HN)	Low Risk/Low Need (LR/LN)
<i>Race</i>				
<b>Caucasian</b>	66.01% (n=402)	43.40% (n=23)	85.42% (n=41)	62.50% (n=5)
<b>African-American</b>	32.35% (n=197)	56.60% (n=30)	8.33% (n=4)	37.50% (n=3)
<b>Hispanic &amp; Other</b>	1.64% (n=10)	0.00% (n=0)	6.25% (n=3)	0.00% (n=0)
<i>Gender</i>				
<b>Male</b>	59.11% (n=360)	71.70% (n=38)	52.08% (n=25)	62.50% (n=5)
<b>Female</b>	40.89% (n=249)	28.30% (n=15)	47.92% (n=23)	37.50% (n=3)

**Figure 6: Adult Drug Treatment Court Dockets**



Adult Drug Treatment Courts		
Arlington County	Pulaski County	N=26
Bristol	Rappahannock Regional	
Richmond City	Roanoke City/Salem City/Roanoke County	
Buchanan County	Russell County	
Charlottesville/Albemarle	Staunton	
Chesapeake	Tazewell County	
Chesterfield/Colonial Heights	Thirtieth Circuit (Lee, Scott & Wise Counties)	
Dickenson County	Washington County	
Floyd County		
Giles County		
Halifax County		
Hampton		
Henrico County		
Hopewell/Prince George County		
Newport News		
Norfolk Northwestern Regional		
Portsmouth		
	Danville	N= 3 Not Operating
	Smyth County	
	Virginia Beach	

## Summary of Adult Drug Treatment Court Docket Activity

*Referrals:* In 2016, 1,186 referrals were made to Virginia's adult drug treatment court dockets. Referrals include all sources through which participants are recommended to participate in a drug treatment court docket (Table 7).

*Admissions:* Drug court dockets do not accept or admit all of those referred. In 2016, only 547 (nearly 46%) of those referred to an adult drug treatment court docket were accepted. This admission rate was higher than both the DUI and juvenile drug treatment court dockets admission rates.

*Participants:* The number of active adult participants in local drug treatment court dockets during 2016 totaled 1,269. Individuals admitted prior to 2016 made up almost 722 (57%) of this total.

*Race:* During 2016, the majority of participants in adult drug treatment court dockets were White (797 or 63%). There were 456 Black participants (36%). Individuals claiming other racial or ethnic backgrounds made up less than (1.5%) one and one half percent; collectively of the participants: Hispanics (6 or 0.47%), Asians (4 or 0.32%), and Other (6 or 0.47%).

*Gender:* In adult drug treatment court dockets, the majority of active participants were male (59.81%). This also appears in the DUI and juvenile dockets.

*Age:* The ages of a plurality of adult participants were from 20 to 29 and 30 to 39 (29% and 32% respectively). Over 16% of participants were over age 50 in adult drug treatment court dockets.

*Marital Status:* In 2016 among the participants (1,131) for whom data were available, 755 (60%) were single. Only 11% of the active participants reported that they were married. "Single" and "married" are distinguished from separated (6.5%), divorced (9.5%), cohabiting (1%) and widowed (1%).

*Education:* Information about educational backgrounds was available for 1,116 of the active adult drug treatment court docket participants in 2016. Of these participants, 242 (22%) received their high school diploma while 220 (20%) earned their GED. Additionally, 122 (11%) participants completed the twelfth grade. Lastly, 214 (19%) reported they had some college and 18 (2%) had vocational training.

Table 7: 2016 Adult Participant Referrals and New Admissions					Education (Highest Level Attained)				
<b>Referred</b>	1174								
<b>Admitted</b>	543				Primary School	0		0	0.00%
<b>Admittance Rate</b>	46.25%				Middle School	9		9	1.95%
<b>Demographic Characteristics</b>	<i>N</i>	%	<i>N</i>	<i>Valid %</i>	9th grade	13		13	2.81%
<b>Gender</b>					10th grade	36		36	7.79%
Males	318		318	58.56%	11th grade	44		44	9.52%
Females	225		225	41.44%	12th grade	55		55	11.90%
No Data	0	0.00%			High School Graduate	86		86	18.61%
<b>Total</b>	<b>543</b>	<b>100%</b>	<b>543</b>	<b>100.00%</b>	GED	97		97	21.00%
<b>Race</b>					Vocational Training	8		8	1.73%
White	370		370	68.14%	Some College	90		90	19.48%
Black	166		166	30.57%	Associate's Degree	11		11	2.38%
Hispanic	3		3	0.55%	Bachelor's Degree	12		12	2.60%
Asian	1		1	0.18%	Post-Bachelor's education	1		1	0.22%
Other	3		3	0.55%	No Data	85	15.54%		
No Data	0	0.00%			<b>Total</b>	<b>547</b>	<b>100.00%</b>	<b>462</b>	<b>100.00%</b>
<b>Total</b>	<b>543</b>	<b>100.00%</b>	<b>543</b>	<b>100.00%</b>					
<b>Age</b>									
Ages 20-29	167		167	31.21%					
Ages 30-39	180		180	33.64%					
Ages 40-49	112		112	20.93%					
Ages 50-59	71		71	13.27%					
Ages 60+	5		5	0.93%					
No Data	8	1.47%							
<b>Total</b>	<b>543</b>	<b>100%</b>	<b>535</b>	<b>100.00%</b>					
<b>Marital Status</b>									
Single	312		312	66.95%					
Separated	33		33	7.08%					
Divorced	54		54	11.59%					
Married	54		54	11.59%					
Cohabiting	7		7	1.50%					
Widowed	6		6	1.29%					
Other	0		0	0.00%					
No Data	77	14.18%							
<b>Total</b>	<b>543</b>	<b>100.00%</b>	<b>466</b>	<b>100.00%</b>					

*There was a time in my life when I didn't think breaking free from addiction was possible. My life had been unmanageable for the better part of ten years. I lost everything I worked for: my possessions, family, friends, freedom and self-esteem all destroyed by an unexplainable desire for the very substances that were causing the destruction. The drug court program has provided me the opportunity to recover from the depths of addiction and to begin repairing all the damage done in the process. For the first time in ten years I am able to live without a fix, my children can count on me and my word actually means something. For this I am truly grateful.*

*"Curiosity killed the cat;" I like to reference this proverb when it comes to my addiction. Being surrounded by people who openly smoke and drank at a young age, I found myself extremely curious and was looking to experiment before the age of ten. At age eight I was taking my grandfather's cigarettes. By the age of twelve I had started sneaking sips of whiskey from his Makers Mark bottle. I liked the way substances changed my perception and my curiosity didn't stop there. At age 16 I began smoking pot on a daily basis. I was quite the rebel, growing up in a very religious home only fueled my desire for the forbidden.*

*At the age of 18 I left home, and within a year I was married with my first child on the way. I continued using pot and alcohol, and at the age of 20 a friend at work introduced me to something new, cocaine. I fell in love with the drug immediately. Having struggled with depression from an early age, this drug seemed to be an easy fix. All of my problems seem to fade away when I ingested this stuff. It put me on cloud nine that is until the effects wore off. After using I would find myself more depressed than before, so I began to buy cocaine on a consistent basis. It didn't take long before I realized that I could not afford to keep doing the drug. It was way too expensive. I felt guilty, knowing what I was doing was wrong and imagining myself turning into a junkie rather than pursuing a good life, which I knew I was capable of. I tried to figure out how I could escape this problem before it got any worse and decided to join the Army in April of 2000. This was a good move for me, basic training forced me to detox and I was on my way to being somebody.*

*After leaving the military, my marriage started to crumble. In late 2006 I divorced. I returned to heavy cocaine use in 2007. This went on for about two years. During this time I went through everything I owned, destroyed my credit and found myself holed up in crack houses surrounded by addicts like me who would do anything for a fix. Two years and approximately 100,000 dollars later, I found myself completely broke and unable to afford my high. I began stealing to feed my habit and eventually I was caught. For the first time in my life I was not facing jail time. I managed to clean up again but the damage done by all the cocaine left me even more depressed than before. I met someone who dealt meth; it was cheap and readily available. In 2009, I began using meth on a regular basis. Soon my life became a cycle of 4-5 sleepless days followed by a 24-48 hour crash where I was completely useless and couldn't even get out of bed. In Feb of 2011, I found myself at the wrong place at the wrong time and ended up being charged with possession of meth. I spent 30 days in jail before making bond. You would think this was enough to make me stop using. The power of addiction is very unrelenting, and it wasn't long before I was seeking again. I was given the opportunity to have the felony dismissed, if only I would successfully complete 2 years of probation. I transferred probation to Texas thinking getting away from people I knew would help me stay clean. This was not the answer. Drugs are everywhere; there is no escape in terms of geographic location. After completing 6 months of probation, I found myself using again, this time a stronger form of meth than before, "ice". During my 6 months clean, I had managed to get a good job and an apartment. I abandoned everything within a month of using. I roamed around homeless for the better part of four years. My use progressed to using needles, something I had sworn to myself I would never do. I crashed in homeless shelters, under bridges, anywhere I could. By 2013 paranoia had set in. The lack of sleep and proper nutrition had destroyed my mind. Combine this with the fact that I had warrants left me in a constant state of fear. There were times when I would stay holed up in motel rooms for days, afraid to walk out the door to buy a pack of smokes. I knew I was better than this, but how could I ever escape this miserable life?*

*In summer of 2013 my girlfriend became pregnant with my son. This was a real wake up call. I already felt horrible about my two children who were missing out on their father and I was not about to let this one go through it too. I had finally become sick and tired of being sick and tired. I checked myself into the VA rehab program while my girlfriend went to rehab on her own. My son was born in April of 2014. I remained clean for the first month of his life.*

*In early 2015, I contacted a lawyer and decided to return and deal with my legal issues. We were stopped in Memphis for a dirty windshield and my warrant showed up. I was arrested again and returned to Bristol to face the violation of probation. I often think that powers that knew that I wouldn't follow through with my surrender and allowed this to happen to ensure that I get this over with.*

