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January 20, 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 assistance from the State Drug Treatment Court Advisory Committee, to develop a statewide evaluation model and to conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. Pursuant to the Act, a report of these evaluations shall be submitted to the General Assembly. Please find attached the current annual report.

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

With best wishes, I am,

Very truly yours,

A handwritten signature in black ink that reads "KRH".

Karl R. Hade

KRH:atp

Enclosure

Where Treatment and Accountability Meet Justice



DRUG TREATMENT COURTS

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

2015 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 2014 and 2015 data prepared for the 2016 General Assembly.

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Virginia Drug Treatment Court Dockets 2015 Annual Report Executive Summary

In fiscal year 2015, there were thirty-six (36) drug treatment court dockets approved to operate in Virginia. Approved programs include: twenty-four (24) adult, eight (8) juvenile, two (2) family and two (2) regional DUI Drug Treatment Court Dockets. Two adult drug treatment court docket programs (Danville & Halifax County) have not yet formally commenced their programs, and the Prince William County Juvenile Drug Treatment Court Docket closed June 30, 2015. Currently, thirty-three (33) drug treatment court dockets are operating throughout the Commonwealth. Additional applications requesting permission to establish drug treatment court dockets are being reviewed.

Drug treatment court dockets are growing 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.”¹

Since 2012, eleven (11) new drug treatment court dockets have been approved to operate. In 2014, the Pulaski County, and in 2015, the Halifax County Adult Drug Treatment Court dockets were approved by the Drug Treatment Court Advisory Committee. As part of their application, state funds were not requested and existing resources were utilized.

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

¹ Chapter 3 - 2014 Special Session Virginia Acts of Assembly - Item 37.H.1. (page 23)

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 2015. 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 eight programs during fiscal year 2015. As a result, basic data will be included for this model. Only two family drug treatment court dockets accepted participants during fiscal year 2015. 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, 2014 and completed (successfully or unsuccessfully) a drug treatment court docket program on or before June 30, 2015. 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 two years, such as the implementation 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 simple but compelling tool for sentencing and dispositions. It is a highly secure web-based decision support tool designed with criminal justice professionals in mind. It was derived from empirical evidence showing improved outcomes in community correctional settings. 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 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 need candidates for acceptance.

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

- The problem of drugs and crime is much too broad for any single agency to tackle alone
- Drug treatment court dockets rely upon the daily communication and cooperation of judges, court personnel, probation, treatment providers, and providers of other social services
- 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
- Most important, graduating participants gain the necessary tools to rebuild their lives

Quwanisha H. had a juvenile record for multiple drug and alcohol crimes. Her life began going downhill. She drank a six pack of beer every day and more on the weekends. She became a part of the juvenile drug treatment court docket program which changed her life. She started working two jobs to make ends meet and earned a degree at Old Dominion University. According to an article written in the Daily Press, Quwanisha said, "I felt like I always had it in me to do well. I just needed a push." The drug treatment court docket judge said, "I knew she'd be a leader, either as a respectable professional or gang leader. I'm very proud to see her succeed." Quwanisha went on to graduate law school and is now employed with the Annie B. Casey Foundation.

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 minimum standards for program operations. The Committee also evaluates all proposals requesting to establish new drug treatment court docket programs 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.²

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

² [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)

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 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:

When Brandy first entered our program, her future did not look promising. She came from an extensive drug abuse background and was in and out of the correctional system most of her adult life. She had been using Opiates for the past 17 years, specifically daily IV Heroin for the past 5 years. At one point, the IV use caused an infection in her bloodstream that led to severe permanent damage in her arm and lifelong heart problems. Brandy faced horrific abuse as a child, which unfortunately led her into abusive relationships as she got older. Brandy thought her life would never get better, but that changed when she entered drug treatment court. She had a rocky start and was not well liked by her peers. Brandy worked hard, focused on her recovery and we are very pleased to report that she is now one of our star participants. Brandy has completely changed her life; she went from living in a homeless shelter with no job, to living on her own, working as a manager of a McDonalds. She has gained the respect of her peers and has truly become a productive member of our society and a remarkable member of the community. She recently helped plan and organize the Hope Over Heroin event that took place in September. We are all extremely proud of her accomplishments and have no doubt she will continue her road of recovery after she graduates our program in November.

- 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 $\pm 5\%$*)

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 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 programs establish Memoranda of Agreement (MOA) with their local CSB for needed treatment services with agreed upon financial and/or clinical personnel arrangements. The remaining docket programs operate without state funds. Seventeen (17) draw upon local funds and in-kind services, augmented in a few situations by federal grant funds

and other resources. Two adult drug treatment court docket programs 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 30-month Statewide Adult Drug Treatment Court Discretionary grant award from the Bureau of Justice Assistance for \$1.5 million. The purpose of the Adult Drug Court Discretionary Grant Program (42 U.S.C. 3797u et seq.) is to provide financial and technical assistance to states, state courts, local courts, units of local government and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders. The grant received was originally set to expire September 30, 2015. A no-cost extension was granted extending the grant to September 30, 2016.

Virginia utilizes 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. (Note: A progress report of this study is included in Appendix E.)

Fiscal Year 2014-15 Summary Measures

The following provides a snapshot of the 2015 program summary compared to 2014.

- Increased number of active participants¹
- Increased number of graduates² while terminations³ decreased
- Increased cost-savings of \$307,744 compared to traditional case processing
- Adult drug treatment court docket programs are serving the high risk/high need target population
- 83% of adult participants accepted score high risk/high need on the RANT
- Fewer number of participants terminated or revoked
- Fewer adult participants re-arrested/reconvicted
- Increased number of referrals⁴ to drug treatment court dockets, while juveniles decreased
- Increased number of participant admissions⁵, while juveniles decreased

Virginia Drug Courts save \$19,234 per person as compared to traditional case processing. In FY14 1,114 participants were served, with 1,130 participants were served in FY2015. (\$21,426,676 to \$21,734,420, respectively).

- 1.) *Active Participants:* In 2015, there were 2,405 active participants in the adult, juvenile and DUI drug treatment court dockets, which was a slight increase from 2014.
- 2.) *Graduates:* The number of individuals who successfully completed adult, juvenile or DUI drug treatment court docket programs in 2015 totaled 584 for an overall graduation rate of 58%. This is greater than a 25% increase over the 2014 overall graduation rate. The graduation rate for the DUI drug treatment court dockets was 74%.
- 3.) *Terminations:* There were 428 persons terminated from an adult, juvenile or DUI drug treatment court dockets during 2015 fiscal year, resulting in an overall termination rate of 42.21%. A 25.8% participant revocation rate was reported in DUI drug treatment court dockets. Overall terminations have decreased compared to 2014 rates. Note: Terminations and revoked cases constitute unsuccessful program completion.
- 4.) *Referrals:* There were 1,564 referrals to adult, juvenile and DUI drug treatment court dockets in 2015. This was a 6% increase from 2014. Adult drug treatment court docket referrals increased by nearly 21%, while DUI and juvenile drug court dockets received fewer referrals.
- 5.) *New Admissions:* New admissions totaled 1022 to adult, juvenile and DUI drug treatment court dockets in fiscal year 2015 and 999 in 2014. There was a slight increase in overall new admissions with adult participants increasing by almost 11%, DUI decreasing by 2%, while juvenile participants decreased by over 24% in fiscal year 2015. (Note: Juvenile court cases are lower statewide, as well as nationally, and this trend will continue to be monitored.)

Table 1: 2014 & 2015 Adult, Juvenile, & DUI Drug Court Dockets Activity

	Adult DTC			Juvenile DTC			DUI DTC			Totals		
	2014	2015	%change	2014	2015	%change	2014	2015	%change	2014	2015	%change
Referrals	836	1009	20.69%	83	55	-33.7	549	500	-8.93%	1468	1564	6.53%
*Row%	59.95	64.51	7.6%	5.65	3.52	-37.70%	37.40	31.97	-5.43%	100%	100%	
New Admissions	445	492	10.56%	62	47	-24.2%	492	483	-1.83	999	1022	2.30%
Row %	44.54	48.14	8.1%	6.21	4.60	-25.93%	49.25	47.26	-4.04%	100%	100%	
Active Participants During Year	1114	1130	1.44%	146	140	-4.1%	1145	1174	2.53%	2405	2445	1.66%
*Row %	46.32	46.22		6.1%	5.73		47.61	48.06		100%	100%	
Graduated	179	190	6.15%	21	29	38.1%	336	365	8.63%	536	584	8.95%
*Row %	33.40	32.53		3.92	4.97		62.69	62.50		100%	100%	
Graduation Rate	29.39%	40.95%	39.33%	28.0%	51.8%	85%	70.29%	74.19%	5.55%	46.13%	57.71%	25.10%
Terminated	430	274	-36.28%	54	27	-50.0%	142	127	-10.56	626	428	-
*Row %	68.69	64.02		8.63	6.31		22.68	29.67		100%	100%	
Termination Rate	70.61%	59.05%	-16.37%	72%	48.2%	33.05%	29.71%	25.81%	13.13%	53.87%	42.29%	-21.50
Re-arrested	214	64					124	59		338	123	
*Row %	63.31	52.03					36.69	47.97		100%	100%	
Re-arrest Rate	35.14%	13.79%					25.94%	11.99%		31.09%	12.87%	
Re-conviction	249	52					123	52		372	104	
*Row%	66.94	50%					33.06	50%		100%	100%	
Re-convic Rate	40.87%	11.21%					25.73%	10.57%			10.88%	
Mean Length of	Days						Days			Days		
Graduates	649	653	0.62%				550	506	-8.01%	599	579	-3.34%
Non-Graduates	396	370	-6.57%				470	495	5.29%	433	433	0%
Median Length of												
Graduates	548	577	5.29%				360	348	-3.47%	454	463	1.87%
Non-Graduates	308	271	-12.01%				352	376	6.81%	330	324	-1.82%

Re-arrests: In 2015, the re-arrest rate was 6.9% for adult and 12 % for DUI drug treatment court dockets. This represents a decrease from 2014 figures. Note: Caution is recommended when comparing re-arrest rates with recidivism. Not all arrests result in conviction and not all arrests and convictions result in re-incarceration. Re-arrest was calculated by the first offense post program departure for all participants. The misdemeanor arrests were separated from the felony arrests in subsequent chapters because most misdemeanor arrests do not result in jail time.

In 2015, the overall re-arrest rate for those departing adult & DUI drug treatment court dockets was 9.52% with 9.55% for graduates compared to 17.46% for those terminated. Nineteen percent (19%) of the graduates re-arrested were charged with misdemeanor offenses while only 5.1% were arrested for felony offenses. Nearly 35% of the terminated participants were arrested for misdemeanor offenses while 21.5% were re-arrested for felony offenses. In 2015 nearly 75% fewer graduates were re-arrested compared to 30% fewer terminated participants rearrested. Of the nearly 25% re-arrested in 2015, 15.7% were charged with misdemeanor offenses, while 9.2% were charged with felony offenses. Overall, combining those who departed drug court in 2015, nearly 44% fewer adult participants were re-arrested compared to 2014.

The 2015 re-arrest rates for DUI docket graduates was 9% compared to 21% for those revoked. Among the graduates, nearly 6% were arrested for misdemeanor offenses, while 3% were arrested for felony offenses. Over 14% of the revoked participants were arrested for misdemeanor offenses, while 7% were arrested for felony offenses. The re-arrest rate for all DUI docket departures in 2015 was nearly 12%, which is 52% lower than 2014. Among all departures, 8% were arrested for misdemeanor offenses, while 4% were arrested for felony offenses. Overall the re-arrest rate is higher for terminated participants than graduates.

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.

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 2015. Information provided include details of program participants including demographics, program entry offenses, program length, graduation or termination and re-arrest post program completion. 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 docket programs. 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. 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, 2014, and either graduated or were terminated from a

program between July 1, 2014 and June 30, 2015. Statistical information is also provided for participants who remain active.

Drug Treatment Court Dockets Approved to Operate

In fiscal year 2015, there were thirty-six (36) drug treatment court dockets approved to operate in Virginia. Approved programs include: twenty-four (24) adult, eight (8) juvenile, two (2) family and two (2) regional DUI drug treatment court dockets. Two adult drug treatment court docket programs (Danville & Halifax County) have not yet formally commenced their programs, and the Prince William County Juvenile Drug Treatment Court Docket closed June 30, 2015. Currently, thirty-three (33) drug treatment court dockets are operating throughout the Commonwealth. Additional applications requesting permission to establish drug treatment court dockets are being reviewed.

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 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 docket programs were approved to operate for Pulaski County in April 2014 and Halifax County in April 2015. 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).

Adult Drug Treatment Courts

Arlington County	Pulaski County	N=22
Bristol	Rappahannock Regional	
Buchanan County	Richmond City	
Charlottesville/Albemarle	Roanoke City/Salem City/Roanoke County	
Chesapeake	Russell County	
Chesterfield/Colonial Heights	Staunton	
Dickenson County	Tazewell County	
Hampton	Thirtieth Circuit (Lee, Scott & Wise Counties)	
Henrico County	Washington County	
Hopewell/Prince George County		
Newport News	Danville	N = 2, Non-operational
Norfolk	Halifax	
Portsmouth		

Juvenile Drug Treatment Courts **N=8**

Chesterfield/Colonial Heights	Prince William County (closed 6/30/15)
Franklin County	Rappahannock Regional
Hanover County	Richmond City
Newport News	Thirtieth District (Lee, Scott, and Wise Counties)

DUI Drug Treatment Court

Fredericksburg Area	Waynesboro Area	N=2
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Family Drug Treatment Courts

Charlottesville/Albemarle County	Goochland County	N=2
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The Drug Treatment Court Advisory Committee includes the following standing committees:

- Executive Committee serves as the overseer of committee activities and meets monthly to manage the affairs and further the purposes of the Drug Treatment Court Advisory Committee and Virginia's Drug Treatment Court Dockets.
- Operations Committee has the responsibility for developing operating standards applicable to all of Virginia's drug treatment court models. This committee also reviews all applications requesting permission to establish new drug treatment court dockets. In addition, this committee focuses on the training duties set forth in Va. Code §18.2-254.1 (E) (iii) and (iv).
- Planning and Development Committee focuses on the need to obtain permanent or dedicated funding for Virginia's drug treatment court dockets. This committee also works closely with the Judicial Services Department, 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 the Drug Treatment Court Advisory Committee spring 2016.

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 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

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 community. The goal was to formulate a plan to address the long-term funding of drug treatment courts 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 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 requirement.

The level of general funds appropriated for drug treatment court docket programs has remained flat over the past years. 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 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 programs establish Memoranda of Agreement (MOAs) with their local CSB for needed treatment services with agreed upon financial and/or clinical personnel arrangements. The remaining docket programs operate without state funds. Seventeen (17) draw upon local funds and in-kind services, augmented in a few situations by federal grant funds and other resources. Two adult drug treatment court docket programs 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.

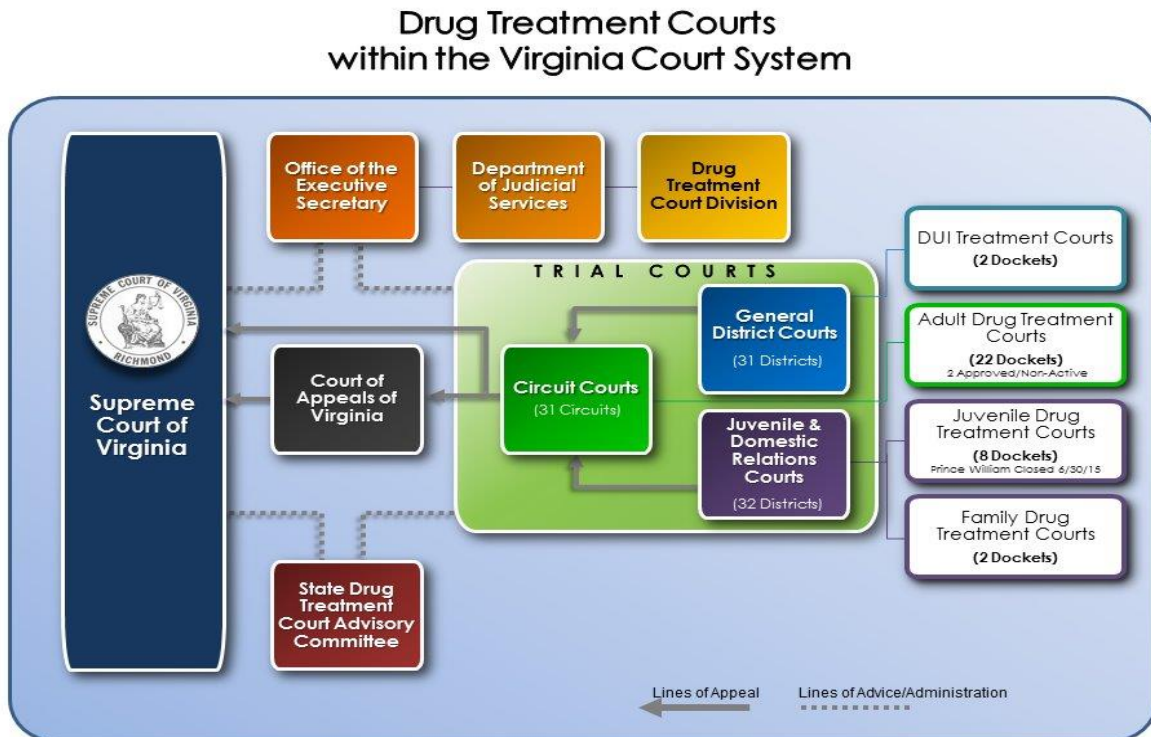
In October 2012, the OES received a 30-month Statewide Adult Drug Treatment Court Discretionary grant award from the Bureau of Justice Assistance for \$1.5 million. The purpose of the Adult Drug Court Discretionary Grant Program (42 U.S.C. 3797u et seq.) is to provide financial and technical assistance to states, state courts, local courts, units of local government and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders. The grant received was originally set to expire September 30, 2015. A no-cost extension was granted extending the grant to September 30, 2016.