*Breaking the cycle of addiction begins with a genuine desire to stop using. That alone, however is not enough to be successful. Recovery requires a strong support system, discipline and hard work. I came into this program with the desire to get clean and this program provided me the structure and tools necessary so that I might stand before you today, clean and sober for the first time in ten years. My heartfelt thanks goes out to Sonya, who stood by me every step of the way, making sure I go to all my groups, drug screens and court appearances. She has sacrificed by being far from home and family to ensure my success in the program. Without her support, this would not have been possible. I would like to thank the judge for giving me this opportunity, a chance to build a new life and re-establish relationships with my children and other family members, rather than locking me away and putting further strain on my family; for this I am very grateful. Thanks to all the team for everything you do to make this program possible. All of you have placed a vital role in my recovery, and you all deserve a raise.*

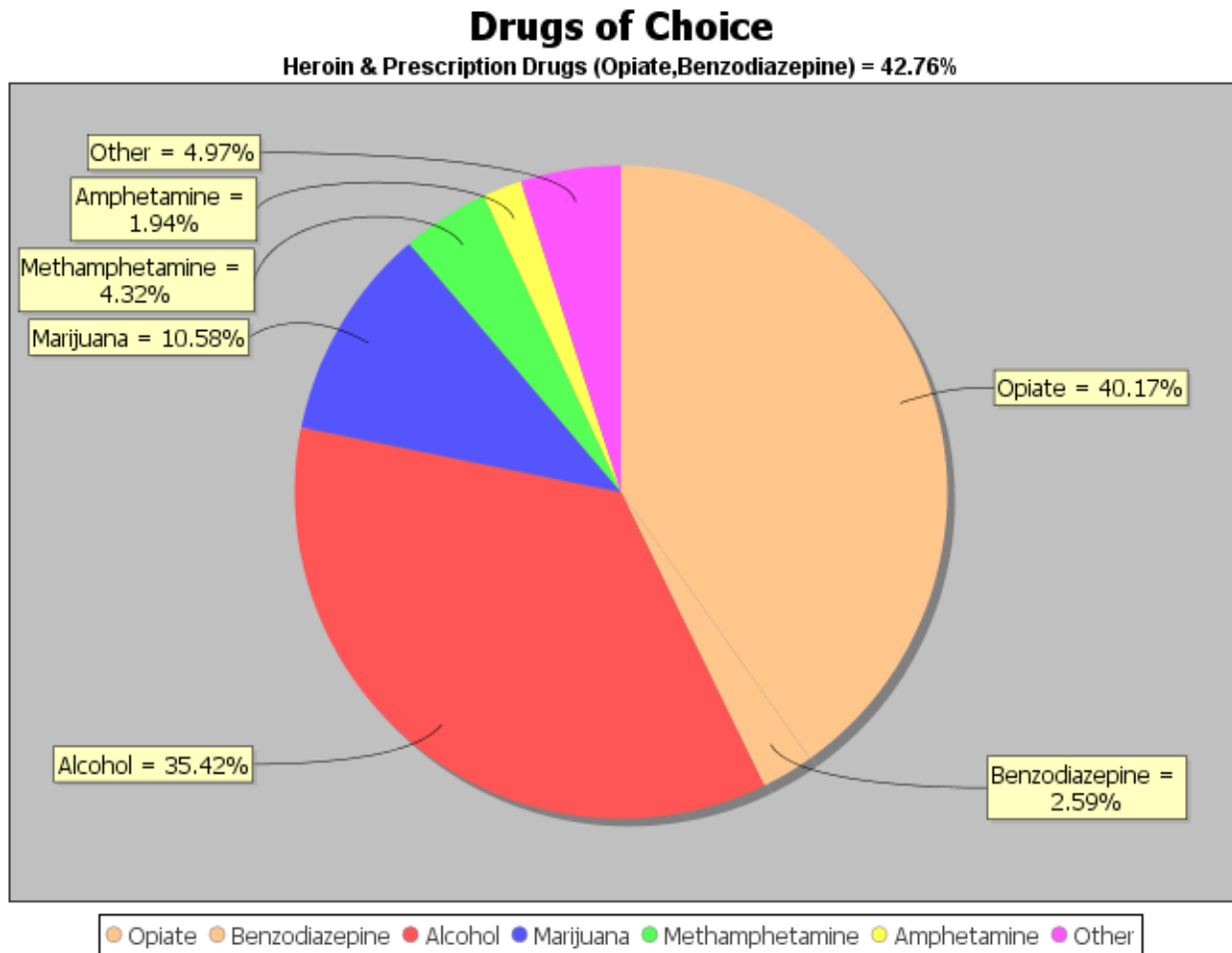
**Table 8: 2016 Adult Participants Drugs of Choice**

<b>Table 8: 2016 Adult Participants Drugs of Choice</b>			
Total Participants	1,269		
Total Participants with Drug Choice Data Available	1157		
Total Drugs Indicated	3,357		
<b>Drug Type</b>	<b># of Participants with Drug Choice Indicated</b>	<b>% Drug Selected</b>	<b>% of Available Participants (N=1157)</b>
Prescription Pills (Benzodiazepine, Opiates, OxyContin)	1117	33.27%	96.54%
Alcohol	590	17.58%	50.99%
Marijuana	598	17.81%	51.69%
Cocaine ( <i>combined</i> Crack & Powder)	556	16.56%	48.06%
Amphetamine/Methamphetamine	193	5.75%	16.68%
Ecstasy	64	1.91%	5.53%
LSD	46	1.37%	3.98%
Methadone	73	2.17%	6.31%
Mushrooms	29	0.86%	2.51%
PCP	15	0.45%	1.30%
Over the Counter	5	0.15%	0.43%
Inhalant	2	0.06%	0.17%
K2/Spice	29	0.86%	2.51%
Bath Salts	9	0.27%	0.78%
Ketamine/ Special K	5	0.15%	0.43%
Barbiturate	5	0.15%	0.43%
*Other	21	0.63%	1.82%
<b>Total</b>	<b>3,357</b>	<b>100%</b>	

*\*Other includes those drugs listed as "Other" plus drugs selected by >10 participants*

*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 users do not limit themselves exclusively to one preferred choice. The 2016 participants selected 3,357 drug choices among 1,157 participants for whom data was available. This demonstrated 2.90 separate drug choice selections were made per person. Over 96% of adult docket participants with drug choice data selected prescription drugs to include heroin as their

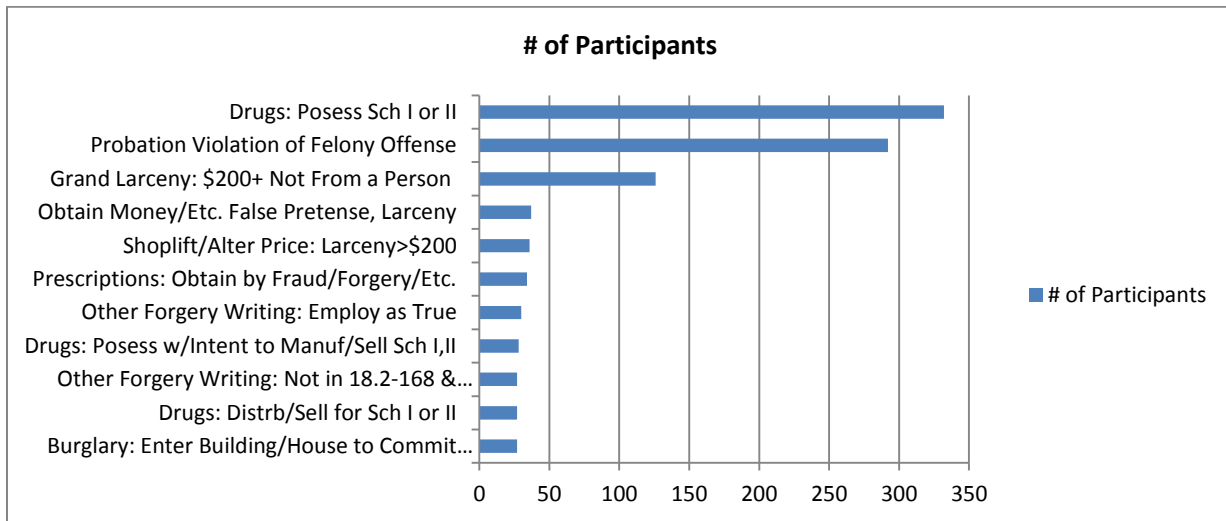
drug of choice. Prescription pills were selected the most often at over 33% of all drugs selected. Marijuana was selected frequently as drug of choice (17.8%) closely followed by alcohol by nearly 17.6 % for each drug. Combining crack and powder cocaine reveals just over 16% of the participants selected some sort of cocaine as drug of choice. The most commonly selected drugs of choice were prescription pills and marijuana by nearly 97% and 52% of participants respectively, then alcohol selected by 51% of participants.



*Program Drug Screenings:* In adult drug treatment court dockets in 2016, there were 67,612 drug screenings conducted for the 1,116 participants for which data were available, an average of 61 screenings per participant for the year. Of the 67,612 total screenings, only 3,495 (5.17%) were positive. Among the 1,116 adult participants for whom data were available; there were 3.13 positive drug screens per participant throughout the year. This however does not mean that each participant tested positive, as there are many participants who do not test positive throughout their entirety of the program (See Table 9).

<b>Table 9: 2016 Adult Drug Screenings</b>		
<b>2016</b>	<b>Adult</b>	
<b>Participants</b>	<b>1,116</b>	
	<i>N</i>	<b>%</b>
Negative	64117	95.46%
Positive	3495	5.17%
<b>Total Tests</b>	<b>67612</b>	<b>100.00%</b>
<b>Total Cases Tested</b>	<b>1,116</b>	
<b>Screenings Per Participant</b>	<b>60.58</b>	
<b>Positive Screenings Per Participant</b>	<b>3.13</b>	

*Program Entry Offense:* In 2016, the program entry offense was entered for 1,157 adult participants. Programs recorded on average 1.41 offenses per participant. The most frequent offense reported as the entry offense among the top 25 offenses recorded for the adult participants in 2016 was Probation Violation at nearly 25% of all offenses or by over a third or 403 (35%) of participants. Drug Possess Schedule I or II was reported at 22% of all offenses by 364 or 31% of the adult participants. The next most frequent reported (6%) offense was grand larceny less than \$200 not from a person. The incidence of obtaining prescription by fraud/forgery/etc. was reported by 20 or 1% of participants. Other offenses among participants were reported less frequently (See Table 11).