Virginia utilizes 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. (Note: A progress report of this study is included in Appendix E.)

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 program location upon request. The drug court database is mandated for use by all operational drug treatment court docket programs. The information in the drug court database was used to generate the statistics contained in this report for the adult, 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 2015 training was held in Norfolk with the theme *Virginia Drug Courts: The Life-Saving Key to Recovery*. For the first time a judge's only session was scheduled to allow for further discussion on the topic of Medication Assisted Treatment (MAT). This session was led by Dr. Ken Robinson, President, Correctional Counseling, Inc. Other presentations included: Improving Outcomes in Drug Court Using MRT by Dr. Ken Robinson, DUI Mentor Courts Implementing, Sustaining and Managing a DUI Drug Court by Judge Peggy Davis, Marketing the Drug Court Image by Lt. Col. James Vance, USMC, Retired, Best Practices for Problem Situations/Cases by a Virginia Drug Court Dockets Expert Panel, Virginia Prescription Management Program by Ms. Carolyn McKann, Deputy Director, Prescription Monitoring

Program (PMP), Medication Assisted Treatment (MAT) docket by Judge M. Keithley Williams, Sustaining Abstinence From Ethanol (S.A.F.E.) by Judge Roxie Holder and Demian Futterman about establishing a pilot program similar to the 24/7 sobriety programs in South Dakota, Hidden Issues of a Typical Woman in Drug Court by Judge Glade Roper, Drug Testing Science and the Law by Jason Herzog as well as others. Conference attendees were shuttled to the Norfolk Circuit Court to observe the Norfolk Adult Drug Treatment Court Docket pre-court staffing meeting and docket conduct their status hearing.

A portion of these grant funds was also made available for attendance at the National Association of Drug Court Professionals (NADCP) Conference and at our annual in-state training for the past nine years.

The National Highway Traffic Safety Administration (NHTSA), Office of Safety Programs, Enforcement and Justice Services Division awarded a training scholarship to the Portsmouth DUI Drug Treatment Court Docket planning team in 2014 to attend a three and one-half days training in El Paso, Texas and the Rockingham/ Harrisonburg DUI Drug Treatment Court Docket planning team to attend the 2015 DWI (Driving While Impaired) Court Training in Athens, Georgia. 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.

**Figure 3: Approved Virginia Drug Treatment Court Dockets
2015**

Locality	Court	Court Type	Operational Date
Roanoke City, Salem City Roanoke County	Circuit	Adult felony (1)	September 1995
Charlottesville/Albemarle County	Circuit	Adult felony (2)	July 1997
Richmond City	Circuit	Adult felony (3)	March 1998
Rappahannock Regional Programs: Fredericksburg, King George County Spotsylvania County, Stafford County	Circuit, J&DR	Adult felony (4) Juvenile (5)	October 1998 October 1998
Norfolk	Circuit	Adult felony (6)	November 1998
Newport News	Circuit	Adult felony (7)	November 1998
Fredericksburg Area Programs: Fredericksburg, Spotsylvania County & Stafford County King George County	Gen. District	DUI (8)	May 1999 October 2011
Richmond City	J&DR,	Juvenile (9)	July 1999
Chesterfield County Colonial Heights	Circuit	Adult felony (10)	September 2000
Portsmouth	Circuit	Adult felony (11)	January 2001
Alexandria	J&DR	Family	September 2001 CLOSED 2-14-12
Newport News	J&DR	Juvenile (12)	March 2002
Charlottesville Albemarle County	J&DR	Family (13)	July 2002
Staunton	Circuit	Adult felony (14)	July 2002
Hopewell, Prince George County & Surry County	Circuit	Adult felony (15)	September 2002
Lee/Scott/Wise Counties	J&DR	Juvenile (16)	September 2002
Chesterfield County/Colonial Heights	J&DR	Juvenile (17)	January 2003
Henrico County	Circuit	Adult felony (18)	January 2003
Hampton	Circuit	Adult felony (19)	February 2003
Hanover County	J&DR	Juvenile (20)	May 2003
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 (21)	May 2004 CLOSED 6-30-15
Loudoun County	Circuit	Adult felony	May 2004 CLOSED 6-2012
Chesapeake	Circuit	Adult felony (22)	August 2005
Newport News	J&DR	Family (23)	July 2006 CLOSED
Tazewell County	Circuit	Adult felony (24)	March 2009
Franklin County	J&DR	Juvenile (25)	July 2009
Bristol	Circuit	Adult felony (26)	March 2010
Waynesboro Area: Augusta County Staunton & Waynesboro	Gen. District	DUI (27)	2002 Approved May 2010
Buchanan County	Circuit	Adult felony (28)	July 2012
Dickenson County	Circuit	Adult felony(29)	July 2012
Russell County	Circuit	Adult felony(30)	July 2012
30 th Judicial Circuit (Lee, Scott & Wise Counties)	Circuit	Adult felony(31)	July 2012
Washington County	Circuit	Adult felony (32)	July 2012
Montgomery County	J&DR	Family (33)	July 2012 CLOSED
Goochland County	J&DR	Family (34)	July 2012
Danville	Circuit	Adult felony (35)	July 2012 Not operating
Arlington County	Circuit	Adult felony (36)	October 2012
Pulaski County	Circuit	Adult felony (37)	October 2014
Halifax County	Circuit	Adult felony (38)	April 2015 Not operating

“Hello, my name is Penny C. Drug court saved my life! My addiction began in 2004 when I had two surgeries and was prescribed pain medication. My addiction continued after my surgery and got worse and worse until I was sentenced to jail in 2006. For six months I was away from my four children and parents. Once I was released from jail I was clean for about one year then I had to have an additional surgery and ended up where I was before, addicted due to the prescriptions for pain medication. To make matters worse, my sister was considered missing and thought to be dead in March 2007, and as a result of my life situation, my addiction continued to get worse. I dealt with the death of my sister and other life happenings by getting high every day. I realized I was on a downward spiral and sought help for my addiction by going to a Suboxone Clinic in September 2007. As it turned out, the clinic did not help my addiction. I continued to use.

In 2011, I was sentenced to jail for additional charges and remained there until February 2012. Once again I hurt my children and my parents. My actions and my addiction put my children and family through a lot of hardships. My parents had to care for my children and assume my responsibilities as a parent. At the time, I didn't think of anything except my addiction. Once I was released from jail, I remained clean for about six months. I was still seeking help and didn't know where to turn. I went back to the Suboxone Clinic for help. Returning to the clinic did not make my addiction any better.

My legal problems continued when I ended up with a violation of probation charge in August of 2013. I told my lawyer I really needed help. I asked if I could be considered for drug court. Thank God, the Judge and the team accepted me in drug court. Drug court changed my life.

Drug court has a lot of conditions that the participant must complete, that if completed, is very effective and beneficial for the addict. When I was accepted in the program, I quickly realized I needed to be willing to help myself and concentrate on what means the most in life, my sobriety. I had to examine my own life and recognize what was most important. I never had a positive drug screen while I was in the program. As a participant in drug court, you must be honest, regardless of the consequences. In the long run, you will be better off telling the truth instead of lying or not telling all the truth.

Again, I want to thank the Judge and the team for giving me a chance in drug court to change my life, allowing me to see the importance of getting sober and remaining sober. I also want to thank my mother for helping me so much and keeping me on the right track up until the day she passed away. I told her I would do right and graduate and I did. Thanks, Mom. This program is amazing and can change your life! I graduated from drug court April 28, 2015 a new person!”

Summary of Drug Treatment Court Docket Activity

Referrals: In 2015, there were 1,564 referrals to Virginia's adult, juvenile and DUI drug treatment court docket programs. Referrals include all sources through which participants are recommended to participate in a program. Of these 1,564 referrals, 1,009 (64.5%) were referred to an adult drug treatment court docket, 55 (3.5%) were referred to a juvenile drug treatment court docket and 500 (32%) were referred to a DUI drug treatment court docket. The referrals to adult drug treatment court dockets increased by nearly 21% from 2014 to 2015 and during the same time period, referrals to juvenile drug treatment court dockets decreased by nearly 34%. Referrals to DUI drug treatment court dockets decreased slightly, by nearly 9% between 2015 and 2014. Note: Cases referred to juvenile court are also decreasing. This will continue to be monitored.

Admissions: Those referred to a drug treatment court docket are not all accepted or admitted. In 2015, only 492 (or 49%) of those referred to an adult docket program were admitted. For juvenile drug treatment court dockets, 47 (85%) were admitted and 483 (97%) were admitted to

DUI drug treatment court dockets. A total of 1,022 new admissions were accepted in Virginia's drug treatment court dockets in 2015. This is only a slight increase (2%) than 999 admitted in 2014.

Participants: The number of active participants in local drug treatment court dockets (excluding the family drug treatment court dockets) during 2015 totaled 2,445. Among these were 1,130 participants in adult drug treatment court dockets, 140 in juvenile drug treatment court dockets and 1,174 in DUI drug treatment court dockets. Comparing the participant numbers to the prior year, in 2014 the number of juvenile participants is 4% lower in 2015, while adult and DUI docket participants have each increased slightly. (See Table 2)

In 2014 and 2015, 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 2015. Overall, drug courts saw 68% White participants, 29% Black participants and nearly 2% Hispanic participants. All other races accounted for less than 1% each. DUI drug treatment court dockets served 72% White and 23% Black participants. Adult court dockets served 64% White and 35% Black participants. The adult drug treatment court docket saw 0.5% Hispanic participants while the DUI dockets saw 3.3% respectively.

Gender: In 2015, Virginia's drug court treatment dockets saw nearly two male participants (68.5%) to every female participant (31.5%). The majority of participants were male in each adult and DUI drug treatment court docket (60% and 77%, respectively).

Age: The largest age-range group of participants with a combined percentage of nearly 64%, in Virginia drug treatment court dockets in 2015 was 20 to 39. The highest number of adult drug treatment court dockets participants was 30-39 and DUI drug treatment court dockets was 20-29 with nearly 34% and 33% of participants respectively. Over 21% of participants in DUI drug treatment court dockets were over 50 years old.

Marital Status: In 2015, the adult drug treatment court dockets served participants reported as 67% single, 13% married and 10% divorced. The DUI drug treatment court dockets served 57% single, 21% married and 12.5% divorced participants.

Education: In 2015, at the time of admission, nearly one in every four adult drug treatment court docket program participants (24%) reported they graduated from high school. Nearly one in five adult participants (19%) had some college and 18% achieved a GED certificate. The education level for DUI drug treatment court docket participants was not available for this report.

Table 2: 2015 Adult & DUI Dockets Active Participants

	Adult				DUI				Totals			
Active Participants During Year	1,130				1,174				2,304			
Demographic Characteristics of Participants	N	%	N	Valid %	N	%	N	Valid %	N	%	N	Valid %
Gender												
Males	675		675	59.73%	903		903	76.92%	1578		1578	68.49%
Females	455		455	40.27%	271		271	23.08%	726		726	31.51%
No Data	0	0.00%			0	0.00%			0	0.00%		
Total	1130	100%	1130	100%	1174	100%	1174	100%	2304	100%	2304	100%
Race												
White	721		721	63.81%	850		850	72.46%	1571		1571	68.22%
Black	396		396	35.04%	274		274	23.36%	670		670	29.09%
Hispanic	6		6	0.53%	39		39	3.32%	45		45	1.96%
Asian	3		3	0.27%	7		7	0.60%	10		10	0.43%
Other	4		4	0.35%	3		3	0.26%	7		7	0.30%
No Data	0	0.00%			1	0.09%			1	0.04%		
Total	1130	100%	1130	100%	1174	100%	1173	100%	2304	100%	2303	100%
Age												
Ages 20-29	359		359	31.85%	379		379	32.76%	738		738	32.31%
Ages 30-39	380		380	33.72%	339		339	29.30%	719		719	31.48%
Ages 40-49	226		226	20.05%	195		195	16.86%	421		421	18.43%
Ages 50-59	146		146	12.95%	192		192	16.59%	338		338	14.80%
Ages 60-69	16		16	1.43%	52		52	4.49%	68		68	2.98%
No Data	3	0.27%			17	1.45%			20	0.87%		
Total	1130	100%	1127	100%	1174	100%	1157	100%	2304	100%	2284	100%

	Adult				DUI				Totals			
Marital Status												
Single	713		713	67.26%	666		666	57.36%	1379		1379	62.09%
Separated	76		76	7.17%	90		90	7.76%	166		166	7.47%
Divorced	106		106	10.00%	145		145	12.49%	251		251	11.30%
Married	134		134	12.64%	240		240	20.67%	374		374	16.84%
Cohabiting	20		20	1.89%	0		0	0.00%	20		20	0.90%
Widowed	11		11	1.04%	20		20	1.72%	31		31	1.40%
Other	0		0	0.00%	0		0	0.00%	0		0	0.00%
No Data	70	6.19%			13	1.11%			83	3.60%		
Total	1130	100%	1060	100%	1174	100%	1161	100%	2304	100%	2221	100%
Education (Highest Level Attained)												
Primary School	3		3	0.30%	Unavailable				3		3	0.30%
Middle School	19		19	1.81%		19		19	1.81%			
9th grade	39		39	3.72%		39		39	3.72%			
10th grade	72		72	6.89%		72		72	6.89%			
11th grade	82		82	7.83%		82		82	7.83%			
12th grade	127		127	12.13%		127		127	12.13%			
High School Graduate	253		253	24.16%		253		253	24.16%			
GED	193		193	18.43%		193		193	18.43%			
Vocational Training	18		18	1.72%		18		18	1.72%			
Some College	200		200	19.10%		200		200	19.10%			
Associate's Degree	16		16	1.53%		16		16	1.53%			
Bachelor's Degree	17		17	1.62%		17		17	1.62%			
Post-Bachelor's education	8		8	0.76%		8		8	0.76%			
No Data	83	7.35%				83	7.35%					
Total	1130	100%	1047	100%	0	0.00%	0	0.00%	1130	100%	1047	100%

Drug Screenings: In 2015, adult and DUI drug treatment court dockets administered over 68,000 drug screenings with an average of 34.7 screenings per participant for the year. Nearly 3% resulted in positive drug results for adult participants, while less than .75% resulted in a positive result for the DUI participants. There were significantly fewer tests administered to the DUI participants. The adult drug treatment court dockets administered over 63,000 drug screenings with an average of over 63 screenings per participant for the year. Adult programs had results of 2.8% positive drug results and the DUI drug treatment court dockets administered over 5,000 drug screenings with an average of 6 per participant and slightly more than 12% resulting in positive drug results.

FY2014 drug tests results are listed below for comparison.

Table 3: 2015 Adult & DUI Drug Screenings								
2015	Adult				DUI			
Participants	1,130				1,174			
	<i>N</i>	%	<i>N</i>	Valid %	<i>N</i>	%	<i>N</i>	Valid %
Negative	504		504	48.98%	539		539	63.94%
Positive	525		525	51.02%	304		304	36.06%
No Data	101	8.94%			331	28.19%		
Total	1130	100.0%	1029	100.0%	1,174	100.0%	843	100.0%
Drug Screenings	63,095				5,144			
	<i>N</i>		%		<i>N</i>		%	
Negative	60,217		95.44%		4,520		87.87%	
Positive	2,878		4.56%		624		12.13%	
Total	63,095		100.0%		5,144		100.0%	
Screenings Per Participant	63.34				6.1			
Positive Screenings Per Participant	2.8				.74			

2014	Adult				DUI			
	1,114				1,145			
Participants	N	%	N	Valid %	N	%	N	Valid %
Negative	571		571	55.49%	517		517	63.82%
Positive	458		458	44.51%	293		293	36.18%
No Data	85	7.6%			335	29.26%		
Total	1,114	100.0%	1029	100.0%	1,145	100.0%	810	100.0%
Drug Screenings	59,873				5,102			
	N			%	N			%
Negative	57,642			96.27%	4,490			88%
Positive	2,231			3.73%	612			12%
Total	59,873			100.0%	5,102			100.0%
Screenings Per Participant	58.19				6.3			
Positive Screenings Per Participant	2.17				.76			

Summary of 2015 Participant Departures from Drug Treatment Court Docket Programs

Graduation Rates: Among the 2,445 adult and DUI drug treatment court docket active participants in 2015, 1,012 (41%) exited program participation through either graduation or termination. A total of 584 (58%) graduated and 428 (42%) were terminated. The graduation rate was highest among DUI docket participants at 74%. The 2015 adult graduation rate was nearly 41%. The juvenile graduation rate was nearly 52%.

Terminations: The most frequent reasons for program termination in adult drug treatment court dockets in 2015 were unsatisfactory performance and absconding, nearly 40% and 23% respectively. Data entered for reasons for departure among the other drug treatment court docket models was insufficient to report.

Table 4: 2015 Adult, Juvenile, & DUI Active Participant Departure Summary

	Adult		Juvenile		DUI		Totals	
Active Participants During Year	1,130		140		1,174		2,445	
	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%	<i>N</i>	%
Active Participants Who Left During Year	464	41.06%	56	2.29%	492	41.91%	1,012	41.39%
Active Participants Who Completed/Graduated	190	40.95%	29	51.79%	365	74.19%	584	57.71%
Active Participants Who Left by Termination	274	59.05%	27	48.21%	127	25.81%	428	42.29%
Total	464	100.0%	56	100.0%	492	100.0%	1,012	100.0%
Type of Terminations:								
<i>Absconded</i>	63	22.99%						
<i>Excessive relapses</i>	42	15.33%						
<i>Minor violations</i>	14	5.11%						
<i>New criminal offense</i>	18	6.57%						
<i>Other reason (not specified)</i>	10	3.65%						
<i>Unsatisfactory performance</i>	109	39.78%						
<i>Withdrawal</i>	11	4.01%						
<i>Death</i>	7	2.56%						
Total	274	100.0%						

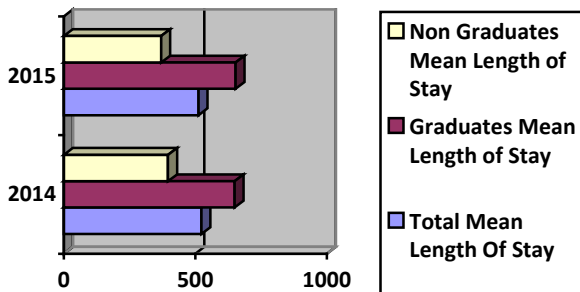
Length of Stay: In 2015, the average (mean) length of stay (LOS) for adult and DUI drug treatment court docket participants was 506 days measured from program entry (acceptance date) to either graduation date or date of termination (completion date). The 2014 mean LOS was only 10 days longer than in 2015. The median LOS for 2015 departures was 394 days nearly the same for 2014. For 2015 drug court docket graduates, the mean LOS was 579 days compared to 433 days for those terminated. The median LOS for 2015 graduates was 463 days versus 324 days for those terminated.

Table 5: Length of Stay for Adult and DUI Drug Treatment Court Docket Participants

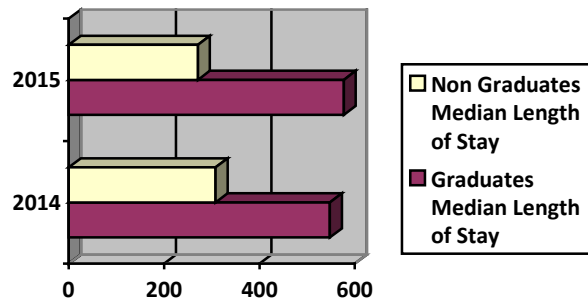
Table 5: 2014 & 2015 Adult & DUI Participants' Mean & Median Length of Stay						
Docket Type	Graduates		Non-Graduates		All Departures	
	Mean Days	Median Days	Mean Days	Median Days	Mean Days	Median Days
2014						
Adult	649.34	548.00	396.23	308.00	522.79	
DUI	549.59	360.50	469.93	352.00	509.76	
Statewide	599.47		433.08		516.28	
2015						
Adult	653.36	577.00	370.21	271.00	511.80	
DUI	505.57	348.00	494.78	376.00	500.18	
Statewide	579.47		432.50		505.99	

Adult

Adult Mean Length of Stay

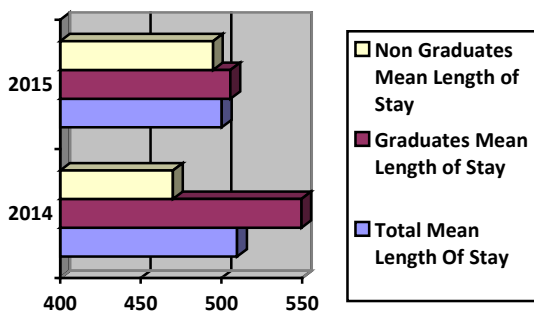


Adult Median Length of Stay

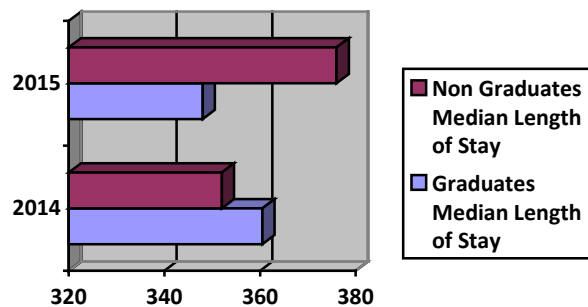


DUI

DUI Mean Length of Stay



DUI Median Length of Stay



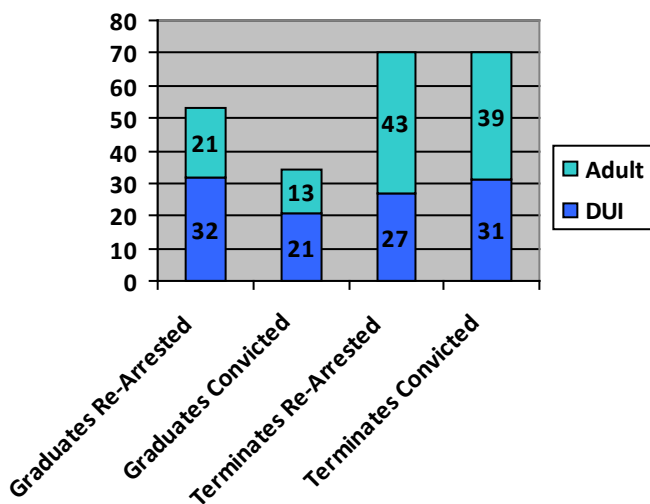
Summary of Re-arrest Rates Following Program Departure

A criminal history record was requested for program departures occurring in fiscal years 2014-2015 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 the first offense post program departure for all participants. Re-arrest rates beyond two years were not included in the tables because 2015 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 2015 only.

In 2015, re-arrest rates for adult and DUI drug treatment court dockets combined was 12.87%, with adult docket re-arrest rates at 13.79% and DUI dockets at 11.99% within one to two years post docket exit. In 2014, among adult participants, 42 out of 179 graduates (23.46%) were re-arrested within one year of graduation, while DUI participants had 40 of 336 graduates (11.90%) re-arrested. Out of 430 adult participants terminated, 34.19% were re-arrested: 89 (20.70%) within one year and 58 (13.49%) between one and two years from termination. Of the 142 DUI participants revoked, 30.99% were re-arrested; 23 (16.20%) within one year and 21 (14.79%) between one and two years from termination.

Re-arrest rates for all criminal drug treatment court dockets are consistently lower for graduates than for those terminated. In 2015, the overall re-arrest rate was 12.87% compared to 31.09% for 2014. In 2015, there were 30% fewer participants re-arrested compared to 2014.

2015 Adult & DUI Graduate & Terminated Arrests & Convictions



2014 Adult & DUI Graduate & Terminated Arrests & Convictions

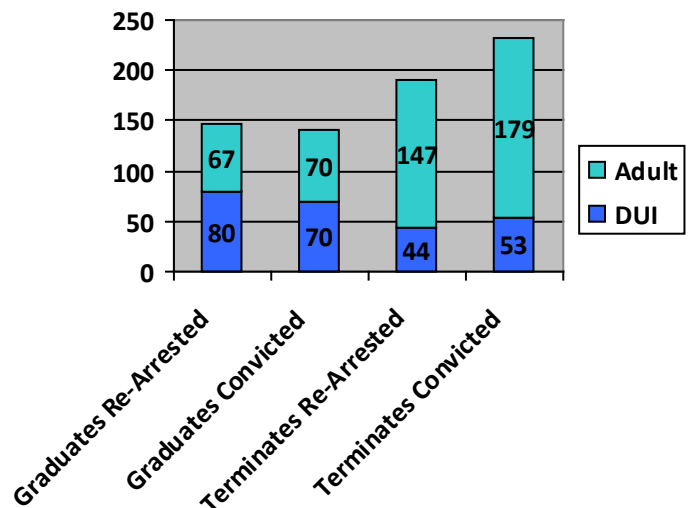


Table 6: Arrest Rates

Drug Court Docket Participants Re-arrest Rates, 2014-2015												
	2014						2015					
	Adult Dockets		DUI Dockets		Totals		Adult Dockets		DUI Dockets		Totals	
Total Departures	609		478		1087		464		492		956	
Graduates	179	29.39%	336	70.29%	515	47.38%	190	40.95%	365	74.19%	555	58.05%
Termination	430	70.61%	142	29.71%	572	52.62%	274	59.05%	127	25.81%	401	41.95%
Total	609	100.0%	478	100.0%	1087	100.0%	464	100.0%	492	100.0%	956	100.0%
Graduates												
Re-arrested	67		80		147		21		32		53	
Re-arrest Rate	37.43%		23.81%		28.54%		11.05%		8.77%		9.55%	
Within 1 Year	42		40		82		21		32		53	
Re-arrest Rate	23.46%		11.90%		15.92%		11.05%		8.77%		9.55%	
1-2 Years	25		40		65		N/A					
Re-arrest Rate	13.97%		11.90%		12.62%							
Terminated												
Re-arrested	147		44		191		43		27		70	
Re-arrest Rate	34.19%		30.99%		33.39%		15.69%		21.26%		17.46%	
Within 1 Year	89		23		112		43		24		67	
Re-arrest Rate	20.70%		16.20%		19.58%		15.69%		18.90%		16.71%	
1-2 Years	58		21		79		N/A					
Re-arrest Rate	13.49%		14.79%		13.81%							
Total Departures	609		478		1087		464		492		956	
Re-arrested	214		124		338		64		59		123	
Re-arrest Rate	35.14%		25.94%		31.09%		13.79%		11.99%		12.87%	
Within 1 Year	131		63		194		64		56		120	
Re-arrest Rate	21.51%		13.18%		17.85%		13.79%		11.38%		12.55%	
1-2 Years	83		61		144		N/A					
Re-arrest Rate	13.63%		12.76%		13.25%							

Summary Tables of Program Activity

A summary of the major measures of program activity for adult and DUI drug treatment court docket programs discussed is presented in Table 7. In the sections of this report that follow, separate reviews of program activity and outcomes are set forth for each program model.

Table 7: 2014 & 2015 Adult, Juvenile, & DUI Drug Court Dockets Activity

	Adult DTC			Juvenile DTC			DUI DTC			Totals		
	2014	2015	%change	2014	2015	%change	2014	2015	%change	2014	2015	%change
Referrals	836	1009	20.69%	83	55	-33.7	549	500	-8.93%	1468	1564	6.53%
*Row%	59.95%	64.51%	7.6%	5.65%	3.52%	-37.70%	37.40%	31.97%	-5.43%	100%	100%	
New Admissions	445	492	10.56%	62	47	-24.2%	492	483	-1.83	999	1022	2.30%
Row %	44.54%	48.14%	8.1%	6.21%	4.60%	-25.93%	49.25%	47.26%	-4.04%	100%	100%	
Active Participants During Year	1114	1130	1.44%	146	140	-4.1%	1145	1174	2.53%	2405	2445	1.66%
*Row %	46.32%	46.22%		6.1%	5.73%		47.61%	48.06%		100%	100%	
Graduated	179	190	6.15%	21	29	38.1%	336	365	8.63%	536	584	8.95%
*Row %	33.40%	32.53%		3.92%	4.97%		62.69%	62.50%		100%	100%	
Graduation Rate	29.39%	40.95%	39.33%	28.0%	51.8%	85%	70.29%	74.19%	5.55%	46.13%	57.71%	25.10%
Terminated	430	274	-36.28%	54	27	-50.0%	142	127	-10.56	626	428	-31.63%
*Row %	68.69%	64.02%		8.63%	6.31%		22.68%	29.67%		100%	100%	
Termination Rate	70.61%	59.05%	-16.37%	72%	48.2%	33.05%	29.71%	25.81%	13.13%	53.87%	42.29%	-21.50%
Re-arrested	214	64					124	59		338	123	
*Row %	63.31%	52.03%					36.69%	47.97%		100%	100%	
Re-arrest Rate	35.14%	13.79%					25.94%	11.99%		31.09%	12.87%	
Re-conviction	249	52					123	52		372	104	
*Row%	66.94%	50%					33.06%	50%		100%	100%	
Re-convic Rate	40.87%	11.21%					25.73%	10.57%			10.88%	
Mean Length of	Days						Days			Days		
Graduates	649	653	0.62%				550	506	-8.01%	599	579	-3.34%
Non-Graduates	396.23	370	-6.57%				470	495	5.29%	433	433	0%
Median Length of												
Graduates	548	577	5.29%				360	348	-3.47%	454	463	1.87%
Non-Graduates	308	271	-12.01%				352	376	6.81%	330	324	-1.82%

Adult Drug Treatment Court Dockets

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

Drug 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.³

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

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 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 project was completed in two stages. In early 2012 an impact evaluation report of the adult drug court model was completed. This report was followed by the cost-benefit analysis report of the same adult drug treatment court dockets operating in Virginia. Twelve (12) adult drug treatment court dockets were included in the study. At the time, 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 Transactional and Institutional Cost Analysis (TICA) approach was used to determine the cost of Virginia drug treatment court dockets. 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:

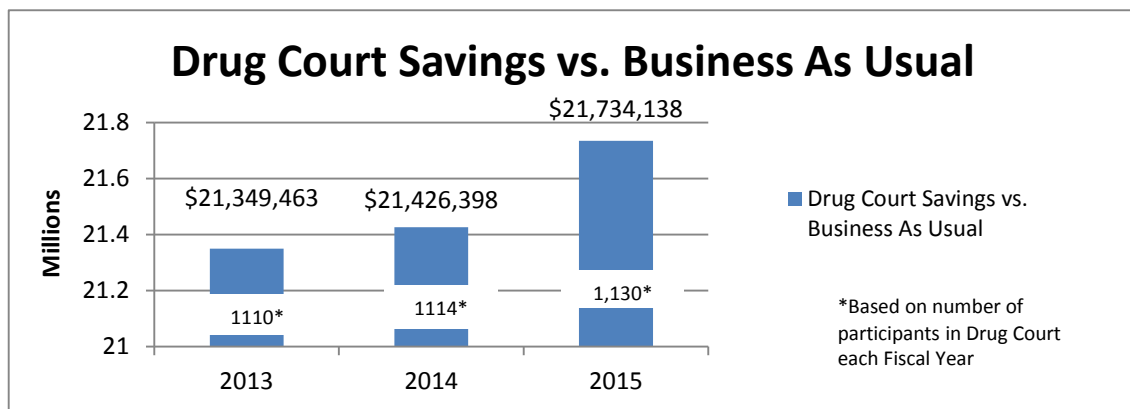
- Placement costs, including all costs of involvement in the criminal justice system from arrest, to either drug treatment court docket entry or sentencing for the comparison group
- Drug treatment court docket costs as determined above, \$17,900.82
- Outcome costs, including all costs of involvement 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
Placement	\$1,441.76	\$4,651.21	(\$3,209.44)
Drug Court	\$17,900.82	\$0.00	\$17,900.82
Outcome	\$10,913.55	\$36,753.96	(\$25,840.41)
Victimization	\$14,583.73	\$22,668.44	(\$8,084.71)
TOTAL	\$44,839.86	\$64,073.61	(\$19,233.75)

Increasing the number of drug treatment court dockets and the number of 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 outcome and victimization costs for the drug treatment court group relative to the comparison group. These lower outcome 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.⁴

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.

⁴ [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)

Moral Reconciliation Therapy (MRT)

Moral Reconciliation Therapy (MRT) is a cognitive-behavioral counseling program that combines education, group therapy and individual counseling, as well as structured exercises designed to foster moral development in treatment-resistant clients. MRT facilitators must complete 32 hours of professional training and become certified to facilitate MRT. As long as clients' judgments about right and wrong are made from low levels of moral reasoning, counseling, training in job skills and even punishing them will have little to no long-lasting impact on their behavior. Clients must be confronted with the consequences of their behavior and the effect that it has had on their family, friends and community. Poor moral reasoning is common within at-risk populations. MRT addresses beliefs and reasoning; it is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. In this case, "moral" does not refer to a religious concept, but rather the theoretical conceptualization of psychologist Lawrence Kohlberg. Moral reasoning represents how a person makes decisions about what he/she should or should not do in a given situation.

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

- Confrontation of beliefs, attitudes and behaviors
- Assessment of current relationships
- Reinforcement of positive behavior and habits
- Positive identity formation
- Enhancement of self-concept
- Decrease in hedonism and development of frustration tolerance
- Development of higher stages of moral reasoning

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

Risk and Needs Triage (RANT)

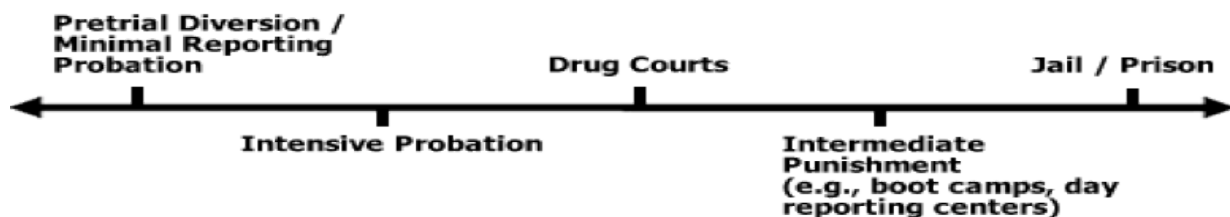
The Risk and Needs Triage (RANT) is an assessment and intervention classification tool that evaluates an offender's criminogenic risks and clinical needs to determine the level and type of criminal justice supervision and treatment services where research suggests the offender stands the best chance of success. The RANT tool is used to categorize treatment and supervision levels suggested for the drug court candidate. It is a decision support tool for drug court candidates. The RANT tool has 19 questions that can be administered in about 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. It does not provide a professional diagnosis. 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 with criminal justice professionals in mind. It was derived from empirical evidence showing improved outcomes in community correctional settings. 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 programs implemented the use of this tool.