**Table 10: 2016 Adult Participants' Entry Offenses**

<b>Table 10: 2016 Adult Participants' Entry Offenses</b>			
Total Participants	1,269		
Total Participants with Available Arrest Data	1,157		
Total Offenses Indicated	1,625		
<b>Offense</b>	<b># of Participants with Offense Indicated</b>	<b>%</b>	<b>% of Participants (N=1156)</b>
Probation Violation On Felony Offense	403	24.78%	34.86%
Drugs: Possess Sch I or II	364	22.39%	31.49%
Grand Larceny: >=\$200 Not From A Person	92	5.66%	7.96%
Grand Larceny: \$200+ Not From A Person	50	3.08%	4.33%
Obtain Money/Etc: False Pretense, Larceny	45	2.77%	3.89%
Shoplift/Alter Price: Larceny >\$200	43	2.64%	3.72%
Other Forgery Writing: Employ As True	31	1.91%	2.68%
Other Forgery Writing: Not In 18.2-168 & 18.2-170	27	1.66%	2.34%
Grand Larceny: Firearm, Auto Theft, Not Clear	26	1.60%	2.25%
Drugs: Distrib/Sell for Sch I or II	26	1.60%	2.25%
Credit Card Larceny	26	1.60%	2.25%
Petit Larceny: <\$200 Not From A Person	26	1.60%	2.25%
Embezzlement: >=\$200	22	1.35%	1.90%
Burglary: Enter Building/House To Commit Larceny	21	1.29%	1.82%
DWI: 1st, 2nd, or 3rd	22	1.35%	1.90%
Prescriptions: Obtain By Fraud/Forgery/Etc	20	1.23%	1.73%
Drugs: Distrib/PWI Marijuana >1/2 oz to 5	20	1.23%	1.73%
Drugs: Possess W/Intent To Manuf/Sell Sch I, II	19	1.17%	1.64%
Violation On Community Based Probation	15	0.92%	1.30%
Drugs: Sell/Provide For Resale Sch I Or II	16	0.98%	1.38%
Failure To Appear: On Felony Offense	14	0.86%	1.21%
Shoplift/Alter Price: Larceny <\$200	13	0.80%	1.12%
Computer Forgery	12	0.74%	1.04%
Abuse/Neglect Child: Reckless Disregard	10	0.62%	0.87%
Paraphernalia: Unauthorized Distribution	10	0.62%	0.87%
Stolen Property With Intent To Sell, Larceny	8	0.49%	0.69%
Drugs: Possess Marijuana 1st Offense	8	0.49%	0.69%
Other	236	14.51%	20.42%
<b>Total</b>	<b>1,625</b>	<b>100.00%</b>	

## **2016 Summary of Adult Participant Departures from Drug Treatment Court Dockets**

*Graduation Rates:* Among the 1,269 adult drug treatment court participants in 2016, 474 exited the program by either graduation or termination. In 2016 the graduation rate was nearly 44% (210 participants) which was slightly lower than the rate at 47.5% (201 participants) reported in 2015.

*Terminations:* Over half (56%) of 2016 participants were terminated, while only 52% participants were terminated in 2015. The most frequent reasons reported for termination in adult drug treatment court dockets in 2016 were unsatisfactory performance and absconded. Excessive relapses accounted for 19% of terminations while 7% were terminated for a new criminal offense. There were 3 deaths reported.

*Length of Stay:* LOS is measured from program entry (acceptance date) to completion date (either graduation date or date of termination). The mean LOS for 2016 departures was 380 days. For 2016 adult drug treatment court program graduates, the mean LOS was 689 days compared to 352 days for those terminated. The median LOS for 2016, adult graduates were 623 days versus 266 days for those terminated.

## **Summary of Conviction Rates Following Adult Drug Treatment Court Docket Departure**

An examination of conviction rates requires looking at departures from fiscal years 2015 to 2016 because too little time has elapsed to adequately assess convictions for those departing adult drug treatment court dockets in 2016. In fiscal year 2016, there were 474 adult drug treatment court departures, and in 2015 there were 423 adult drug treatment court departures.

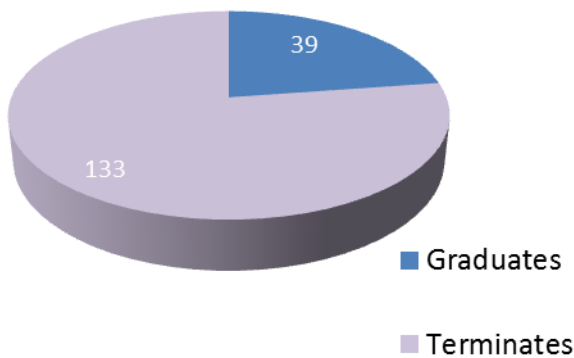
Because arrest data provided by the Virginia State Police for this report was available only through October 2016, conviction rates among 2016 departures should be interpreted with caution. Conviction rates among all drug court participants are consistently lower for graduates than for those terminated (See Table 11).

**Table 11: 2015-16 Adult Participant Drug & Alcohol Conviction Rates**

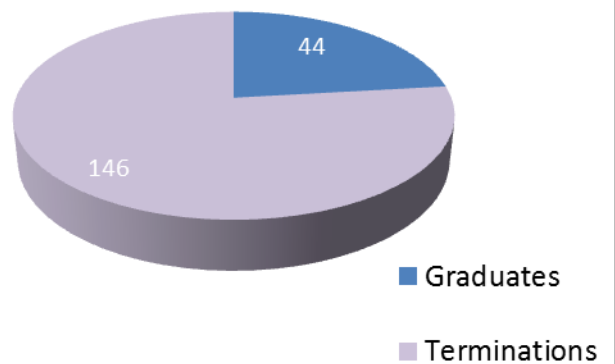
		2015				2016		% Change	
<b>Total Departures</b>			423				474		12%
Graduates	201	47.52%		210	44.30%		4.48%		
Termination	222	52.48%		264	55.70%		6.12%		
<b>Total</b>	<b>423</b>	<b>100.0%</b>		<b>474</b>	<b>100.0%</b>				
<b>Graduates</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>			
Convictions	7	32	39	3	9	12	-69.23%		
Conviction Rate	3.48%	15.92%	19.40%	1.43%	4.29%	5.71%			
Within 1 Year	3	15	18	3	9	12			
Conviction Rate	1.49%	7.46%	8.96%	0.63%	1.90%	2.53%			
1-2 Year	4	17	21						
ConvictionRate	1.99%	8.46%	10.45%						
<b>Terminated</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>			
Convictions	35	98	133	2	29	31	-76.69%		
Conviction Rate	15.77%	44.14%	59.91%	0.76%	10.98%	11.74%			
Within 1 Year	25	72	97	2	29	31			
Conviction Rate	11.26%	32.43%	43.69%	0.75%	10.94%	11.74%			
1-2 Year	10	26	36						
Conviction Rate	4.50%	11.71%	16.22%						
<b>Total Convictions</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>			
Convictions	42	130	172	5	38	43	-75.00%		
Conviction Rate	9.93%	30.73%	40.66%	1.05%	8.02%	9.07%			
Within 1 Year	28	87	115	5	37	42			
Conviction Rate	6.62%	20.57%	27.19%	1.06%	7.87%	8.94%			
1-2 Year	14	43	57						
Conviction Rate	3.31%	10.17%	13.48%						

\*For 2016, Re-arrest data is only available between July 2015 and October 2016.

**Adult Convictions 2015**



**Adult Re-Arrests 2015**

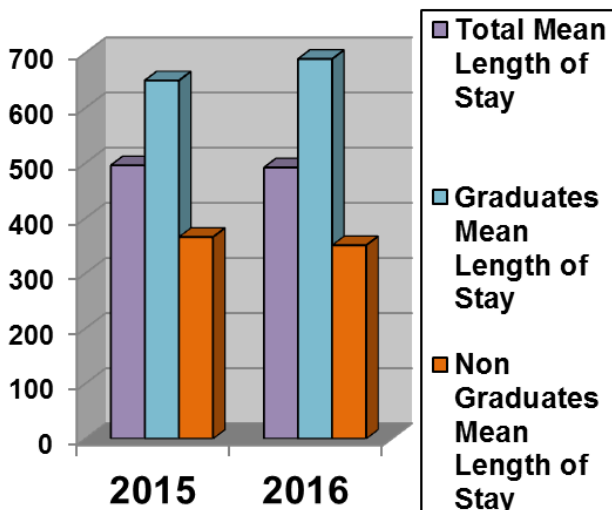


## Summary Table of Adult Drug Treatment Court Docket Activity

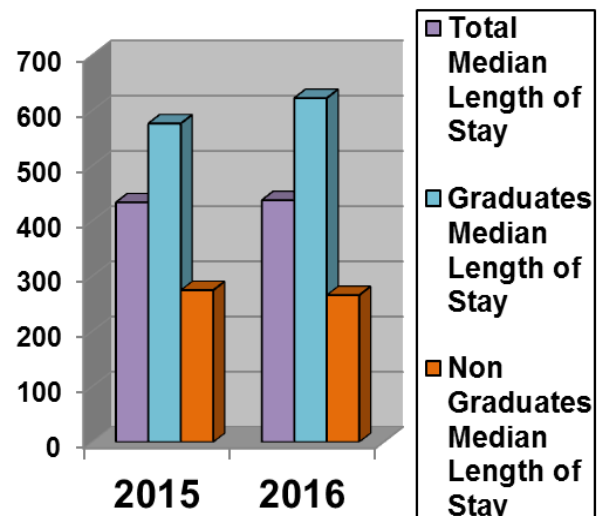
A summary of the major measures of program activity for adult drug treatment court dockets discussed above is presented in Table 12.