Offenders are assigned 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:

Practice Implications or <i>Alternative Tracks</i>		
	High Risk	Low Risk
High Needs (dependent)	<ul style="list-style-type: none"> ✓ Status calendar ✓ Treatment ✓ Prosocial & adaptive habilitation ✓ Abstinence is distal ✓ Positive reinforcement ✓ Self-help/alumni groups ✓ ~18-24 months <i>Drug Court Track</i>	<ul style="list-style-type: none"> ✓ Noncompliance calendar ✓ Treatment(separate milieu) ✓ Adaptive habilitation ✓ Positive reinforcement ✓ Self-help/alumni groups ✓ ~12-18 months <i>Treatment Track</i>
Low Needs (abuse)	<ul style="list-style-type: none"> ✓ Status calendar ✓ Prosocial habilitation ✓ Abstinence is proximal ✓ Negative reinforcement ✓ ~12-18 months <i>Supervision Track</i>	<ul style="list-style-type: none"> ✓ Noncompliance calendar ✓ Psycho-education ✓ Abstinence is proximal ✓ Individualized/stratified groups ✓ ~3-6 months <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. Eight hundred and six (806) cases were administered the RANT between 7/01/2013 and 6/30/2015 and are included in this summary.

Of the 806 cases referred to a drug treatment court docket, 651 were accepted into a drug treatment court docket program as displayed in Tables 1 & 2. Approximately four-fifths (83%) of all cases referred scored High Risk/High Need (HR/HN) on the RANT while only thirteen

cases (nearly 2%) indicated Low Risk/Low need (LR/LN). The remaining 15% of case 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.

Table 1 RANT: Scores for Referred Cases (n=806)

		High Risk	Low Risk
High Need	Total % Count	83% (n=667)	7% (n=58)
Low Need	Total % Count	8% (n=68)	1.6% (n=13)

Table 2 RANT: Scores for Cases Accepted (n=651)

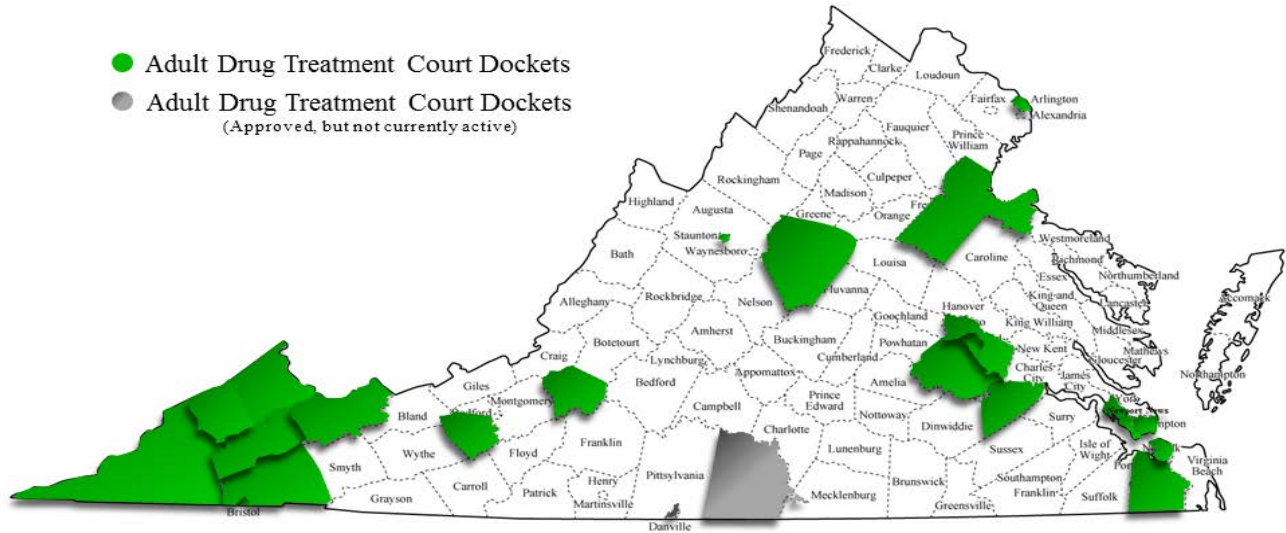
		High Risk	Low Risk
High Need	Total % Count	83% (n=538)	7% (n=44)
Low Need	Total % Count	9% (n=59)	1.5% (n=10)

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 female than male. The odds of being HR/LN are lower for female than male. The highest proportion of both male and female scores was in the HR/HN group.

Table 3 RANT 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)
Race				
Caucasian	66% (n=440)	43% (n=29)	88% (n=50)	85% (n=11)
African-American	34% (n=222)	57% (n=39)	12% (n=7)	15% (n=2)
Hispanic & Other	n=5			
Gender				
Male	60% (n=402)	72% (n=49)	52% (n=30)	62% (n=8)
Female	40% (n=265)	28% (n=19)	48% (n=28)	38% (n=5)

Figure 4: Adult Drug Treatment Court Dockets



Adult Drug Treatment Courts

Arlington County
 Bristol
 Richmond City
 Buchanan County
 Charlottesville/Albemarle
 Chesapeake
 Chesterfield/Colonial Heights
 Dickenson County
 Hampton
 Henrico County
 Hopewell/Prince George County
 Newport News
 Norfolk
 Portsmouth

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

N=22

Danville
 Halifax

N= 2 Not Operating

Summary of Adult Drug Treatment Court Docket Activity

Referrals: In 2015, 1,009 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 8

Admissions: Drug court dockets do not accept or admit all of those referred. In 2015, only 492 (nearly 49%) 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 2015 totaled 1,130. Individuals admitted prior to 2015 made up almost 638 (56%) of this total.

Race: During 2015, the majority of participants accepted into adult drug treatment court dockets were White (312 or 63%). There were 174 Black participants (35%) admitted. Individuals claiming other racial or ethnic backgrounds made up less than (1.5%) one and one half percent; collectively of the participants: Hispanics (4 or 0.81%), Asians (0), and Other (2 or 0.41%). Among active participants, however, Whites constituted 64%, Blacks were 35%, while Hispanics 0.5%.

Gender: In adult drug treatment court dockets, the majority of active participants were male (59.73%). This also appears in the DUI and juvenile dockets. Similarly, 60.98% of new admissions were male.

Age: The ages of a plurality of adult participants, and of new admissions, were from 20 to 29 (31.85% and 34.15%, respectively). There were similar percentages of active participants aged 30 to 39 (34%) and 40 to 49 (20%). Over 14% of participants were over age 50 in adult drug treatment court dockets.

Marital Status: In 2015 among the roughly two-thirds (67%) of the participants (1,060) for whom data were available, 713 (67.2%) were single, slightly lower than the distribution (67.74%) among new admissions. Only 12.6% of the active participants reported that they were married. "Single" and "married" are distinguished from separated (7%), divorced (10%), cohabiting (1.9%) and widowed (1.04%).

Education: Information about educational backgrounds was available for 1,047 of the active adult drug treatment court docket participants in 2015. Of these participants, 253 (24%) received their high school diploma while 193 (18%) earned their GED. Additionally 127 (12%) participants completed the twelfth grade. Lastly, 200 (19%) reported they had some college and 18 (1.72%) had vocational training.

Table 8: 2015 Adult Participant Referrals and New Admissions

Table 8: 2015 Adult Participant Referrals and New Admissions				
Referred	1009			
Admitted	492			
Admittance Rate	48.76%			
Demographic Characteristics	<i>N</i>	%	<i>N</i>	Valid %
Gender				
Males	300		300	60.98%
Females	192		192	39.02%
No Data	0	0.0%		
Total	492	100%	492	100.0%
Race				
White	312		312	63.41%
Black	174		174	35.37%
Hispanic	4		4	0.81%
Asian	0		0	0.00%
Other	2		2	0.41%
No Data	0	0.00%		
Total	492	100.0%	492	100.0%
Age				
Ages 20-29	167		167	34.15%
Ages 30-39	164		164	33.53%
Ages 40-49	97		97	19.84%
Ages 50-59	57		57	11.66%
Ages 60+	4		4	.82%
No Data	3	0.61%		
Total	492	100%	489	100.0%
Marital Status				
Single	294		294	67.74%
Separated	35		35	8.07%
Divorced	37		37	8.53%
Married	57		57	13.13%
Cohabiting	4		4	0.92%
Widowed	7		7	1.61%
Other	0		0	0.0%
No Data	58	11.79%		
Total	492	100.0%	434	100.0%
Education (Highest Level Attained)				
Primary School	1		1	0.23%
Middle School	9		9	2.10%
9th grade	22		22	5.14%
10th grade	21		21	4.91%
11th grade	32		32	7.48%
12th grade	38		38	8.88%
High School Graduate	109		109	25.47%
GED	81		81	18.92%
Vocational Training	10		10	2.34%
Some College	83		83	19.39%
Associate's Degree	7		7	1.64%
Bachelor's Degree	12		12	2.80%
Post-Bachelor's education	3		3	.70%
No Data	64	13.01%		
Total	492	100.0%	428	100.0%

My life before the drug court program included treatment centers, Intensive Outpatient Treatment Programs, Psychiatrists and 12 step programs. None of these were able to change my pattern. I lied about everything. I constantly committed crimes to feed my habit. I was the kind of person that would steal your wallet, then help you look for it. I was unemployable. I knowingly cashed bad checks on a regular basis, just to get money for my next fix. I constantly betrayed family members that loved me the most. It was a vicious cycle. I didn't like the way I felt, so I would get high to change the way I felt, then I would commit crimes to get money to get more drugs to erase the way I felt for the immoral acts I was carrying out over and over and over. On February 18, 2008, I was arrested committing grand larceny and was ultimately given an opportunity to plead into drug court. Drug court taught me how to be an honest productive member of society. They greatly helped me with the process of working on the many issues that I had going on inside of me. I realized that the drugs were just the symptom of my problem. They gave me the tools to become connected in the recovery community. I learned the importance of giving back and helping others. I graduated drug court in December 2010, and as they promised, the charges were dropped. I gained so much more than that though, I not only became employable while in drug court, but I was given the Employee of the Year Award for a company that has over 160 employees. I am married and have a child. We own two houses, one of which we rent out. I have been clean from any drugs or alcohol since February 2008. I continue to give back to help in the community and am actively involved in 12 step recovery. Most of all, I believe in myself and know that I have a choice today, that is true freedom. I am committed to being a good husband, father and positive role model to my child.

Drugs of Choice: When admitted to a drug treatment court docket, participants are asked what drug they identify as their “drug of choice” or “drug of preference.” The data confirms drug addicts do not limit themselves exclusively to one preferred choice. The 2015 participants selected 2,810 drug choices among 945 participants. This demonstrated 2.97 separate drug choice selections were made per person. Over 88% of adult docket participants with drug choice data selected prescription drugs as their drug of choice. Prescription pills were selected the most often at nearly 30% of all drugs selected. Marijuana was selected frequently as drug of choice closely followed by alcohol with nearly 20% of the time each. Combining crack and powder cocaine reveals just over 25% 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 88% and 59% of participants respectively, followed by alcohol (58%) then amphetamine/methamphetamine (18%) selected and heroin selected by over 12% of the participants.

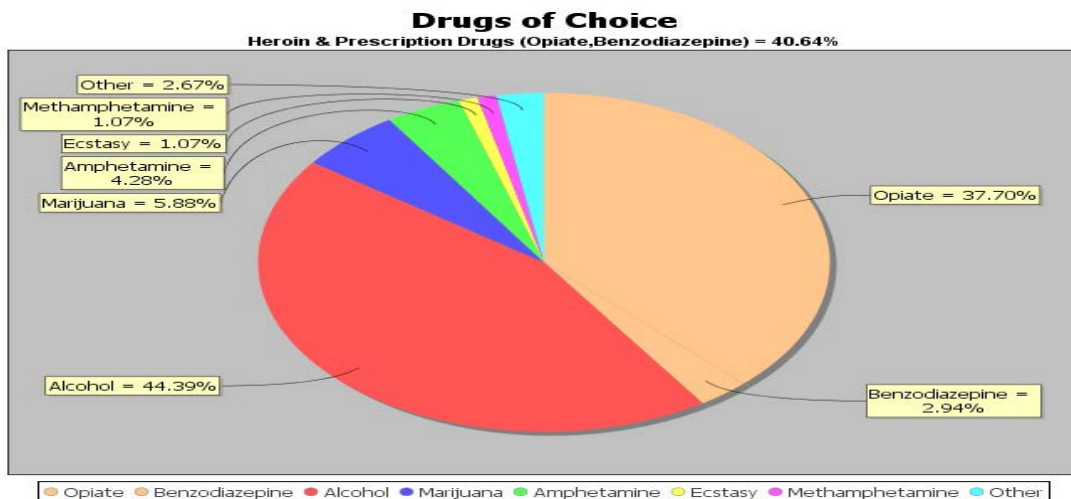


Table 9: 2015 Adult Participants Drugs of Choice			
Total Participants	1,130		
Total Participants with Drug Choice Data Available	945		
Total Drugs Indicated	2,810		
Drug Type	# of Participants with Drug Choice Indicated	% Drug Selected	% of Available Participants (N=945)
Prescription Pills (Benzodiazepine, Opiates, OxyContin)	834	29.68%	88.25%
Marijuana	557	19.82%	58.94%
Alcohol	547	19.47%	57.88%
Cocaine (<i>combined</i> Crack & Powder)	240	8.54%	25.39%
Amphetamine/Methamphetamine	173	6.16%	18.31%
Heroin	115	4.09%	12.17%
Ecstasy	83	2.95%	8.78%
Methadone	62	2.21%	6.56%
LSD	57	2.03%	6.03%
Mushrooms	30	1.07%	3.17%
K2/Spice	20	0.71%	2.12%
PCP	13	0.46%	1.38%
Bath Salts	11	0.39%	1.16%
Hallucinogens	10	0.36%	1.06%
Over the Counter	10	0.36%	1.06%
*Other	48	1.70%	5.07%
Total	2,810	100%	

**Other includes those drugs listed as “Other” plus drugs selected by >10 participants*

Program Drug Screenings: In adult drug treatment court dockets in 2015, there were 63,095 drug screenings conducted for the 1,130 participants for which data were available, an average of 63 screenings per participant for the year. Of the 63,095 screenings, only 2,878 (4.56%) were positive. Among participants, just over half (51%) had a positive drug screening during the year. Averaged over 1,130 adult participants, there were 2.8 positive drug screen results each; however a more accurate statement is that there were 2.8 positive drug tests among the 525 participants who had a positive screen during the year. *See Table 10*

Table 10: 2015 Adult Participant Drug Screenings				
	Adult			
Participants	1130			
	N	%	N	Valid %
Negative	504		504	48.98%
Positive	525		525	51.02%
No Data	101	8.94%		
Total	1130	100%	1029	100%
Drug Screenings	63,095			
	N	%		
Negative	60,217	95.44%		
Positive	2,878	4.56%		
Total	63,095	100.00%		
Screenings Per Participant	63.34			
Positive Screenings Per Participant	2.80			

Program Entry Offense: In 2015, the program entry offense was entered for 970 adult participants. Programs recorded on average 1.16 offenses per participant. The most frequent offense reported as the entry offense among the top 25 offenses recorded for the adult participants in 2015 was possession of a Schedule I or II drug at 21.7% of all offenses or by nearly a third or 332 (34%) of participants. Probation violation was reported at 19% of all offenses by 292 or 30% of the adult participants. The next most frequent reported (8%) offense was grand larceny greater than \$200 not from a person. The incidence of obtaining prescription by fraud/forgery/etc. was reported by 34 or 2% of participants. Other offenses among participants were reported less frequently. See Table 11

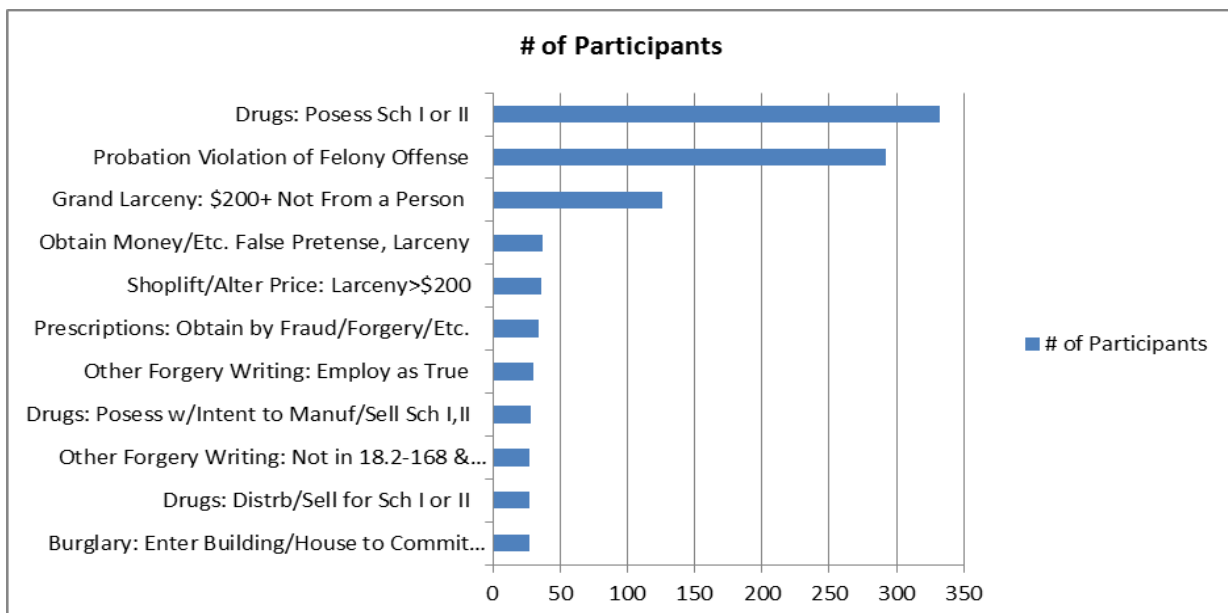


Table 11: 2015 Adult Participants' Entry Offenses

Total Participants	1,130		
Total Participants with Available Arrest Data	970		
Total Offenses Indicated	1,532		
Offense	# of Participants with Offense Indicated	%	% of Participants (N=970)
Drugs: Possess Sch I or II	332	21.67%	34.23%
Probation Violation On Felony Offense	292	19.06%	30.10%
Grand Larceny: \$200+ Not From A Person	126	8.22%	12.99%
Obtain Money/Etc: False Pretense, Larceny	37	2.42%	3.81%
Shoplift/Alter Price: Larceny >\$200	36	2.35%	3.71%
Prescriptions: Obtain By Fraud/Forgery/Etc	34	2.22%	3.51%
Other Forgery Writing: Employ As True	30	1.96%	3.09%
Drugs: Possess W/Intent To Manuf/Sell Sch I, II	28	1.83%	2.89%
Other Forgery Writing:Not In 18.2-168 & 18.2-170	27	1.76%	2.78%
Drugs: Distrb/Sell for Sch I or II	27	1.76%	2.78%
Burglary: Enter Building/House To Commit Larceny	27	1.76%	2.78%
Credit Card Larceny	21	1.37%	2.16%
Petit Larceny: <\$200 Not From A Person	21	1.37%	2.16%
Drugs: Distrb/PWI Marijuana>1/2 oz to 5	18	1.17%	1.86%
Stolen Property With Intent To Sell, Larceny	16	1.05%	1.65%
Violation On Community Based Probation	16	1.05%	1.65%
Computer Forgery	15	0.98%	1.55%
Abuse/Neglect Child: Reckless Disregard	14	0.91%	1.44%
Drugs: Sell/Provide For Resale Sch I Or II	14	0.91%	1.44%
Shoplift/Alter Price: Larceny <\$200	14	0.91%	1.44%
Drugs: Possess Marijuana 1st Offense	12	0.78%	1.24%
DWI: 1st Off, BAC .08-.14%	12	0.78%	1.24%
Failure To Appear: On Felony Offense	12	0.78%	1.24%
Drugs: Sell/ Distrib Sch III Drug	11	0.72%	1.13%
Embezzlement: >=\$200	10	0.66%	1.03%
Paraphernalia: Unauthorized Distribution	10	0.66%	1.03%
Other	320	20.89%	32.99%
Total	1,532	100.00%	

2015 Summary of Adult Participant Departures from Drug Treatment Court Dockets

Graduation Rates: Among the 1,130 adult drug treatment court participants in 2015, 464 exited the program by either graduation or termination. In 2015 the graduation rate was nearly 41% (190 participants). The graduation rate in 2015 was 39% higher than the rate at 29% reported in 2014.