<b>Table 12: Adult DTC Activity Summary</b>			
	<b>2015</b>	<b>2016</b>	<b>%Change</b>
Referrals	1017	1186	16.6%
New Admissions	506	547	8.1%
Participants During Year	1148	1269	10.5%
Graduated	201	210	4.5%
Graduation Rate	47.5%	44.3%	
Terminated	222	264	18.9%
Termination Rate	52.5%	55.7%	
Re-arrested	190	51	-73.2%
Re-arrest Rate	44.9%	10.8%	
Mean Length of Stay (In Days)	496	492	-0.8%
Graduates	650	689	6%
Non-Graduates	366	352	-3.8%
Median Length of Stay (In Days)	434	438	0.9%
Graduates	577	623	8.0%
Non-Graduates	275	266	-3.3%

### Adult Mean Length of Stay



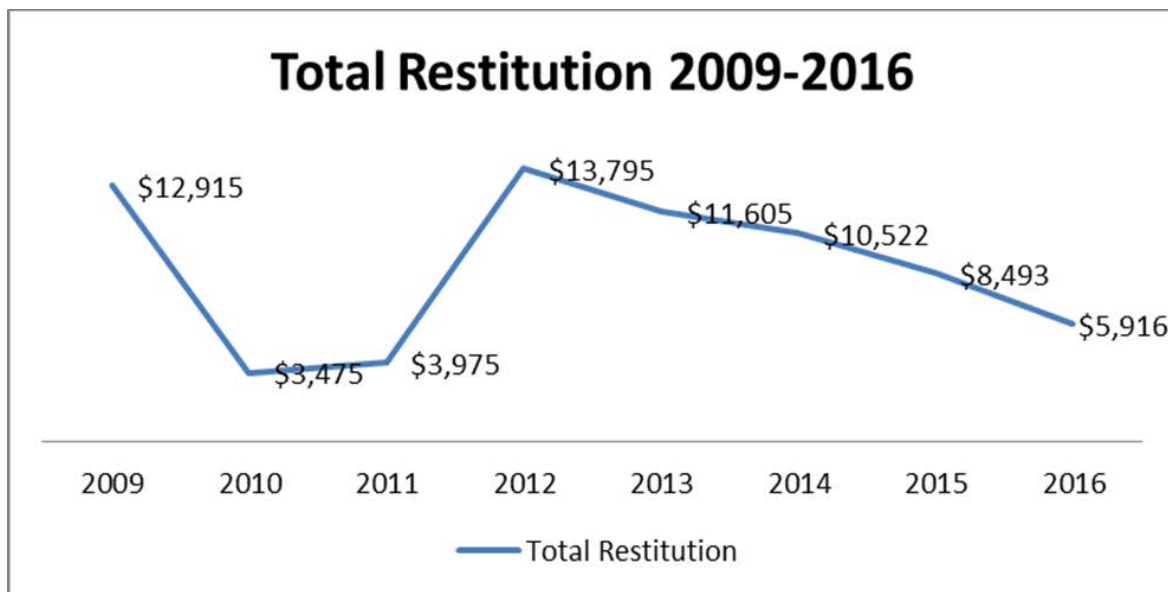
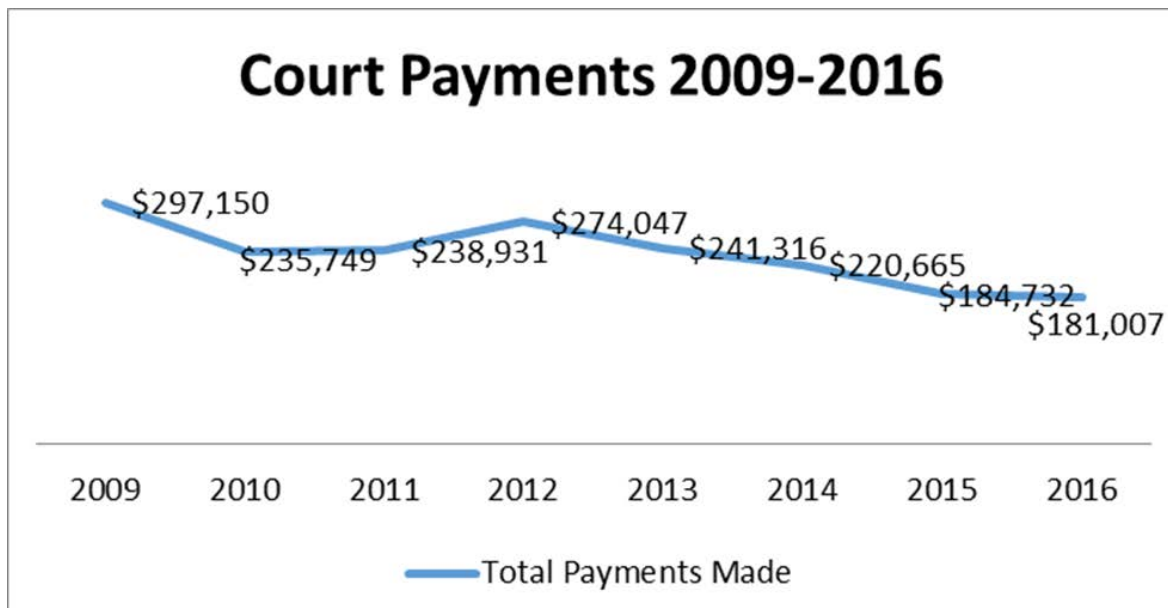
### Adult Median Length of Stay



## Adult Drug Treatment Court Fees

The Drug Treatment Court Act requires each offender to contribute to the cost of the substance abuse treatment he/she receives while participating in a drug treatment court pursuant to statute, the Drug Treatment Court Act.<sup>7</sup>

Additionally, drug court dockets require offenders to pay any court ordered court fines, fees, and restitution, prior to graduation. The following graphs depict reported fees collected by adult drug courts as entered in the drug court database over the past seven years. Consider this information with caution as not all drug courts are entering this information into the drug court database.



<sup>7</sup> <http://law.lis.virginia.gov/vacode/18.2-254.1.L>.

## **DUI Drug Treatment Court Dockets**

Driving under the influence (DUI) drug treatment court dockets utilize the drug treatment court model with impaired drivers. A DUI drug treatment court docket is a distinct court docket dedicated to changing the behavior of alcohol/drug dependent offenders arrested for driving while intoxicated (DWI). The goal of DUI drug treatment court dockets is to protect public safety by using the drug treatment court docket model to address the root cause of impaired driving and alcohol and other substance 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.

Alcoholism/addiction left untreated affects not only the individual, but also the community as a whole. Ways in which addiction may affect the community include; Driving Under the Influence (DUI) offenses, assaults, domestic violence, larcenies, burglaries, auto thefts, other driving offenses involving unlicensed individuals, driving on a suspended or revoked operator's licenses and other illegal activities.

The DUI drug treatment 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 treatment court judge. The DUI drug treatment court docket is post-conviction and mandatory, if assessed as needing treatment. In the absence of the DUI drug treatment 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, they do not receive treatment, thus 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 treatment court docket program prior to conviction or post-conviction.

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 treatment court teams work collaboratively with the Department of Motor Vehicles and the Commission on VASAP, the agencies responsible for driver's license restoration, the state legislature and state and local non-governmental organizations.

Potential candidates for the DUI drug treatment court docket are first offenders before the court for failure to comply that were not ordered into the DUI drug treatment court docket at the time of conviction. These offenders may be ordered to participate by the court. Other potential candidates include multiple offenders who were arrested with a Blood Alcohol Content (BAC) in excess of .20, a failed breath test for alcohol, a positive Ethyl Glucuronide (EtG) urine test for alcohol, failing a drug test after entering ASAP or those non-compliant with ignition interlock. Note: Ethyl Glucuronide (Etg) is a direct metabolite of alcohol (ethanol). The presence of Etg in urine is an indicator that ethanol was ingested.

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

Benefits of the DUI drug treatment court include:

- Referring defendants to treatment shortly after arrest
- Judges closely monitor the progress of participants in the DUI drug treatment 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 treatment 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 and works with Community Services Boards and other treatment providers to provide counseling and treatment for individuals participating in the DUI drug treatment court docket. ASAP works with judges, prosecutors and defense bar to coordinate the functions of the court. The Ten Guiding Principles of DWI Courts established by the National Drug Court Institute provide best practices used to establish the standards that guide the operation of Virginia's DUI drug treatment court dockets.

The DUI drug treatment 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 Driving While Impaired Court Training 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 were 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 treatment 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.

## **The Moving Ahead for Progress in the 21<sup>st</sup> Century Act: MAP-21**

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. MAP-21's approach in the fight against impaired driving provided authorization guidelines that enabled programs to receive U.S. Transportation Grant Funds. The approved list includes DWI courts, training and education of criminal justice professionals (including law enforcement, prosecutors and 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. Section 405 deals with highway safety and how to reduce highway deaths by setting "National Priority Safety Programs." This section 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 State Highway Safety Office (SHSO) and the individual SHSO determines how the money is distributed. 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
- Paid and earned media in support of some of these activities



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

As of 2016 fiscal end, there are two regional DUI drug treatment court dockets operating in Virginia. These include the Fredericksburg Area DUI Drug Treatment Court Docket that serves the Fredericksburg, King George, Spotsylvania and Stafford General District Courts and the Waynesboro Area DUI Drug Treatment Court Docket operating in Waynesboro General District Court serving Augusta County, Staunton and Waynesboro residents.

Two additional jurisdictions completed the DUI Drug Court Planning Initiative training offered by the National Center for DWI Courts. The Drug Treatment Court Advisory Committee has received an application requesting permission to establish a DUI drug treatment court docket from Harrisonburg/Rockingham County. That application is pending approval by the Drug Treatment Court Advisory Committee.

The DUI drug treatment court data reported below was retrieved from the drug court database for both programs combined (See Table 13).

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

*Referral:* In FY 2016, 448 referrals were made to the Fredericksburg Area and Waynesboro Area DUI Drug Treatment Court Dockets. The number of referrals in 2016 reflects 18% less than reported in 2015.

*Active Participants:* DUI drug treatment court dockets served 1,151 participants during FY 2016. The two DUI drug treatment court dockets served nearly as many participants as the twenty-six adult drug treatment court dockets combined. The majority of DUI drug treatment court docket participants were male, white, single and between the ages of 20-39 years old.

*Race:* During 2016, the majority of participants in DUI drug treatment court dockets were White (818 or 71%). There were 274 Black participants (24%). Individuals claiming Hispanic backgrounds made up 4%, while others collectively accounted for 1%.

*Gender:* In 2016, the majority of participants in DUI dockets were male (nearly 76%), while females accounted for 24%.

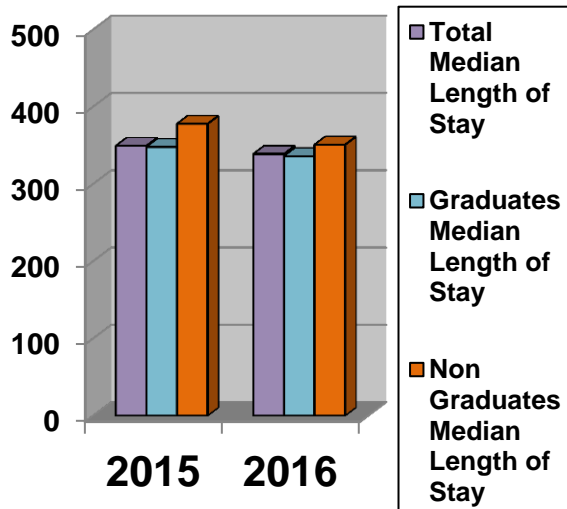
*Age:* Similar to the adult docket participants, about 60% of the DUI docket participants for whom data were available were between the ages of 20-29 and 30-39 (29% and 30% respectively). Roughly 18% of participants were between the ages of 40- 49, while over 21% were over age 50.

*Marital Status:* In 2016, DUI docket participants for whom data were available, slightly more than half (55%) were single, and 20% were reported as married, while 15% reported divorced.

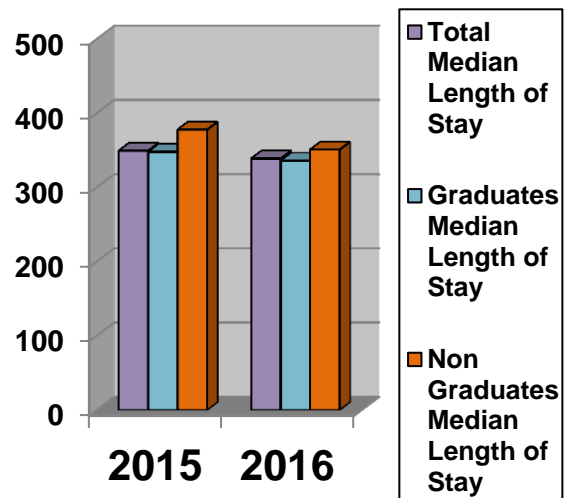
**Table 13: Table DUI DTC Activity Summary**

	2015	2016	%Change
Referrals	547	448	-18.1%
New Admissions	498	412	-17.3%
Participants During Year	1191	1151	-3.4%
Graduated	367	331	-9.8%
Graduation Rate	74.4%	69.7%	
Terminated	126	144	14.3%
Termination Rate	25.6%	30.3%	
Re-arrested	140	93	-33.6%
Re-arrest Rate	28.4%	19.6%	
Mean Length of Stay (In Days)	450	460	2.2%
Graduates	506	471	-7.0%
Non-Graduates	501	435	-13.2%
Median Length of Stay (In Days)	350	339	-3.0%
Graduates	348	336	-3.4%
Non-Graduates	378	351	-7.1%

**DUI Median Length of Stay**



**DUI Median Length of Stay**



**Table 14: 2016 DUI Active Participants & Departures**

Table 14: 2016 DUI Active Participants & Departures							
Active Participants During Year	1151						
Demographic Characteristics	N	%	N	Valid %	Departures		
						N	%
Gender					Participants Who Left During Year	475	41.3%
Males	879		879	76.4%	Completed/Graduated	331	69.7%
Females	272		272	23.6%	Revoked	144	30.3%
No Data		0.0%			<b>Total</b>	<b>475</b>	<b>100.0%</b>
Total	<b>1151</b>	<b>100.0%</b>	<b>1151</b>	<b>100.0%</b>	Reason for Revoke		
Race					<i>Drinking</i>	50	34.7%
White	818		818	71.1%	<i>Fees</i>	19	13.2%
Black	274		274	23.8%	<i>No attendance</i>	51	35.4%
Hispanic	46		46	4.0%	<i>Other Unsuccessful</i>	16	11.1%
Asian	8		8	0.7%	<i>Death</i>	8	5.6%
Other	3		3	0.3%	<b>Total</b>	<b>144</b>	<b>100.0%</b>
No Data	2	0.2%					
Total	<b>1151</b>	<b>100.0%</b>	<b>1151</b>	<b>100.0%</b>			
Age							
Ages 20-29	332		332	28.8%			
Ages 30-39	346		346	30.1%			
Ages 40-49	211		211	18.3%			
Ages 50-59	187		187	16.2%			
Ages 60-69	53		53	4.6%			
No Data	22	1.9%					
Total	<b>1151</b>	<b>100.0%</b>	<b>1151</b>	<b>100.0%</b>			
Marital Status							
Single	629		629	54.6%			
Separated	85		85	7.4%			
Divorced	168		168	14.6%			
Married	235		235	20.4%			
Cohabiting	0		0	0.0%			
Other	22		22	1.9%			
Widowed	0		0	0.0%			
No Data	12	1.0%					
Total	<b>1151</b>	<b>100.0%</b>	<b>1151</b>	<b>100.0%</b>			

*Graduation Rates:* Among the 1,151 DUI drug treatment court docket participants, 475 (41%) departed in 2016. The graduation rate was 70%, with 331 DUI drug treatment court participants departing by graduation (successful) and 144 (30%) departing by revocation (termination).

*Revocations:* The most frequent reasons for program termination in DUI drug treatment court dockets are nonattendance or excessive relapses. The length of stay in a DUI drug treatment court docket is about 15 months or 460 days mean (or average) and 339 days median.

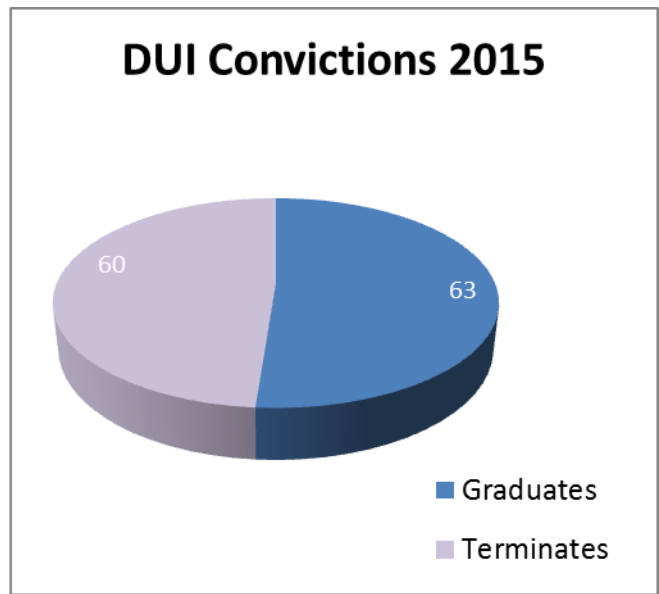
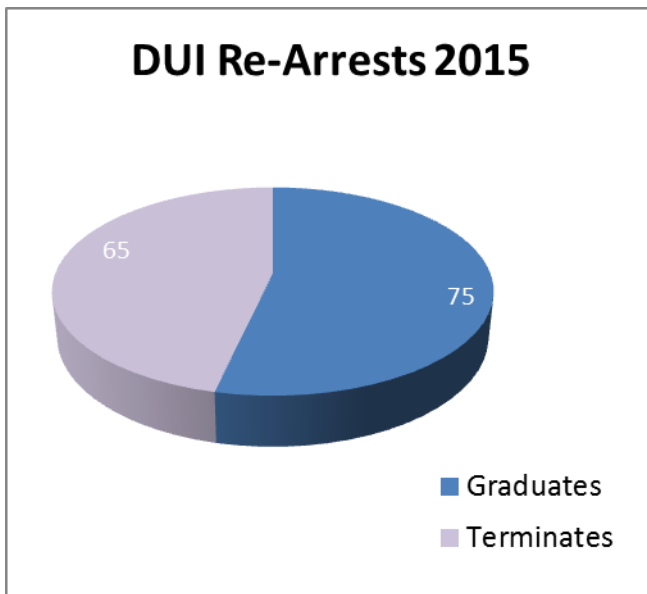
*Re-arrests:* In 2016, the DUI drug treatment court docket re-arrest rate was 20%, while the conviction rate was only 16%. This represents a decrease from 2015 rates. Please note that for 2016, re-arrest data is only available between July 2015 and October 2016.

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. Misdemeanor arrests were separated from the felony arrests because most misdemeanor arrests do not result in jail time.

**Table 16: 2015-16 DUI Participant Drug & Alcohol Conviction Rates**

		2015				2016		% Change	
<b>Total Departures</b>	<b>493</b>				<b>475</b>			-3.65%	
Graduates	367	74.44%			331	69.68%		-9.81%	
Termination	126	25.56%			144	30.32%		14.29%	
<b>Total</b>	<b>493</b>	<b>100.0%</b>			<b>475</b>	<b>100.0%</b>			
<b>Graduates</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>			<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>	
Convictions	21	42	63			6	20	26	-58.73%
Conviction Rate	5.72%	11.44%	17.17%			1.81%	6.04%	7.85%	
Within 1 Year	12	35	47			6	20	26	
Conviction Rate	3.27%	9.54%	12.81%			1.81%	6.04%	7.85%	
1-2 Year	9	7	16						
ConvictionRate	2.45%	1.91%	4.36%						
<b>Terminated</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>			<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>	
Convictions	15	45	60			11	40	51	-15.00%
Conviction Rate	11.90%	35.71%	47.62%			7.64%	27.78%	35.42%	
Within 1 Year	14	41	55			11	40	51	
Conviction Rate	11.11%	32.54%	43.65%			7.64%	27.78%	35.42%	
1-2 Year	1	4	5						
Conviction Rate	0.79%	3.17%	3.97%						
<b>Total Convictions</b>	<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>			<b>Drug/Alch</b>	<b>Non-Drug</b>	<b>Total</b>	
Convictions	36	87	123			17	60	77	-37.40%
Conviction Rate	7.30%	17.65%	24.95%			3.58%	12.63%	16.21%	
Within 1 Year	26	76	102			17	60	77	
Conviction Rate	5.27%	15.42%	20.69%			3.58%	12.63%	16.21%	
1-2 Year	10	11	21						
Conviction Rate	2.03%	2.23%	4.26%						

\*For 2016, Re-arrest data is only available between July 2015 and October 2016.