Terminations: Nearly two-thirds (59%) of 2015 participants were terminated, while nearly 71% participants were terminated in 2014. The most frequent reasons reported for termination in adult drug treatment court dockets in 2015 were unsatisfactory performance (40%) and absconding (23%). Excessive relapses accounted for 15% of terminations while 7% were terminated for a new criminal offense. There were 7 deaths reported.

Length of Stay: In 2015, the average (mean) length of stay (LOS) in an adult drug treatment court docket was eleven days fewer than in 2014. LOS is measured from program entry (acceptance date) to completion date (either graduation date or date of termination). The mean LOS for 2015 departures was 506 days, 10 days less than in 2014. For 2015 adult drug treatment court program graduates, the mean LOS was 653 days compared to 370 days for those terminated. The median LOS for 2014 graduates was 548 days versus 308 days for those terminated.

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

An examination of re-arrest rates requires looking at departures from fiscal years 2014 to 2015 because too little time has elapsed to adequately assess re-arrests for those departing adult drug treatment court dockets in 2015. In fiscal year 2015, there were 464 adult drug treatment court departures, and in 2014 there were 609 adult drug treatment court departures.

Because arrest data provided by the Virginia State Police for this report was available only through October 2015, re-arrest rates among 2015 departures should be interpreted with caution. Re-arrest rates among all drug court participants are consistently lower for graduates than for those terminated. *See Table 12*

Table 12: 2014-15 Adult Participant Re-arrest Rates

	2014			2015			% Change
Total Departures	609			464			-23.81
Graduates	179		29.39%	190		40.95%	6.15%
Termination	430		70.61%	274		59.05%	-36.28%
Total	609		100.00%	464		100.00%	
Graduates	Misdemeanor	Felony	Total	Misdemeanor	Felony	Total	
Re-arrested	31	36	67	9	12	21	-68.66%
Re-arrested Rate	17.32%	20.11%	37.43%	4.74%	6.32%	11.05%	
Within 1 Year	19	23	42	9	12	21	
Re-arrest Rate	10.61%	12.85%	23.46%	4.74%	6.32%	11.05%	
1-2 Year	12	13	25	N/A			
Re-arrest Rate	6.70%	7.26%	13.97%	N/A			
Terminated	Misdemeanor	Felony	Total	Misdemeanor	Felony	Total	
Re-arrested	54	93	147	15	28	43	-70.75%
Re-arrested Rate	12.56%	21.63%	34.19%	5.47%	10.22%	15.69%	
Within 1 Year	30	59	89	15	28	43	
Re-arrest Rate	6.98%	13.72%	20.70%	5.47%	10.22%	15.69%	
1-2 Year	24	34	58	N/A			
Re-arrest Rate	5.58%	7.91%	13.49%	N/A			
Total Departures	Misdemeanor	Felony	Total	Misdemeanor	Felony	Total	
Re-arrested	85	129	214	24	40	64	-70.09%
Re-arrested Rate	13.96%	21.18%	35.14%	5.17%	8.62%	137.9%	
Within 1 Year	49	82	131	21	40	61	
Re-arrest Rate	8.05%	13.46%	21.51%	4.53%	8.62%	13.15%	
1-2 Year	36	47	83	N/A			
Re-arrest Rate	5.91%	7.72%	13.63%	N/A			

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 13.

Table 13: 2015 Adult DTC Activity Summary			
	2014	2015	%Change
Referrals	836	1009	20.69%
New Admissions	445	492	10.56%
Participants During Year	1114	1130	1.44%
Graduated	179	190	6.15%
Graduation Rate	29.39%	40.95%	
Terminated	430	274	-36.28%
Termination Rate	70.61%	59.05%	
Re-arrested	214	64	-70.09%
Re-arrest Rate	35.14%	13.79%	
Mean Length of Stay (In Days)	522	511	
Graduates	649	653	0.62%
Non-Graduates	396	370	-6.57%
Median Length of Stay (In Days)			
Graduates	548	577	5.29%
Non-Graduates	308	271	-12%

Adult Drug Treatment Court Best Practice Standards

National evaluation results for adult drug treatment court dockets have confirmed that fidelity to the full drug court model is essential for optimum outcomes and associated cost-savings—assuming the drug treatment courts are treating their correct target population of high risk, addicted drug offenders. The implementation of evidence-based practices (best practices), known as the 10 Key Components of Drug Court [from *Defining Drug Courts: The Key Components* (NADCP, 1997)], have been studied individually and proven to save costs if implemented fully. Virginia’s drug treatment court dockets are required to comply with the Adult Drug Treatment Court Standards based on the 10 Key Components and adopted by the statewide Drug Treatment Court Advisory Committee.

Best practices are aspirational, while standards are obligatory and enforceable. The National Association of Drug Court Professionals (NADCP) published Volume I of the Adult Drug Court Best Practice Standards in the summer of 2013. Volume II was released summer 2015.

Standard I begins by addressing the appropriate target population for a drug court. The four subsequent standards assume the drug treatment court is treating the intended participants. Drug treatment courts target high risk and high need offenders, or those who are addicted to illicit drugs or alcohol and are at substantial risk for reoffending. Candidates for drug treatment court dockets need to be assessed using validated risk assessment and clinical assessment tools. The Risk and Needs Triage (RANT) tool is a validated risk assessment.

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

"Until drug courts define appropriate standards of practice, they will be held accountable, fairly or unfairly, for the worst practices in the field. Scientists will continue to analyze the effects of weak drug courts alongside those of exceptional drug courts, thus diluting the benefits of drug courts. Critics will continue to tarnish the reputation of drug courts by attributing to them the most noxious practices of the feeblest programs. Only by defining the bounds of acceptable and exceptional practices will drug courts be in a position to disown poor-quality or harmful programs and set effective benchmarks for new and existing programs to achieve."

—Adult Drug Court Best Practice Standards, Volume I (NADCP, 2013; p. 1)

Volume II picks up seamlessly where Volume I left off and describes best practices for drug courts on the following topics: *VI. Complementary Treatment and Social Services; VII. Drug and Alcohol Testing; VIII. Multidisciplinary Team; IX. Census and Caseloads; and X. Monitoring and Evaluation.* Additional practices will be added to the Standards in future volumes as new studies are completed. Future standards are expected to address topics including best practices for community-supervision officers in drug courts; restorative-justice interventions such as community service or victim restitution; payment of fines, fees, and costs; peer and vocational mentoring; and recovery-oriented systems of care.

Failing to apply the Ten Key Components has been shown to reduce the effectiveness and cost-effectiveness of drug courts by as much as one half (Carey et al., 2012; Downey & Roman, 2010; Gutierrez & Bourgon, 2012; Shaffer, 2010; Zweig et al., 2012). The scientific evidence is overwhelming that adult drug treatment court dockets reduce crime, reduce substance abuse improve family relationships and increase earning potential. In the process, drug treatment court

dockets return net dollar savings back to their communities that are at least two to three times the initial investments.

The challenge now is to maintain effectiveness by standardizing the best practices of drug court dockets to be reliably implemented by a larger number of programs, each serving a larger census of participants to provide the optimum cost-savings to the Commonwealth.

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.

The Virginia Highway Safety Office reports in 2014 that 251 persons were killed (36% of all traffic fatalities) and 5,003 persons were injured (8% of all traffic injuries) in alcohol-related crashes. In 2014, convictions for Driving Under the Influence (DUI) decreased 9% with 24,895 convictions statewide. Of those convicted for DUI, seventy-seven percent (77%) were male and 23% were female. The average blood alcohol content (BAC) of tested drinking drivers was .1416, a slight increase from the prior year. Alcohol-related motor vehicle crashes are more severe and costlier than other crashes due to alcohol-impaired driving. Beyond emergency or outpatient care, people are hospitalized due to crash injuries with medical costs in the millions of dollars and potential loss of work, as well as other related immeasurable problems.

The Virginia Highway Safety Office included facts related to teenagers. Eleven (11) teenagers, aged 15-19 were killed in alcohol-related crashes, nearly 2% of the total traffic fatalities. Three hundred seventy-seven (377) teenagers, aged 15-19 were injured in alcohol-related crashes, nearly 0.6% percent of the total traffic injuries, a decrease from prior years. The Virginia alcohol-related crash fatalities and injuries have decreased over the past six years from 2008 to 2014. Virginia's over 5,000 alcohol-related injuries in 2014 is a 16% decrease since 2008, while the 251 Virginia alcohol-related fatalities have also decreased over the last six years.

Alcoholism/addiction left untreated affects not only the individual, but also the community as a whole through the actions of the active addict, such as Driving Under the Influence (DUI) offenses, assaults, domestic violence, larcenies, burglaries, auto thefts, and other driving offenses involving unlicensed individuals such as habitual offenders, driving on a suspended or revoked operator's licenses and other illegal activities.

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 held in the General District Court. 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 and they do not receive treatment. Their addictions are left untreated and they are likely to reoffend. At the request of the court or the Commonwealth's Attorney, the local ASAP will evaluate an individual for placement in the DUI drug 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.

There are two groups that are viewed as potential candidates for the program. First offenders before the court for failure to comply that were not ordered into the DUI drug treatment court docket at the time of conviction will be eligible. These offenders may be ordered to participate by the court. Multiple offenders who were arrested with a Blood Alcohol Content (BAC) in excess of .20, a 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 are eligible, and may also be ordered into the DUI drug treatment court docket by the court. Note: Ethyl Glucuronide (Etg) is a direct metabolite of alcohol (ethanol). The presence of Etg in urine is an indicator that ethanol was ingested.

The DUI drug treatment court docket uses the approach that moving quickly to bring offenders into treatment and using a team effort to monitor the participants' progress produces a higher probability that participants will be successful in breaking the cycle of repeated alcohol abuse and preventing new instances of DUI. 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 remainder of this section discusses the federal transportation budget which uses Driving While Intoxicated (DWI) instead of DUI. The Moving Ahead for Progress in the 21st Century Act (MAP-21), (P.L. 112-141), was signed into law by President Obama on July 6, 2012. Funding surface transportation programs at over \$105 billion for fiscal years (FY) 2013 and 2014, MAP-21 is the first long-term highway authorization enacted since 2005. MAP-21 extended the Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy For Users (SAFETEA-LU) with some new provisions added. MAP-21's approach in the fight against impaired driving set out some of the authorized programs that can receive U.S. Transportation Grant Funds. The approved list includes DWI courts, training and education of criminal justice professionals (including law enforcement, prosecutors 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. How much money each state receives from NHTSA will vary based on a formula that NHTSA will use. In determining the allocation of the money received, the SHSO is not required to give the money to DWI Courts. DWI Courts are just one of the authorized programs listed in the bill. It is possible the money could be given to a number of other activities. Other authorized activities listed in the bill include:

- High visibility enforcement efforts
- Hiring Traffic Safety Resource Prosecutors (TSRPs)
- Hiring Judicial Outreach Liaisons (JOLs)
- Hiring a state impaired-driving coordinator
- Training criminal justice professionals
- Alcohol ignition interlock programs

- Improving blood alcohol concentration testing and reporting
- 24-7 programs
- Paid and earned media in support of some of these activities

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

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

DUI Drug Treatment Court Dockets Approved to Operate

As of 2015 fiscal end, there were 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 not received an application requesting permission to establish a DUI drug treatment court docket from either locality after completing the training.

The DUI drug treatment court data reported below was retrieved from the drug court database for both programs combined. *See* Table 14

Summary of DUI Drug Treatment Court Docket Participant Activity

Referral: In FY 2015, 500 referrals were made to the Fredericksburg Area and Waynesboro Area DUI Drug Treatment Court Dockets. The number of referrals in 2015 reflects 9% less than reported in 2014.

Active Participants: DUI drug treatment court dockets served 1,174 participants during FY 2015. The two DUI drug treatment court dockets served more participants than the twenty-two adult drug treatment court dockets combined. The majority of DUI drug treatment court docket participants were male, white, single and between the ages of 20-29 years old.

Race: During 2015, the majority of participants in DUI drug treatment court dockets were White (850 or 72.46%). There were 274 Black participants (23.36%). Individuals claiming Hispanic backgrounds made up just slightly more than 3%, while others collectively accounted for less than 1%.

Gender: In 2015 the majority of participants in DUI dockets were male (nearly 77%), while females accounted for 23%.

Age: Similar to the adult docket participants, about 33% of the DUI docket participants were between the ages of 20-29, and 29% between the ages of 30-39. Roughly 17% of participants were between the ages of 40- 49, while over 21% were over age 50.

Marital Status: In 2015, DUI docket participants for whom data were available, slightly more than half (57%) were single, and 21% were reported as married, while 12% reported divorce.

Table 14: Active Participants During Year

Active Participants During Year	1174			
Demographic Characteristics	N	%	N	Valid %
Gender				
Males	903		903	76.92%
Females	271		271	23.08%
No Data	0	0.00%		
Total	1174	100%	1174	100%
Race				
White	850		850	72.46%
Black	274		274	23.36%
Hispanic	39		39	3.32%
Asian	7		7	0.60%
Other	3		3	0.26%
No Data	1	0.09%		
Total	1174	100%	1173	100%
Age				
Ages 20-29	379		379	32.76%
Ages 30-39	339		339	29.30%
Ages 40-49	195		195	16.86%
Ages 50-59	192		192	16.59%
Ages 60-69	52		52	4.49%
No Data	17	1.45%		
Total	1174	100%	1157	100%
Marital Status				
Single	666		666	57.36%
Separated	90		90	7.76%
Divorced	145		145	12.49%
Married	240		240	20.67%
Cohabiting	0		0	0.00%
Widowed	20		20	1.72%
Other	0		0	0.00%
No Data	13	1.11%		
Total	1174	100%	1161	100%
Departures		N	%	
Participants Who Left During the Year		492	41.91%	
Completed/Graduated		365	74.19%	
Revoked		127	25.81%	
Total		492	100.00%	

Drug Screenings: Over 5,000 drug screenings were conducted with an average of 6 per participant. Among the DUI docket participants, slightly more than 36% had a positive result and nearly 64% had negative results. Table 15

Table 15: 2015 DUI Participant Drug Screenings				
	DUI			
Participants	1,174			
	<i>N</i>	%	<i>N</i>	Valid %
Negative	539		539	63.94%
Positive	304		304	36.06%
No Data	331	28.19%		
Total	1,174	100%	843	100%
Drug Screenings	5,144			
	<i>N</i>	%		
Negative	4,520			87.87%
Positive	624			12.13%
Total	5,144			100.00%
Screenings Per Participant		6.1		
Positive Screenings Per Participant		0.74		

Graduation Rates: Among the 1,174 DUI drug treatment court docket participants, 492 (42%) departed in 2015. The graduation rate was 74%, with 365 DUI drug treatment court participants departing by graduation (successful) and 127 (26%) 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 500 days mean (or average) and 362 days median.

Re-arrest: In 2015, the re-arrest rate was 12% for DUI drug treatment court dockets. This represents a decrease from 2014 rates.

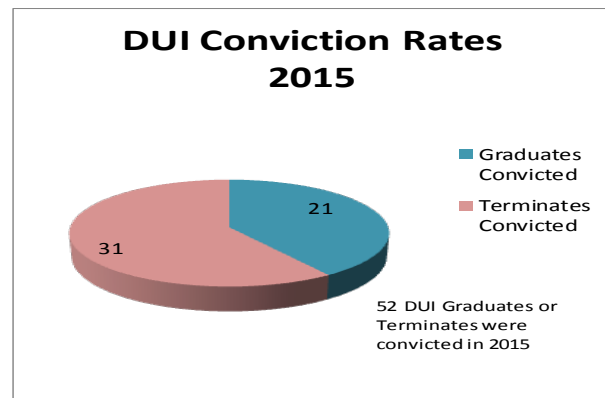
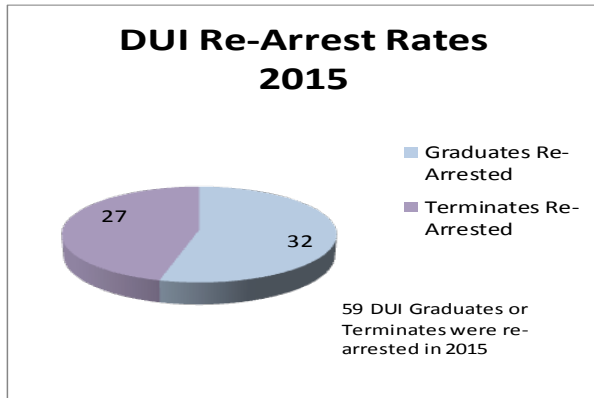
Note: Caution is recommended when comparing re-arrests rates with recidivism. Not all arrests result in conviction and not all arrests and convictions result in re-incarceration. Re-arrest was calculated by the first offense post program departure for all participants. Misdemeanor arrests were separated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

The 2015 DUI re-arrest rates for DUI docket graduates was 9%, compared to 21% for those revoked. Among the graduates, nearly 6% were arrested for misdemeanor offenses, while 3% were arrested for felony offenses. Nearly 14% of the revoked participants were arrested for

misdemeanor offenses, while 7% were arrested for felony offenses. The re-arrest rate for all DUI docket departures in 2015 was 12%, which is 52% lower than 2014. Among all departures, 8% were arrested for misdemeanor offenses, while 4% were arrested for felony offenses. Overall, the re-arrest rate is higher for terminated participants than graduates.

Table 16: 2015 DUI DTC Dockets Re-arrest Rates

	2014			2015			% Change
Total Departures	478			492			2.93%
Graduates	336		70.29%	365	74.19%		8.63%
Revoked	142		29.71%	127	25.81%		-10.56%
Total	478		100.00%	492		100.00%	
Graduates	Misdemeanor	Felony	Total	Misdemeanor	Felony	Total	
Re-arrested	57	23	80	21	11	32	-60.00%
Re-arrested Rate	16.96%	6.85%	23.81%	5.75%	3.01%	8.77%	
Within 1 Year	29	11	40	21	11	32	
Re-arrest Rate	8.63%	3.27%	11.90%	5.75%	3.01%	8.77%	
1-2 Year	28	12	40	N/A			
Re-arrest Rate	8.33%	3.57%	11.90%	Misdemeanor	Felony	Total	
Revoked	Misdemeanor	Felony	Total	Misdemeanor	Felony	Total	
Re-arrested	31	13	44	18	9	27	-38.64%
Re-arrested Rate	21.83%	9.15%	30.99%	14.17%	7.09%	21.26%	
Within 1 Year	18	5	23	16	8	24	
Re-arrest Rate	12.68%	3.52%	16.20%	12.60%	6.30%	18.90%	
1-2 Year	13	8	21	2	1	3	
Re-arrest Rate	9.15%	5.63%	14.79%	1.57%	0.79%	2.36%	
Total Departures	Misdemeanor	Felony	Total	Misdemeanor	Felony	Total	
Re-arrested	88	36	124	39	20	59	-52.42%
Re-arrested Rate	18.41%	7.53%	25.94%	7.93%	4.07%	11.99%	
Within 1 Year	47	16	63	37	19	56	
Re-arrest Rate	9.83%	3.35%	13.18%	7.52%	3.86%	11.38%	
1-2 Year	41	20	61	N/A			
Re-arrest Rate	8.58%	4.18%	12.76%				



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.

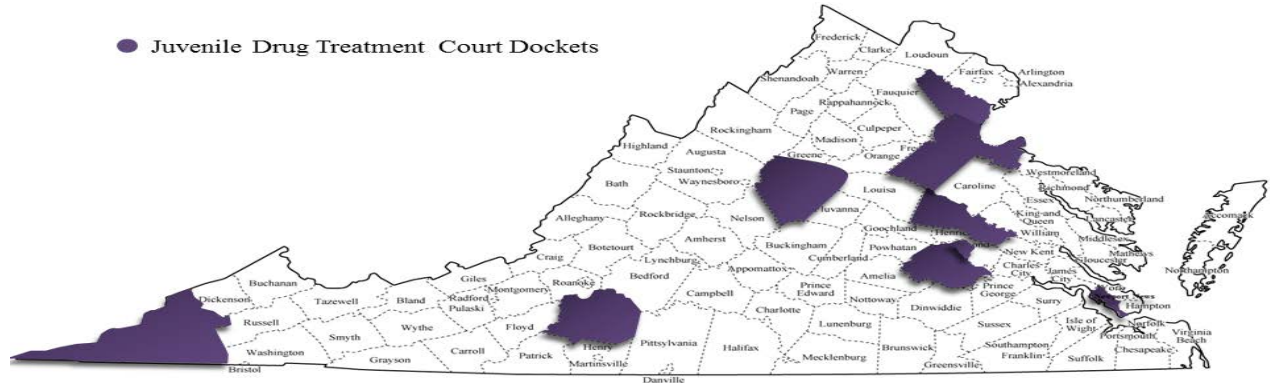
Research on juvenile drug treatment court dockets has lagged behind that of its adult counterparts. The field is beginning to identify the factors that distinguish effective from ineffective programs. Significant positive outcomes have been reported for juvenile drug treatment court dockets that adhere 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 year 2014-15. Over the past two years there have been a decreasing number of referrals 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 2015 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 9-12 months.

Figure 5: Map of Virginia's Juvenile DTC Dockets



Chesterfield/Colonial Heights
 Franklin County
 Hanover County
 Newport News

Prince William County (closed 6/30/15)
 Rappahannock Regional
 Richmond City
 Thirteenth District (Lee, Scott, and Wise Counties)

The first juvenile drug treatment court docket in Virginia began operating in November 1998 serving Fredericksburg and the counties of Spotsylvania and Stafford named as the Rappahannock Regional Juvenile Drug Treatment Court. They included King George County since 2011. Eight additional juvenile drug treatment court programs became operational between 1999 and 2009. Fairfax County Juvenile Drug Treatment Court Docket closed in 2010 and Prince William County Juvenile Drug Treatment Court Docket closed June 30, 2015.

Before Juvenile Drug Treatment Court

- Entered Drug Court 6/24/2008 at age 16
- Charges – Assault; possession of alcohol x2
- Living w/mother, stepfather, younger stepsister
- Physically abused
- Behavioral problems in the school setting resulting in numerous suspensions, IE.
- Extensive alcohol and marijuana use
- Completely noncompliant at home
- All peer associations were negative
- No positive activities
- Lived in a high crime area

After Juvenile Drug Treatment Court

- Graduated drug court 12/14/2009
- Earned GED
- Healthy family relationship – much improved relationship with mother and stepfather
- Attended John Tyler Community College pursuing a degree in Economics
- Secured and maintained employment while in the program
- Currently working at Capital One and has maintained full time employment since April 2012
- Married on 1/17/2014; have one daughter
- No new criminal convictions

Summary of Juvenile Drug Treatment Court Dockets Participant Activity

Referrals: There were 83 referrals to the juvenile drug treatment court dockets in the fiscal year 2014 compared to 55 in the fiscal year 2015. This indicates a 33.7% decrease.

New Admissions: New admissions to the juvenile drug treatment court dockets decreased by 24.2% with 62 in the fiscal year 2014 compared to 47 in the fiscal year 2015.

Active Participants: The number of active participants (140) in the juvenile drug treatment court dockets in fiscal year 2015 decreased by 4% compared to (146) fiscal year 2014.

NOTE: Juvenile court cases are also decreasing. This will continue to be monitored.

Graduation: There were 29 graduates in the juvenile drug treatment court dockets for the fiscal year 2015 and 21 graduates in fiscal year 2014, a 38.1% increase in juvenile graduations. The 2015 graduation rate improved by over 38%, and the terminated rate was reduced by half. The graduation rate for juvenile drug treatment court dockets in 2015 was nearly 52%, with over half of the juveniles graduating.

Terminations: Twenty-seven (27) juveniles were terminated from the juvenile drug treatment court dockets in the fiscal year 2015, while double this number, 54 were terminated in the fiscal year 2014. This shows a 50.0% decrease in terminations. While the reason for program termination in juvenile drug court dockets in 2015 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.

Table 17: Summary of Juvenile Drug Treatment Court Dockets Activities

Summary of Juvenile Drug Treatment Court Docket Activity			
	2014	2015	%Change
Referrals	83	55	-33.7%
New Admissions	62	47	-24.2%
Active Participants During year	146	140	-4.1%
Graduated	21	29	38.1%
Graduated Rate	28.0%	51.8%	
Terminated	54	27	-50.0%
Terminated Rate	72%	48.2%	

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 209 times in the fiscal year 2015, compared to 196 times in 2014. Drug test results are positive most frequently for marijuana in both 2014 and 2015, while in 2014 it was followed by self-admitted use for alcohol and other drugs. New trends started appearing in positive drug screen results in 2014 and 2015; in 2014, Benzodiazepines and K2/Spice were both detected, while in the latter half of 2015 opiates were detected.

Some additional notes about referrals not accepted into drug treatment court are included below.

Juveniles not eligible to participate included:

- Five (5) juveniles were found to be not eligible for the drug treatment court dockets in the fiscal year 2015. Two (2) were not eligible because they were determined not suitable for the program. One was not eligible due to not being placed by the Department of Social Services in the jurisdiction of the drug treatment court docket when he was released from detention. Another candidate was ineligible because she was not drug dependent. One candidate was determined not eligible because he had charges of violence with a weapon and a history of violent sex acts.
- Nine (9) juveniles were declared not eligible to participate in the drug treatment court dockets for multiple reasons during fiscal year 2014. Three (3) juveniles were ineligible because they were not suitable for the program. The reasons for why they were not suitable included: a juvenile had pending adult charges, a juvenile was too old for the program (*cannot be served after age 21*), or a juvenile provided disqualifying information during their assessment. Three (3) juveniles were deemed not suitable due to not drug dependent. Three (3) juveniles had committed violent acts.

Juveniles not willing to participate included:

- Four (4) juveniles were not willing to participate in the drug treatment court docket in fiscal year 2015. The reasons included: believing the program was too time-consuming, had a lack of family support, took conviction instead of the program and felt they would not benefit from the program.
- Ten (10) juveniles were not willing to participate in the drug treatment court docket in fiscal year 2014. Five (5) juveniles did not have family support to participate in the drug treatment court program. Two (2) juveniles were not willing to participate because they believed the program was too time-consuming and one believed it was too intense and chose an alternative treatment. Other reasons included having no interest in the program and denying substance abuse issues.

Family Drug Treatment Court Dockets

Family drug treatment court dockets successfully apply the drug court model to child welfare cases that involve child abuse or neglect and parental substance abuse. A family drug treatment court program is a specialized civil docket devoted to cases of child abuse and neglect that involve substance abuse by the child's parents or other caregivers. Its purpose is to protect the safety and welfare of children while giving parents the tools they need to become sober, responsible caregivers. Family drug treatment 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.⁵

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 of child abuse, neglect or dependency. The parents/guardians may enter the family drug

⁵ 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.

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.⁶

Virginia created and adopted the Family Drug Treatment Court Standards. These standards reflect the existing common characteristics outlined in Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model Monograph published

⁶ <http://www.ncjfcj.org/images/stories/dept/ppcd/keyprinciples.final.pdf>

by the Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, December 2004.⁷ 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 2015, 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.

⁷ 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.

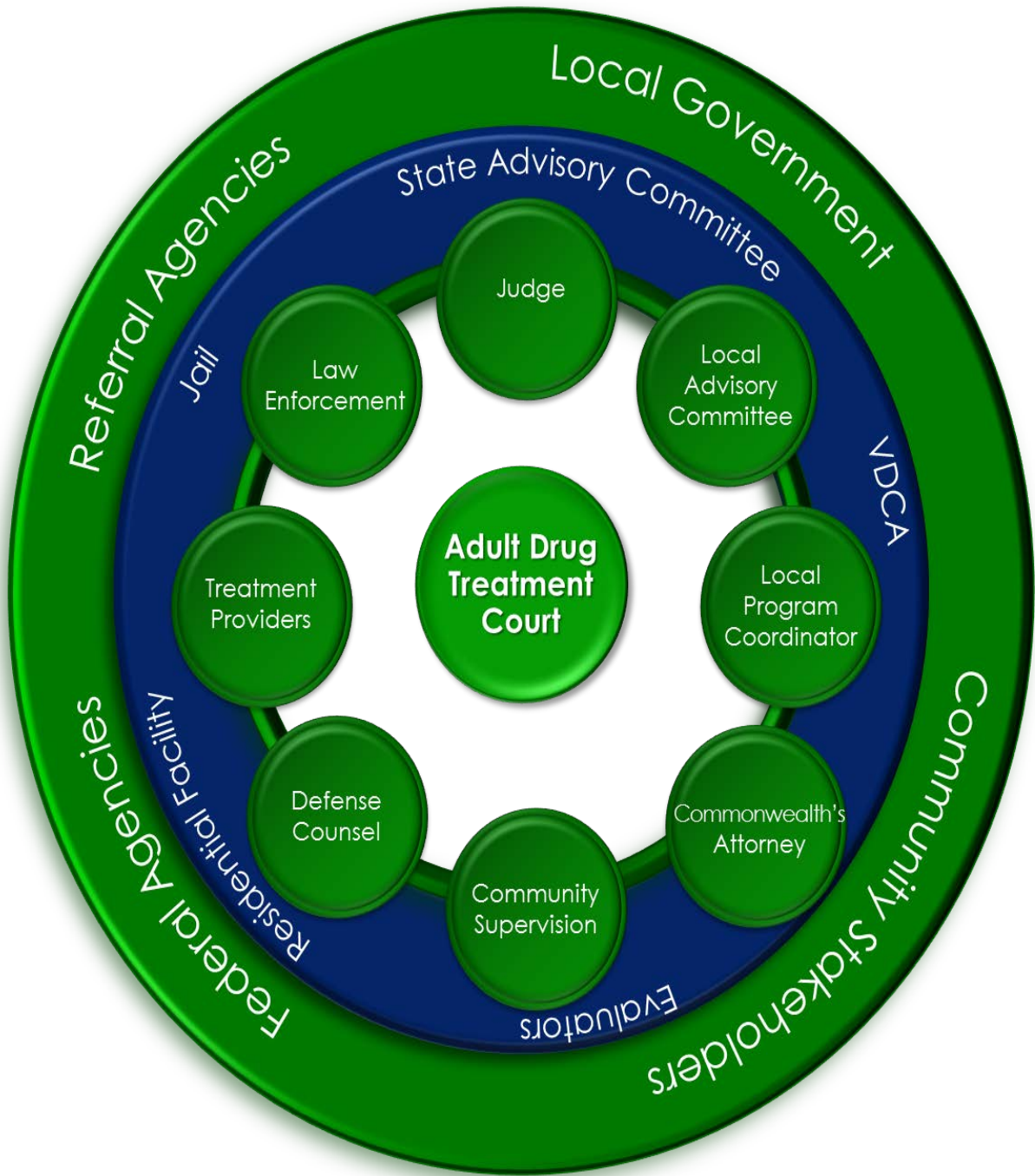
Q. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the Juvenile and Domestic Relations District Court for the County of Franklin, provided that such court is funded solely through local sources.

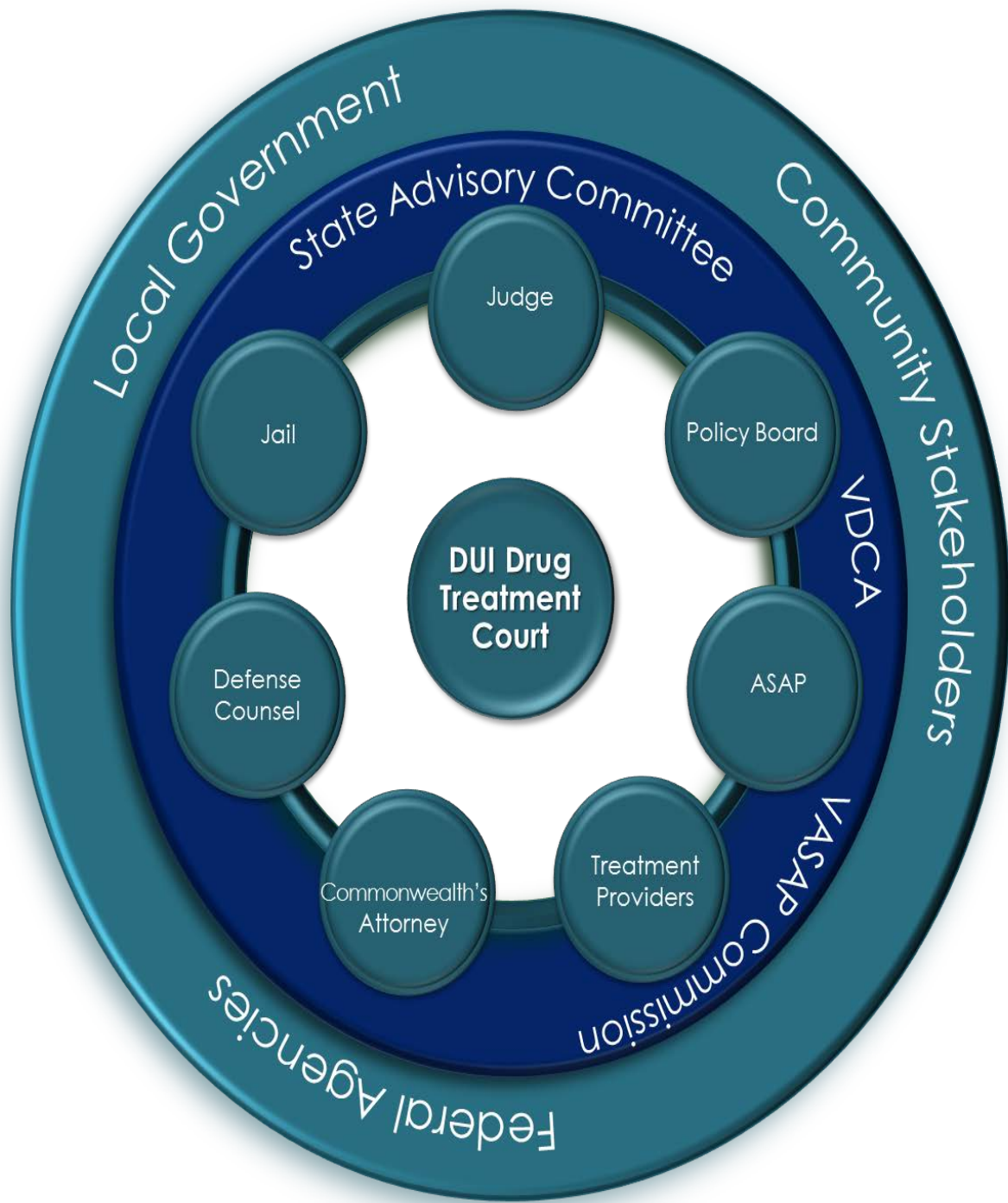
R. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the City of Bristol and the County of Tazewell, provided that the court is funded within existing state and local appropriations.