### Juvenile Drug Treatment Court Dockets

Juvenile drug treatment court dockets are a collaboration of the judicial system, treatment system and juvenile justice system. 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, similar in concept to the adult drug court docket model, incorporates probation supervision, drug testing, treatment, court appearances and behavioral sanctions and incentives. Such programs strive to address issues that are unique to the juvenile population, such as school attendance for the juvenile and parenting skills for the parents/guardians, as well as youth with children. The families of these juveniles play a very important role in the drug treatment court process. The nature of both the delinquent behavior 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 multigenerational 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 and domestic relations 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 treatment 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 treatment court dockets is proving to be a much more complex task than development of the adult drug treatment court dockets. For example, juvenile drug treatment 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 treatment court dockets 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, toxic inhalants and opiates, some of which there are no drug detection tests.

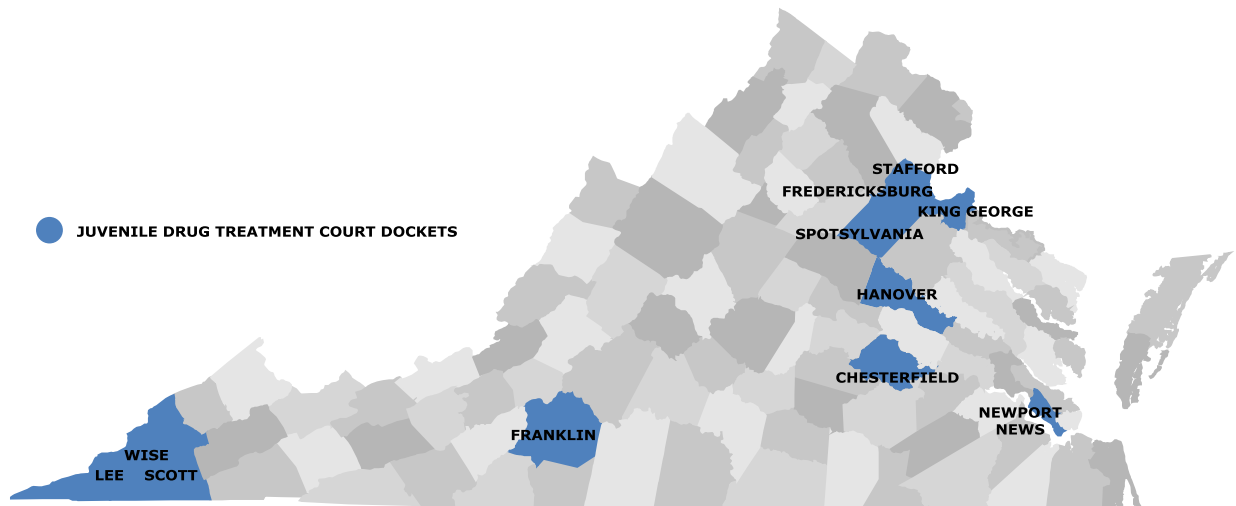
Research on juvenile drug treatment court dockets has lagged behind that of its adult counterparts. The field is beginning to identify the factors that distinguish effective from ineffective programs. Significant positive outcomes have been reported for juvenile drug treatment court dockets that adhere 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.

The following section reviews the basic operations and outcomes of Virginia's juvenile drug treatment court dockets in fiscal years 2015-16. Over the past two years there have been a decreasing number of participants statewide to the juvenile drug treatment court dockets. Juvenile court cases have likewise been decreasing. This will continue to be monitored. Information is provided in the report on program participants, including demographics, program entry offenses, program length and 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. Juvenile drug treatment court docket staff in local programs entered data on drug treatment court participants into the OES drug court database. Due to the small number of participants in each juvenile drug treatment court docket, these results should be considered with caution. In some cases there were too few cases to extract conclusions. This appears to be a national and state trend with fewer cases being referred to the juvenile courts. This will continue to be monitored.

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

As 2016 began, there were eight (8) juvenile drug treatment court dockets operating in Juvenile and Domestic Relations (J&DR) District 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 12-15 months.

**Figure 7: Map of Virginia’s Juvenile DTC Dockets**



Chesterfield/Colonial Heights  
 Franklin County  
 Hanover County  
 Newport News

Rappahannock Regional  
 Thirteenth District (Lee, Scott, and Wise Counties)

Currently there are seven operational juvenile drug courts in the Commonwealth. Rappahannock Regional Juvenile Drug Treatment Court began operation as the first juvenile drug treatment court docket in Virginia in November 1998. This court initially served the city of Fredericksburg and the counties of Spotsylvania and Stafford, and in 2011 added King George County. Richmond had a juvenile drug treatment court until 2016 and has transitioned into a Behavioral Health Docket.

The most common instant offenses committed by juvenile drug court participants that resulted in their referral to drug court are listed below:

- Probation Violation - J&DR Court
- Drugs: Possess Marijuana, 1st Off
- Order: Violation of J&DR Court Order
- Alcohol: Purch/Possess By Person <21Y
- Petit Larceny: <\$200 Not From A Person
- Grand Larceny: \$200+ Not From A Person
- Unauthorized Use: Animal/Vehicle/Etc,Lar
- Monument: Intentional Damage, Value <\$10



## Summary of Juvenile Drug Treatment Court Dockets Participant Activity

*Referrals:* There were 73 referrals to the juvenile drug treatment court dockets in the fiscal year 2016 compared to 56 in the fiscal year 2015. This indicates a 30% increase.

*New Admissions:* New admissions to the juvenile drug treatment court dockets increased slightly by 1 more participant; 48 in fiscal year 2016 compared to 47 in the fiscal year 2015.

*Active Participants:* The number of active participants (109) in the juvenile drug treatment court dockets in fiscal year 2016 decreased by 11% compared to (123) fiscal year 2015.

NOTE: Juvenile court cases are also decreasing. This will continue to be monitored. Referrals to juvenile drug court appear to have increased but admissions have not respectively.

*Graduation:* There were 74 graduates in the juvenile drug treatment court dockets for the fiscal year 2015 and 20 graduates in fiscal year 2016, nearly a 73% decrease in juvenile graduations. The 2016 graduation rate decreased by over 35% and the termination rate fell by almost 11%. The graduation rate for juvenile drug treatment court dockets in 2016 was nearly 47%, with nearly half of the juveniles graduating.

*Terminations:* Twenty-three (23) juveniles were terminated from the juvenile drug treatment court dockets in the fiscal year 2016, while 29 were terminated in the fiscal year 2015. While the reason for program termination in juvenile drug court dockets in 2016 was not specified in data entered for many of the cases as in prior years, participants were primarily terminated for unsatisfactory performance as well as a new criminal offense.

<b>Table 17: Summary of Juvenile Drug Treatment Court Docket Activity</b>			
	<b>2015</b>	<b>2016</b>	<b>%Change</b>
Referrals	56	73	30.36%
New Admissions	47	48	2.13%
Active Participants During year	123	109	-11.38%
Graduated	74	20	-72.97%
Graduated Rate	71.84%	46.51%	-35.26%
Terminated	29	23	-20.69%
Terminated Rate	23.58%	21.10%	-10.52%

<b>Table 18: 2016 Juvenile Participant Referrals and New Admissions</b>				
<b>Referred</b>	73			
<b>Admitted</b>	48			
<b>Admittance Rate</b>	65.75%			
<b>Demographic Characteristics</b>	<i>N</i>	%	<i>N</i>	Valid %
<b>Gender</b>				
Males	35		35	72.92%
Females	13		13	27.08%
No Data	0	0.00%		
<b>Total</b>	<b>48</b>	<b>100%</b>	<b>48</b>	<b>100.00%</b>
<b>Race</b>				
White	34		34	61.70%
Black	8		8	29.79%
Hispanic	4		4	8.51%
Other	2		2	0.00%
No Data	0	0.00%		
<b>Total</b>	<b>48</b>	<b>100.00%</b>	<b>48</b>	<b>100.00%</b>
<b>Age</b>				
Ages 15-16	8		8	17.02%
Ages 16-17	15		15	31.91%
Ages 17-18	13		13	37.67%
Ages 18-19	11		11	23.40%
Ages 19-20	0		0	0.00%
No Data	1	2.08%		
<b>Total</b>	<b>48</b>	<b>100%</b>	<b>47</b>	<b>100.00%</b>

<b>Marital Status</b>				
Single	41		41	100.00%
No Data	7	14.58%		
<b>Total</b>	<b>48</b>	<b>100.00%</b>	<b>41</b>	<b>100.00%</b>
<b>Education (Highest Level Attained)</b>				
Primary School	0		0	0.00%
Middle School	2		2	5.56%
9th grade	13		13	36.11%
10th grade	5		5	13.89%
11th grade	7		7	19.44%
12th grade	6		6	16.67%
High School Graduate	2		2	5.56%
GED	1		1	2.77%
No Data	12	25.00%		
<b>Total</b>	<b>48</b>	<b>100.00%</b>	<b>44</b>	<b>100.00%</b>

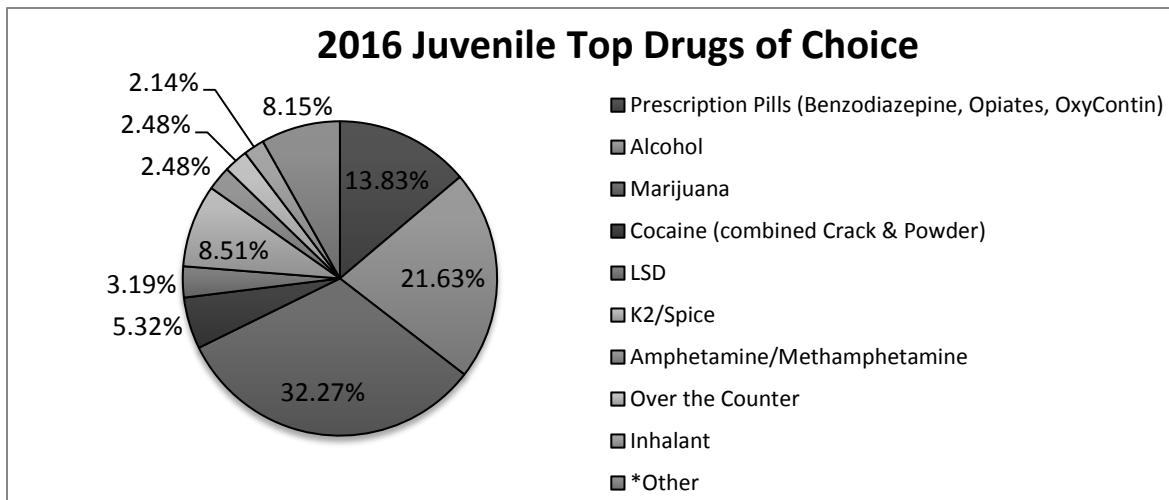
There is insufficient data among the juvenile drug court dockets to support any conclusions or program outcomes.