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

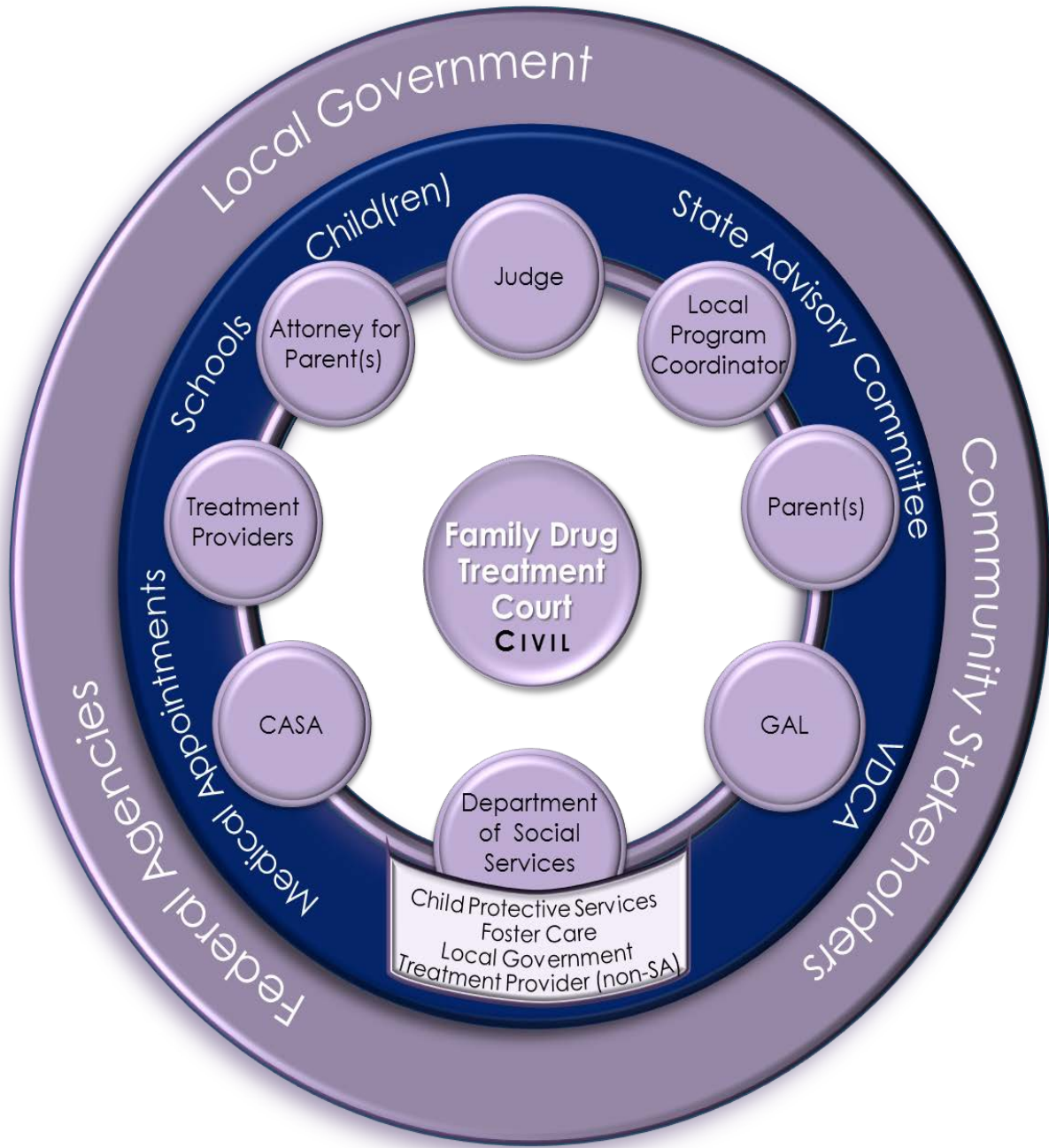
Appendix B

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

Patricia Shaw, 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

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

Maria Jankowski, Deputy Director
Virginia Indigent Defense Commission

Melanie Meadows, Vice-President
Virginia Drug Court Association

Hon. Charles Dorsey, Judge
Roanoke City Circuit Court

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

Cheryl Robinette, Coordinator
Tazewell Adult Drug Court

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

Hon. Denise Lunsford, Commonwealth's
Attorney, Albemarle County
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

Makita Lewis
Virginia Department of Social Services

Staff:

Paul DeLosh, Director
Judicial Services Department

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

Brittney Journigan, Drug Court Analyst
Judicial Services Department

***EXECUTIVE COMMITTEE**

Appendix D
Virginia's Drug Treatment Court Dockets

Virginia's Drug Treatment Court Dockets

Adult Drug Treatment Court Dockets

30th 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

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

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

Twenty-third Judicial Circuit Drug Court
(serves the County of Roanoke and the cities of Roanoke, Salem and Vinton)
City of Roanoke Circuit Court, County of Roanoke Circuit Court and Salem Circuit Court

Russell County Drug Court
Russell County Circuit Court

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

Tazewell County Drug Court
Tazewell Circuit Court

Washington County Drug Court
Washington County Circuit Court

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

Prince William County Drug Court
Prince William 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

Richmond Drug Court
Richmond J&DR District Court

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

Family Drug Treatment 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

APPENDIX E

Adult Drug Courts Impact on the Prescription Drug User Study: Progress Report

**ADULT DRUG COURTS IMPACT ON
THE PRESCRIPTION DRUG USER STUDY:
Progress Report**

**Prepared by
Knowledge Advisory Group**

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Recommendations and Next Steps.....	14
<i>Substance Abuse Testing Protocol.....</i>	<i>Attachment A</i>

INTRODUCTION AND BACKGROUND

The problem of prescription drug abuse in Virginia has been escalating for more than two decades, particularly within the Southwest region of the state. A 2012 report on *Prescription Drug Abuse in Southwest Virginia: Recommendations from the Summit* stated that, “according to the Office of the Chief Medical Examiner for the Western District of Virginia, drug deaths have increased throughout Virginia over 80 percent since 1999 and 41 percent in Western Virginia from 2007 to 2011.” Many of the areas with the highest rates of prescription drug deaths⁸ are located in southwest Virginia including Buchanan, Dickenson, Russell, Tazewell, and Wise counties. In addition, the abuse of prescription drugs by participants in adult drug court programs is evident across the state. The Request for Proposals for this study noted that “25% of current participants statewide indicate that Benzodiazepines (Valium and Xanax) are primary drug of choice, and another 22% indicate that Opiates (non-Heroin) are a primary drug of choice.” These concerns are also being examined by the Governor’s Task Force on Prescription Drug and Heroin Abuse, which was established in September 2014. The Task Force was created to recommend immediate steps to address the growing epidemic of prescription opioid and heroin abuse in Virginia.

In May 2014, the Office of the Executive Secretary of the Supreme Court of Virginia selected Knowledge Advisory Group to plan and conduct an impact study of adult drug treatment courts in five jurisdictions with relatively high percentages of prescription drug abusing participants. Final project findings may be used to further shape drug court policies in these and similar jurisdictions.

The first step in the study is to select five study sites from the 21 active adult drug courts for inclusion in the study. Due to the noted prevalence of prescription drug abuse in southwest Virginia, at least one of the study sites will be selected from the adult drug courts in this region. Afterwards, a descriptive study will be conducted on the selected program sites. Following the descriptive study, the project will assess program effectiveness and costs versus savings generated, as compared to traditional court processing for similar offenders. In addition, Knowledge Advisory Group will assist with testimony and communications to decision-makers and stakeholders, and provide data recommendations to support further research.

⁸ Prescription drug deaths are defined as Fentanyl, Hydrocodone, Methadone and Oxycodone (FHMO) deaths reported by the Office of Chief Medical Examiner (OCME) for 2012.

SITE SELECTION APPROACH

The first phase of the project focused on selecting adult drug courts for the study, specifically those with a higher prevalence of prescription drug use. Specific selection criteria were established to ideally identify five drug courts, representing different areas of the state. At least one of the drug courts chosen was planned to be from Southwest Virginia given its established profile as the premier prescription abuse region.

The site selection phase began with researching and reviewing historical documents and data. Specific tasks included:

- Reviews of data from the Virginia Drug Court Database;
- Reviews of the 2012 report on *Prescription Drug Abuse in Southwest Virginia: Recommendations from the Summit*;
- Reviews of previous drug treatment court evaluations;
- Review of drug courts by geographical region; and
- Research and review of additional community data.

A tiered set of considerations was established for selecting the study sites. Primary considerations included the maturity level of the drug court, case validation percentages for required data elements in the Virginia Drug Court Database, and the number of cases for a drug court within an established study timeframe. These data provided clarity on the availability of appropriate study information for each of the drug courts. An additional primary consideration, the proportion of prescription drug users, was examined for those drug courts that demonstrated availability of appropriate data. Both Positive Drug Tests and Drug of Choice data from the Virginia Drug Court Database were used to examine the proportion of prescription drug users.

A set of secondary considerations was then examined for those adult drug courts with relatively higher prescription drug use. To understand the areas that each of the potential drug courts would represent, the location for each drug court was classified by its respective Virginia Performs region designation. The following community data were also examined as secondary considerations:

- Number of reported drug/poison deaths by fentanyl, hydrocodone, methadone and oxycodone by city or county residence in 2012, as reported by the Office of the Chief Medical Examiner.
- Types of drugs seized during drug arrests from the Virginia Department of State Police's Virginia Uniform Crime Reports.

After identifying a preliminary group of potential study sites, supplemental drug testing was initiated to provide additional information on current prescription drug use by participants. This drug testing phase included the following tasks:

- Gathered descriptions of current drug testing practices (types of drugs tested and frequency of testing) from potential drug courts;
- Researched options for prescription drug testing;
- Purchased and distributed drug testing kits for standardized testing over a minimum 12-week period;
- Created a drug testing protocol for the use of new testing kits in potential sites;
- Created the framework to collect testing data in a standardized format in the Virginia Drug Court Database during the testing cycle; and
- Began the development of additional recommendations to modify the Virginia Drug Court Database and improve data accuracy.

Seven potential sites proceeded with supplemental drug tests from May to September 2015. These data were analyzed to develop this report and identify the study sites recommended to the Office of the Executive Secretary.

PRELIMINARY FINDINGS

The initial review of data focused on identifying five adult drug courts with a high percentage of prescription drug users. Multiple factors were considered during the site selection process, as described below.

Primary Considerations

Level of Maturity

The length of time a drug court had been in operation prior to start of the study was an initial consideration in the selection of study sites. Selected drug courts must have had adequate time to both ramp up participation and provide a full set of services to a sufficient number of participants.

Case Validation

Case Validation data were used to examine compliance with the data entry guidelines of the Virginia Drug Court Database. Higher case validation percentages indicated that required participant information was more consistently entered into the database.

Proportion of Prescription Drug Users

Data from the Virginia Drug Court Database were used to determine the proportion of identifiable prescription drug users for each adult drug court. The data sample was restricted to adult drug court participants that had an acceptance date on or after July 1, 2007 with a completion date⁹ on or before December 31, 2013.¹⁰ The number of cases found within this range for each drug court was examined to determine whether a reasonable number of completed cases were available for the evaluation study and cost-benefit analysis. Both Drugs of Choice (DOC) and Positive Drug Test (PDT) data were examined to determine whether a participant should be classified as a prescription drug user. Research and interviews with drug testing experts were used to identify this list of prescription substances:

- Amphetamine
- Barbiturate
- Benzodiazepine
- Ketamine (Special K)
- Methadone
- Methamphetamine
- Opiate
- OxyContin

⁹ All completion types were included (e.g. absconded, terminated, successful completion).

¹⁰ Seven cases were excluded from this timeframe due to possible data entry errors (e.g., duplicate entries).

These categories of prescription drugs were subsequently utilized to identify users based on either their self-reported preferred drugs or positive drug tests.

Two additional categories from the Virginia Drug Court Database, labeled as Over the Counter¹¹ or Prescription, were also considered in identifying prescription drug users.

The percentage of participants that had at least one positive drug test for an identified prescription drug was calculated, as well as the percentage of participants that reported at least one identified prescription drug among their drugs of choice.

Review of Primary Data

Table 1 provides a summary of primary considerations regarding data availability for each of the adult drug courts operating at the start of the study. Lower case numbers are generally indicative of more recent program initiation dates.

Table 1			
Data Availability			
Adult Drug Court	Program Initiation Date	Case Validation, as of October 2014	# of cases with completion dates
30 th Circuit Adult Drug Court	July 2012	NA	3
Albemarle County, Charlottesville Adult Drug Court	July 1997	97%	176
Arlington Adult Drug Court	October 2012	100%	4
Bristol Adult Drug Court	March 2010	52%	26
Buchanan Adult Drug Court	July 2012	100%	5
Chesterfield, Colonial Heights Adult Drug Court	September 2000	86%	137
Chesapeake Adult Drug Court	August 2005	85%	36
Dickenson Adult Drug Court	July 2012	NA	1
Hampton Adult Drug Court	February 2003	99%	73

¹¹ Drug testing experts recommended the inclusion of the Over the Counter response because many of these products contain lower dosages of prescription medications.

Table 1
Data Availability

Adult Drug Court	Program Initiation Date	Case Validation, as of October 2014	# of cases with completion dates
Henrico County Adult Drug Court	January 2003	100%	169
Newport News Adult Drug Court	November 1998	99%	74
Norfolk Adult Drug Court	November 1998	100%	175
Portsmouth Adult Drug Court	January 2001	100%	90
Prince George, Hopewell & Surry Adult Drug Court	September 2002	68%	25
Rappahannock Regional Adult Drug Court	October 1998	100%	353
Richmond Adult Drug Court	March 1998	84%	190
23 rd Judicial Circuit Adult Drug Court	September 1995	97%	383
Russell Adult Drug Court	July 2012	100%	7
Staunton, Waynesboro Adult Drug Court	July 2002	55%	49
Tazewell Adult Drug Court	March 2009	85%	40
Washington Adult Drug Court	July 2012	98%	7

From this list, a number of drug courts were removed for consideration as study sites due to their low number of completed cases within the study timeframe. Adult drug courts with 35 or greater cases are included in Table 2, which provides a summary of relevant data.

Table 2**Proportion of Prescription Drug Users**

Adult Drug Court	# of cases	#/% with at least one Positive Drug Test (PDT) for Prescription Drugs		#/% Prescription Drugs listed as at least one Drug of Choice (DOC)	
		#	%	#	%
Albemarle County, Charlottesville Adult Drug Court	176	17	10%	18	10%
Chesterfield, Colonial Heights Adult Drug Court	137	62	45%	75	55%
Chesapeake Adult Drug Court	36	4	11%	3	8%
Hampton Adult Drug Court	73	8	11%	10	14%
Henrico County Adult Drug Court	169	37	22%	16	9%
Newport News Adult Drug Court	74	6	8%	7	9%
Norfolk Adult Drug Court	175	35	20%	14	8%
Portsmouth Adult Drug Court	90	38	42%	10	11%
Rappahannock Regional Adult Drug Court	353	159	45%	257	73%
Richmond Adult Drug Court	190	82	43%	39	21%
23 rd Judicial Circuit Adult Drug Court	383	182	48%	278	73%
Staunton, Waynesboro Adult Drug Court	49	17	35%	27	55%
Tazewell Adult Drug Court	40	27	68%	38	95%

Tazewell Adult Drug Court had the highest percentages for both participants with at least one Positive Drug Test (68%) and at least one prescription drug in their Drugs of Choice (95%). High percentages were also reported for Chesterfield/Colonial Heights, Portsmouth, Rappahannock Regional, Richmond, 23rd Judicial Circuit, and Staunton/Waynesboro Adult Drug Courts.

Secondary Considerations

In an effort to both confirm prevalence of prescription drug use and narrow the study scope, a series of secondary considerations were then examined for the seven adult drug courts with the highest presence of identified prescription drug users.

Regional Location

These potential study sites represent seven regional areas of the state, as established by Virginia Performs. The Rappahannock Regional Adult Drug Court serves localities in two regions.