*Juvenile Drug Tests:* Juveniles tested positive for drugs 345 times in the fiscal year 2016, compared to 205 times in 2015.

Juveniles self-reported their drug of choice are as depicted in the chart below:

**Table 19: 2016 Juvenile Participants Drugs of Choice**

Total Participants	109		
Total Participants with Drug Choice Data Available	98		
Total Drugs Indicated	282		
Drug Type	# of Participants with Drug Choice Indicated	% Drug Selected	% of Available Participants (N=98)
Prescription Pills (Benzodiazepine, Opiates, OxyContin)	39	13.83%	39.80%
Alcohol	61	21.63%	62.24%
Marijuana	91	32.27%	92.86%
Cocaine ( <i>combined</i> Crack & Powder)	15	5.32%	15.31%
Amphetamine/Methamphetamine	7	2.48%	7.14%
Ecstasy	4	1.42%	4.08%
LSD	9	3.19%	9.18%
Methadone	0	0.00%	0.00%
Mushrooms	2	0.71%	2.04%
PCP	3	1.06%	3.06%
Over the Counter	7	2.48%	7.14%
Inhalant	6	2.14%	6.12%
K2/Spice	24	8.51%	24.49%
Bath Salts	0	0.00%	0.00%
Ketamine/ Special K	0	0.00%	0.00%
Barbiturate	3	1.06%	3.06%
*Other	11	3.90%	11.22%
<b>Total</b>	<b>282</b>	<b>100%</b>	



## Family Drug Treatment Court Dockets

Family drug treatment courts (FDTCs) serve parents or guardians in dependency proceedings facing allegations of child abuse or neglect caused or influenced by a moderate-to-severe substance use disorder. 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 court dockets 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 parent(s). In this way, the family drug treatment court team provides children with quick access to permanency and offers parent(s) a viable chance to achieve sobriety, provide a safe and nurturing home and hold their families together.<sup>8</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 potential of their children's return to their custody. Instead of probation officers providing supervision services as they do in adult drug treatment court programs, social services professionals provide case management and supervision and fill other roles in family drug treatment court programs.

Family drug treatment courts (FDTC) 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 treatment 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 interests 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 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

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<sup>8</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.

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 family drug treatment 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 capable. 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 permanency. The strict statutory time frame is generally unreasonable for addicted parents struggling to stabilize their sobriety. The collaborative efforts of the court, treatment providers and social services professionals in a family drug treatment court program provide the structure and oversight that gives recovering parents needed support. At the same time, drug court staff have the opportunity to closely monitor the progress of addicted parents and their children. Early reports of family drug treatment court programs' effectiveness indicate that participants are more likely to achieve family reunification when involved in court-monitored programs. When family reunification does not occur, drug treatment court professionals report that children may still be better served when their parents are involved in family drug treatment court programs. Drug treatment court staff report cases in which parents recognize early that their recoveries were very unlikely. Subsequently, they agreed that family reunification was not in the best interests of their children. The decreased time in temporary placement and expedited permanent placement was beneficial to the children. Family drug treatment courts are guided by 10 Key Principles for Permanency Planning for Children.<sup>9</sup>

Virginia created and adopted the Family Drug Treatment Court Standards. These standards reflect the existing common characteristics outlined in Family Dependency Treatment Courts:

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<sup>9</sup> <http://www.ncjfcj.org/images/stories/dept/ppcd/keyprinciples.final.pdf>

Addressing Child Abuse and Neglect Cases Using the Drug Court Model Monograph published by the Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, December 2004.<sup>10</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 2016, two family drug treatment court dockets operated in Charlottesville/Albemarle County and Goochland County. These family drug treatment court dockets operate in the juvenile and domestic relations district courts. With only these two dockets operating in the family model, there is insufficient data among the family drug treatment court dockets to support any conclusions or program outcomes.

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<sup>10</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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# *Appendix A*

## **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.

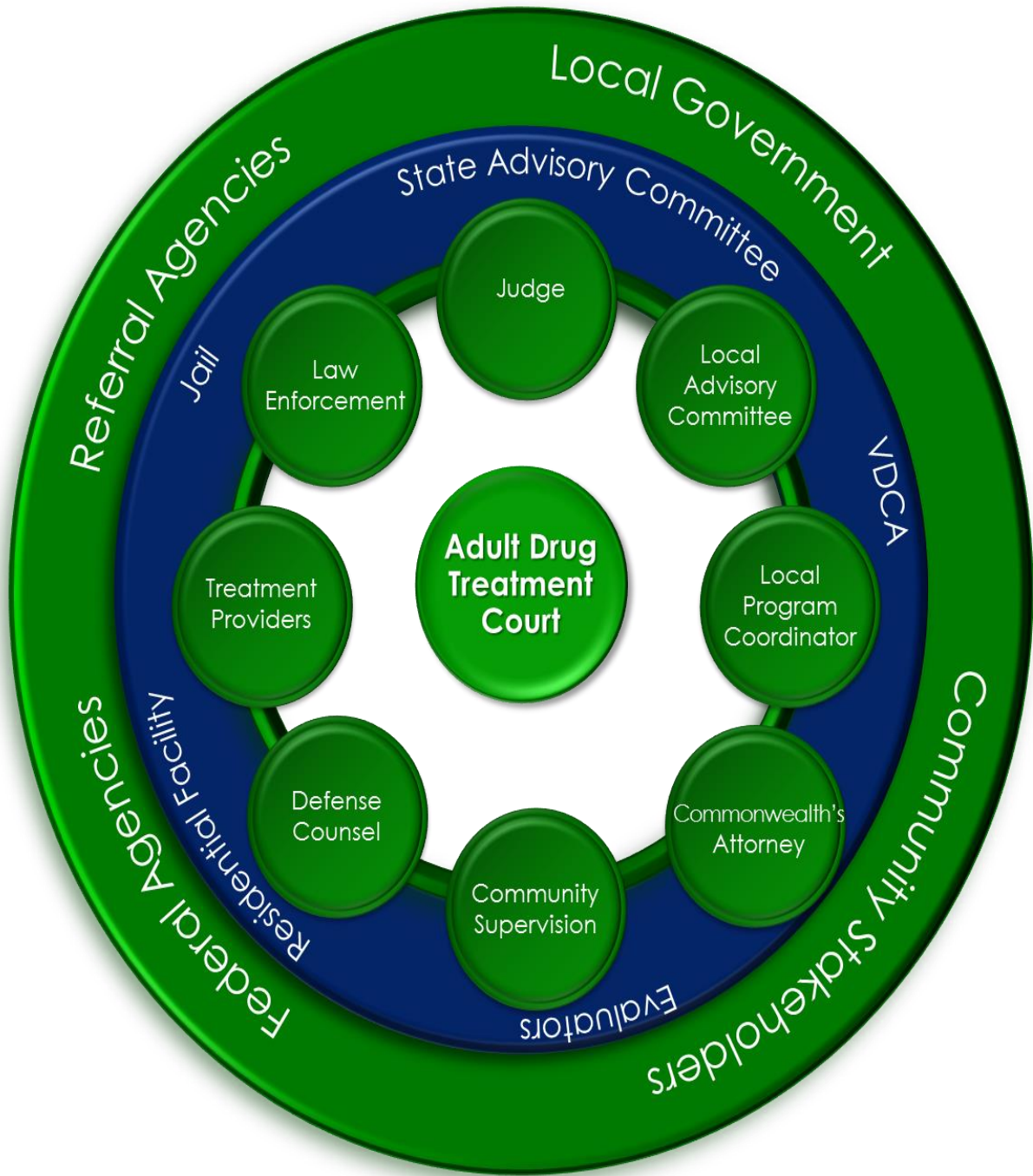
R. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the City of Bristol and the County of Tazewell, provided that the court is funded within existing state and local appropriations.

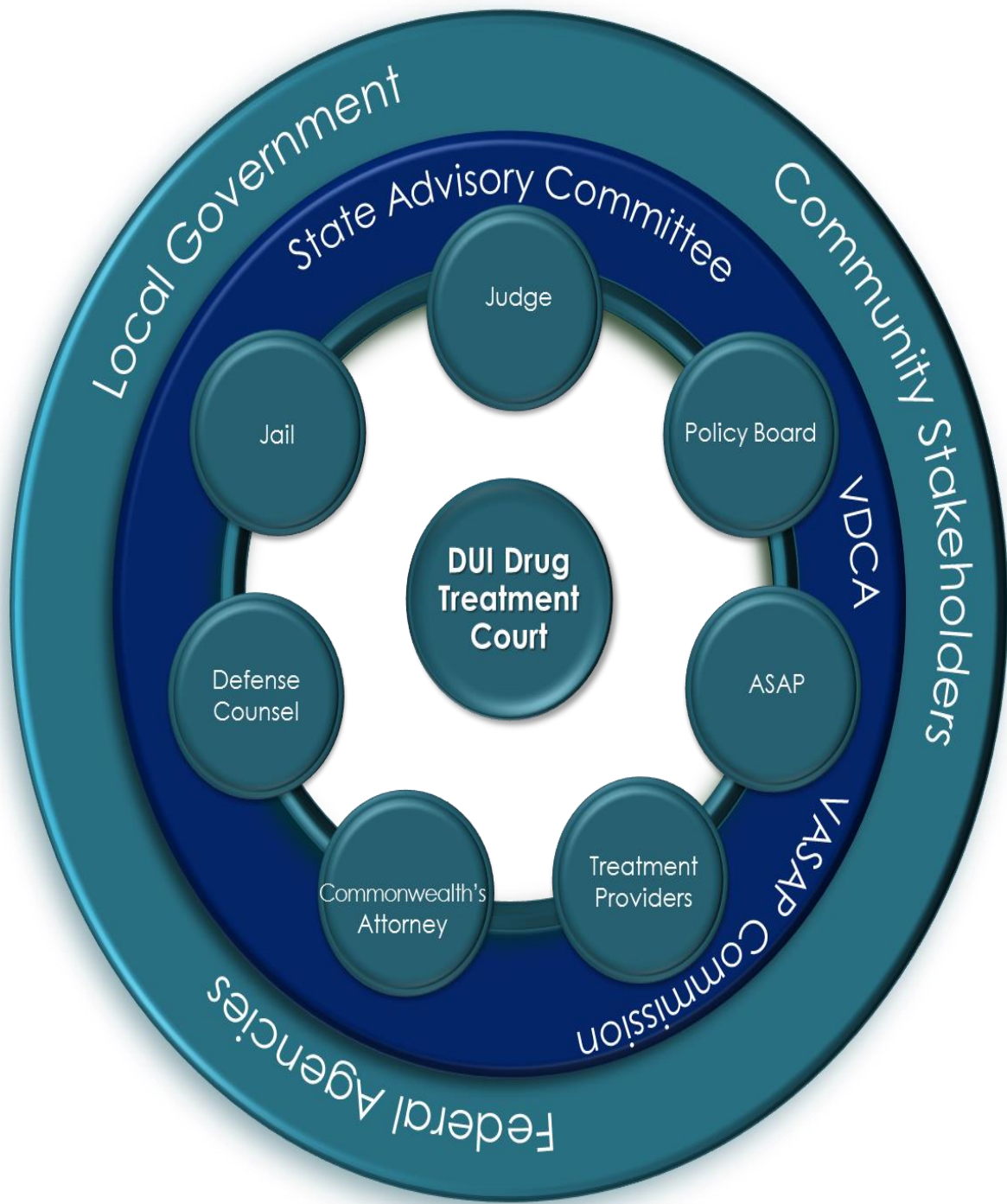
(2004, c. 1004; 2005, cc. 519, 602; 2006, cc. 175, 341; 2007, c. 133; 2009, cc. 205, 281, 294, 813, 840; 2010, c.258.)

## ***Appendix B***

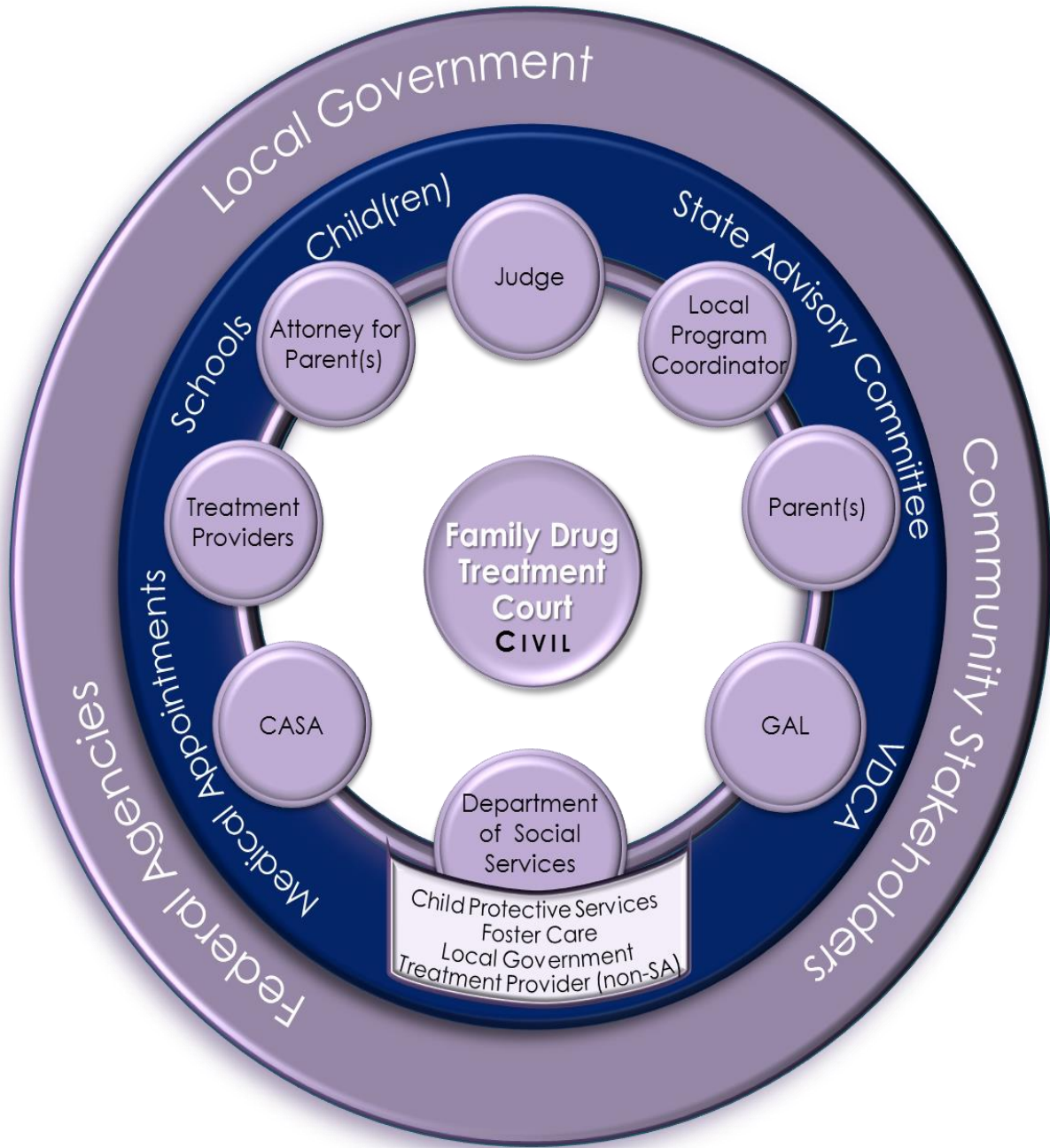
### **Diagrams of Virginia Drug Treatment Court Docket Stakeholders**











## *Appendix C*

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

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

**Chair:**

Honorable Donald W. Lemons, 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. Charles S. Sharp, Judge\*  
Stafford Circuit Court

Hon. Jack Hurley, Judge\*  
Tazewell Circuit Court

Susan Morrow, President\*  
Virginia Drug Court Association

Major Steve Thompson  
Prince William County Police Department  
Virginia Association of Chiefs of Police

Hon. John Weisenburger, Sheriff  
Virginia Sheriff's Association

Hon. Llezelle Dugger, Clerk  
Charlottesville Circuit Court

Anna Burton, SA Program Manager  
Department of Corrections

Hon. Louise DiMatteo, Judge  
Arlington Circuit Court

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

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

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

Fran Ecker, Director, Department of  
Criminal Justice Services

Maria Jankowski, Deputy Director  
Virginia Indigent Defense Commission

Greg Hopkins, Vice-President  
Virginia Drug Court Association

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

Cheryl Robinette, Coordinator  
Tazewell Adult Drug Court

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

Hon. Labravia Jenkins, Commonwealth's  
Attorney, Fredericksburg  
Commonwealth's Attorneys Association

Hon. Chadwick S. Dotson, Judge  
Wise Circuit Court

Hon. Barry Logsdon, Judge  
Newport News Juvenile & Domestic  
Relations Court

Deron Phipps, Policy & Planning Director  
Department of Juvenile Justice

Anne Kiser, Family Services Project  
Manager  
Virginia Department of Social Services

**Staff:**

Paul DeLosh, Director  
Judicial Services Department

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

Brittney Journigan, Database Analyst  
Judicial Services Department

Regina Glaser, Drug Court Analyst  
Judicial Services Department

**\*EXECUTIVE COMMITTEE**

*Appendix D*

**Virginia's Drug Treatment Court Dockets  
Approved to Operate**



## Virginia's Drug Treatment Court Dockets

### Adult Drug Treatment Court Dockets

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 (*Not started*)  
Danville Circuit Court

Dickenson County Drug Court  
Dickenson County Circuit Court

Floyd County Drug Court  
Floyd County Circuit Court

Giles County Drug Court  
Giles County Circuit Court

Halifax County Drug Court  
Halifax Circuit Court

Hampton Drug Court  
Hampton Circuit Court

Henrico County Drug Court  
Henrico Circuit Court

Newport News Drug Court  
Newport News Circuit Court

Northwest Regional Adult Drug Court  
Winchester Circuit Court

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

Norfolk Drug Court  
Norfolk Circuit Court

Portsmouth Drug Court  
Portsmouth Circuit Court

Pulaski County Drug Court  
Pulaski Circuit Court

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

Richmond Drug Court  
Richmond Circuit Court

Smyth Count Adult Drug Court (*Not started*)  
Smyth County 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

Virginia Beach Circuit Adult Drug Court  
Virginia Beach Circuit Court (*Not started*)

Washington County Drug Court  
Washington County Circuit Court

### **Juvenile Drug Treatment Court Dockets**

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

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

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

Goochland County Drug Court  
Goochland County J&DR District Court

### **DUI Drug Treatment Court Dockets**

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