Table 3	
Regional Locations of Potential Study Sites	
Potential Study Site	Corresponding Virginia Performs Region
Chesterfield, Colonial Heights Adult Drug Court	Central
Portsmouth Adult Drug Court	Hampton Roads
Rappahannock Regional Adult Drug Court	Northern and Eastern (King George)
Richmond Adult Drug Court	Central
23 rd Judicial Circuit Adult Drug Court	West Central
Staunton, Waynesboro Adult Drug Court	Valley
Tazewell Adult Drug Court	Southwest

Community Data

Two sets of community-based data were reviewed to support the site selection process. The first was the number of reported drug/poison deaths by fentanyl, hydrocodone, methadone and oxycodone by city or county residence for 2012, as reported by the Office of the Chief Medical Examiner. The second were the types of drugs seized during drug arrests from the Virginia Department of State Police’s (VSP) Virginia Uniform Crime Reports. Data from both community data sources are shown in Table 4 below.

Table 4

Community Data

Adult Drug Court	Localities	OCME FHMO Deaths (Co./City of Residence)		Types of Seized Drugs During Drug Arrest*
		Total Deaths	Rate per 100,000	
Chesterfield, Colonial Heights Adult Drug Court	Chesterfield	13	4.0	<ul style="list-style-type: none"> • No noted prescription categories greater than 10%
	Colonial Heights	1	5.7	
Portsmouth Adult Drug Court	Portsmouth	2	2.1	<ul style="list-style-type: none"> • No noted prescription categories greater than 10%
Rappahannock Regional Adult Drug Court	Fredericksburg	2	7.3	<ul style="list-style-type: none"> • Fredericksburg FY12-11% on <i>Other Narcotics</i> • Spotsylvania FY11-11% on <i>Other Narcotics</i> • Spotsylvania FY12-16% on <i>Other Narcotics</i> • Spotsylvania FY11-14% on <i>Other Narcotics</i> • King George FY09-13% on <i>Other Narcotics</i> • King George FY10-12% on <i>Other Narcotics</i> • King George FY11-13% on <i>Other Narcotics</i> • King George FY13-38% on <i>Other Narcotics</i>
	Spotsylvania	6	4.8	
	Stafford	3	2.2	
	King George	3	12.2	
Richmond Adult Drug Court	Richmond City	6	2.9	<ul style="list-style-type: none"> • No noted prescription categories greater than 10%
23 rd Judicial Circuit Adult Drug Court	Roanoke City	11	11.3	<ul style="list-style-type: none"> • Salem City FY11-13% on <i>Other Narcotics</i> • Salem City FY11-10% on <i>Other Drugs</i> • Roanoke County FY09-10% on <i>Other Drugs</i>
	Salem City	3	12.0	
	Roanoke County	4	4.3	

Table 4

Community Data

Adult Drug Court	Localities	OCME FHMO Deaths (Co./City of Residence)		Types of Seized Drugs During Drug Arrest*
		Total Deaths	Rate per 100,000	
Staunton, Waynesboro Adult Drug Court	Staunton	1	4.2	<ul style="list-style-type: none"> • Waynesboro FY11-20% on <i>Other Narcotics</i> • Waynesboro FY12-12% on <i>Other Narcotics</i> • Waynesboro FY13-11% on <i>Other Narcotics</i> • Waynesboro FY08-FY13 ranging from 19-34% on <i>Amphetamines/Methamphetamines</i>
	Waynesboro	2	9.5	
Tazewell Adult Drug Court	Southwest	12	27.1	

*SOURCE: Virginia Uniform Crime Reports, Virginia Dept. State Police (FY2008-2013). Specific drug categories that may include prescription drugs were examined including the following: other narcotics, amphetamines/methamphetamines, other stimulants barbiturates, other depressants, and other drugs. This table reports findings for localities (within the Drug Court service areas) with a percentage of 10% or greater proportion of total unique drug arrests on a prescription-relevant seized drug category for at least one year between FY2008-FY2013.

Supplemental Drug Testing

To further support the site selection process, the Supreme Court of Virginia utilized Bureau of Justice Assistance Federal Grant funds (2012-DC-BX-0050) to provide seven potential study sites with supplemental and standardized on-site testing supplies. Two vendors provided drug test options for drug court use. Multiple factors were considered in the selection of the testing supplies: types of tested drugs, number of drugs tested, testing methods, adulteration checks, delivery time and cost. A 12 panel (12P) on-site test was selected. Table 5 provides the list of drugs screened by the selected 12P VistaFlow cup.

Table 5		
Drugs Screened by the 12P VistaFlow Cup		
<i>Drugs listed in bold have been identified as a Prescription Drug</i>		
Amphetamine (AMP)	Ecstasy (MDMA)	Methamphetamine (MET)
Benzodiazepines (BZO)	Fentanyl (FEN)	Morphine/Opiates (MOR)
Buprenorphine (BUP)	Marijuana (THC)	Oxycodone (OXY)
Cocaine (COC)	Methadone (MD)	Tramadol (TRA)

In an effort to standardize the implementation of tests across the selected drug courts, a protocol was developed and provided to all participating drug courts (Attachment A). The protocol outlined the initial testing period, the minimum frequency of testing by participant's phase, supplies provided, costs covered, and reporting instructions for entering results in a newly created tab for the Virginia Drug Court Database. In addition to the 12P on-site test, the protocol included information on a comprehensive lab test (P45). Unfortunately, logistical issues regarding reporting and billing through the laboratory prohibited implementation of the P45 during this testing period. The comprehensive laboratory tests may be used by the selected study sites at a later time if these issues can be resolved.

The seven drug courts were asked to test their participants using the supplemental tests for a minimum twelve-week period beginning on May 8, 2015. Each court was encouraged to continue utilizing and reporting the provided tests until all supplies were expended. Data from the Virginia Drug Court Database on the 12P on-site drug tests completed by September 2, 2015 were included in the site selection process.

A total of 7,887 drug tests across 358 drug court participants were reported during the supplemental testing period. The total number of participants with at least one positive drug test for any of the nine prescription drugs screened was 105 (29%). The total number of participants with at least one positive drug test for any of the twelve drugs screened, both prescription and illicit, was 125 (35%). Drug courts were also instructed to identify individuals who were participating in a Medication-Assisted Treatment

(MAT) program. Eleven participants were enrolled in a MAT program during the supplemental testing period. Table 6 provides a summary of data for each participating drug court.

Table 6							
Summary Data by Drug Court							
Drug Court	# of Participants completing at least one drug test	# of Completed 12P Tests	# of participants with at least one Prescription PDT		# of participants with at least one one PDT, any drug		# MAT
			#	%	#	%	
Chesterfield, Colonial Heights Adult Drug Court	30	719	4	13%	4	13%	0
Portsmouth Adult Drug Court	36	1003	14	39%	20	56%	2
Rappahannock Regional Adult Drug Court	89	1984	23	26%	27	30%	0
Richmond Adult Drug Court	48	1210	10	21%	12	25%	2
23 rd Judicial Circuit Adult Drug Court	121	2242	49	40%	57	47%	0
Staunton, Waynesboro Adult Drug Court	18	342	3	17%	3	17%	0
Tazewell Adult Drug Court	16	387	2	13%	2	13%	7
Total	358	7887	105	29%	125	35%	11

The number of drug tests completed by each program during the reporting timeframe was based on several factors including the number of participants, program phases of enrolled participants, and the drug court's frequency of optional testing. Roanoke (40%) and Portsmouth (39%) had the highest percentage of participants that tested positive on at least one prescription drug while Chesterfield/Colonial Heights and Tazewell had the lowest percentage at 13%.

Table 7 displays the number and percentage of participants that tested positive for each drug at least once on the 12P test. The percentage of positive tests was highest for Morphine/Opiate (15%). No positive tests were reported for ecstasy (MDMA) and two percent of participants tested positive for methamphetamines. Between six and eight percent of the participants tested positive for the remaining drugs screened.

The number of participants who tested positive on each drug by drug court is also listed in Table 7. Morphine/opiates showed the highest percentage of positive tests for the majority of the participating drug courts. Portsmouth had the highest percentage of participants test positive for cocaine, while Tazewell had the highest percentage for Tramadol.

Table 7

**Number and Percent of Participants that Tested Positive
for Each of the Drugs Listed at least Once during the Reported Testing Period**

	Total		Chesterfield/ Colonial Heights		Portsmouth		Rappahannock		Richmond		23 rd Judicial Circuit		Staunton/ Waynesboro		Tazewell	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
<i>12P Drugs Tested</i>																
Amphetamine	22	6%	0	0%	3	8%	2	2%	0	0%	16	13%	1	6%	0	0%
Benzodiazepine	25	7%	0	0%	1	3%	8	9%	1	2%	14	12%	0	0%	1	6%
Buprenorphine	21	6%	0	0%	3	8%	1	1%	2	4%	15	12%	0	0%	0	0%
Cocaine	28	8%	1	3%	11	31%	1	1%	3	6%	12	10%	0	0%	0	0%
Fentanyl	20	6%	0	0%	7	19%	0	0%	0	0%	13	11%	0	0%	0	0%
Ecstasy	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Marijuana	24	7%	0	0%	2	6%	7	8%	0	0%	15	12%	0	0%	0	0%
Methadone	21	6%	0	0%	1	3%	0	0%	0	0%	20	17%	0	0%	0	0%
Methamphetamine	7	2%	0	0%	1	3%	0	0%	0	0%	5	4%	1	6%	0	0%

Morphine/opiate	52	15%	2	7%	12	33%	8	9%	6	13%	22	18%	2	11%	0	0%
Oxycodone	21	6%	0	0%	3	8%	6	7%	2	4%	10	8%	0	0%	0	0%
Tramadol	28	8%	2	7%	1	3%	6	7%	4	8%	13	11%	0	0%	2	13%

** Drugs listed in **bold** have been identified as a prescription drug. Percentages of 10% or greater are listed in **bold**.*

RECOMMENDATIONS AND NEXT STEPS

Recommendations for final site selections are provided below. Selections were based on a review of the data gathered and summarized to date, including drug court characteristics, historical drug test statistics, supplemental drug test results and selected community data. A brief summary of next steps for the project are also reviewed.

Recommendations

As opposed to limiting the study scope to five sites, Knowledge Advisory Group recommends expanding the number of study sites from five to seven, specifically, Chesterfield/Colonial Heights, Portsmouth, Rappahannock Regional, Richmond, 23rd Judicial Court, Staunton/Waynesboro and Tazewell. Our review of the data suggests several advantages to broadening the scope of study sites. By including the recommended seven sites, localities from seven of the eight regional areas of the state will be represented: Central, Eastern, Hampton Roads, Northern, Southwest, Valley and West Central. Data from each of these drug courts indicates that at least 35 percent of their participants test positive for a prescription drug.

Several additional factors were also taken into consideration. Chesterfield/Colonial Heights, Rappahannock Regional, 23rd Judicial Circuit, and Tazewell adult drug courts reported that at least 55 percent of their participants selected a prescription drug as a Drug of Choice. Community data supported the inclusion of Rappahannock Regional Adult Drug Court, 23rd Judicial Circuit Adult Drug Court, Staunton/Waynesboro and Tazewell Adult Drug court, with all reporting a rate of 9.5 OCME FMHO deaths per 100,000 or greater in 2012 for at least one locality served. In addition, VSP drug seizure statistics for these four courts indicated a high level of prescription drug use.

Data from supplemental drug testing, administered during the summer of 2015 to potential study sites, were also examined. The 23rd Judicial Circuit Adult Drug Court (40%) and the Portsmouth Adult Drug Court (39%) had high percentages of current participants who tested positive for a prescription drug. Both Rappahannock Regional (26%) and Richmond Adult Drug Courts (21%) also had relatively high percentages of participants who tested positive on a prescription substance, which supported inclusion as one of the formal study sites.

Tazewell Adult Drug Court represents Southwest Virginia, a region well known for significant levels of prescription drug abuse. Community data strongly supported the inclusion of Tazewell with OCME FHMO deaths reported at a rate of 27.1 per 100,000 in 2012. In addition to having at least 68 percent of their participants test positive for a prescription drug (as indicated by the Virginia Drug Court database), 95 percent of Tazewell participants self-reported a prescription drug among their drugs of choice.

In addition to the study site recommendations, a few preliminary data collection recommendations were noted during the initial data review. Implementing these data recommendations may increase the consistency of data entry and accuracy of summary interpretations across drug court programs. Initial recommendations include:

- Review and revise the list of drugs from which Virginia Drug Court Database users can select for both Drugs of Choice and Positive Drug Test fields. The current drug list includes both generic drug names and brand drug names. In addition, some categories represent a set of drugs such as opiates, while other drugs are as a specific brand name, such as OxyContin and Ultram. The descriptions of the drugs listed under each category should also be detailed enough to eliminate confusion.
- Develop a standard protocol for identifying a drug court participant with a valid prescription, including those enrolled in a Medication-Assisted Treatment (MAT) program. Currently, drug courts may enter a brief note in the comments section for these participants. The specificity of these comments vary by drug court and interpretation is often difficult. In most cases, it is unclear whether a positive drug test should be legitimately excused due to the presence of a valid prescription.
- Educate drug court personnel and stakeholders on the difficulties in distinguishing heroin use from prescription opiates on customary drug tests. Specifically, a morphine/opiate drug test may potentially identify heroin use since heroin rapidly metabolizes into morphine. However, drug testing laboratory professionals have indicated that there is an extremely small window of time after use in which to specifically distinguish heroin before it metabolizes into morphine, and this must occur through laboratory testing. The only way to confirm that a positive morphine/opiate test has actually detected heroin (as opposed to other prescription opiates) is to conduct a lab confirmation test for the 6-MAM metabolite. Otherwise, the program may only know that heroin has been used if the participant acknowledges use of heroin, or the participant shows signs of heroin use that are strong markers to the program staff (e.g., track marks).

Next Steps

Upon formal approval of the study sites, researchers will conduct descriptive, effectiveness and cost-benefit studies, as described below. Project activities will continue through Fall 2016.

Descriptive Study

The next phase of the project will be a descriptive study, which will assess the current operational status and accomplishments of each of the selected drug courts. Specific descriptions of each selected program site will include funding information, program requirements, program utilization (volume of cases), program policies and procedures, and participant characteristics.

In addition to a review and compilation of key program documents from each of the selected sites, client-specific descriptive data from the Virginia Drug Court Database will be reviewed. Next, site visits will be conducted to observe staffing meetings and court hearings. Interviews with drug court program staff and relevant parties will also be conducted via telephone or in-person meetings. Additional measurement tools (e.g. surveys) will be developed and implemented as needed to gather supplemental information. All gathered data and information will be analyzed and compiled into a descriptive study report.

Effectiveness Study and Cost-Benefit Analyses

Upon completion of the descriptive study, both the effectiveness and cost-benefit analysis phases will be accomplished for each study site. The effectiveness review will determine if recidivism and other key outcomes for prescription drug abusers within drug court programs differ as compared to similar offenders who do not receive drug court services. The cost-benefit analysis will assess whether reduced recidivism and other desired outcomes produce economic benefits that exceed the associated costs of such programs.

Data Recommendations

Finally, Knowledge Advisory Group will conduct ongoing reviews of collected data to monitor data integrity, identify site compliance concerns, and recommend database enhancements, as needed. We will produce a list of recommended variables for data collection to assist the drug courts in future evaluations of a similar nature. An initial list of recommendations will be provided at the conclusion of the descriptive study. A finalized set of recommendations will be provided at the conclusion of the project and will be shared with the statewide Drug Treatment Court Advisory Committee/Evaluation Committee.

SUBSTANCE ABUSE TESTING PROTOCOL

Policy

For Virginia Drug Courts currently under consideration for inclusion in the Office of the Executive Secretary's Prescription Drug Study, each Drug Court shall provide for two types of urine drug testing for all participants under Drug Court Supervision from May 8, 2015 – August 1, 2015, as indicated in this policy. (The drug testing supplies to be administered are provided to the Drug Court by OES)

Procedures:

- A. All participants are tested to detect substance use as follows:
1. During Phase 1 (and probationary phase if applicable), participants are tested three times per week using the VistaFlow Cups provided by the OES.
 - a. The timing of this administration within the calendar week will be determined by the local program.
 2. During Phase 2, participants are tested two times per week using the VistaFlow Cups provided by the OES.
 - a. The timing of this administration within the calendar week will be determined by the local program.
 3. During Phases 3 and above (including Reentry/Aftercare), participants are tested once per week using the VistaFlow Cups provided by the OES.
 - a. The timing of this administration within the calendar week will be determined by the local program.
 4. In addition to the required testing frequencies noted in Items A1-A3 above, Drug Courts are encouraged to test each participant two (2) additional times per month using the VistaFlow Cups provided by the OES, as the Drug Court's policies and capacity allows.
 5. Throughout the testing period, participants will also be administered the P-45 Comprehensive Panel once per calendar month, regardless of phase.

- a. New participants will be administered the P-45 Comprehensive Panel upon program entry to establish a baseline, which will satisfy the first month's requirement. Otherwise, the timing of the administrations within the calendar month will be determined by the local program.
 - b. The P-45 Comprehensive Panel test may be used as a replacement to satisfy one of the required VistaFlow tests each month.
6. Both the VistaFlow and the P-45 Comprehensive Panel tests can be used for scheduled and random testing.
 7. Drug court staff should follow the instructions supplied with these tests to ensure accurate administration & interpretation.
- B. In addition to these required testing procedures, each Drug Court may continue its own drug testing protocols at its discretion during this time frame.
- C. All other procedures typically used for your drug testing should follow your Drug Court's local protocol.

Supplies and Costs:

- A. All drug testing supplies for this effort are paid for and provided by the OES with BJA grant funds.
- B. Costs for confirmatory lab processing for VistaFlow Cup results, if desired, will be paid by the local Drug Court program.
- C. Costs for lab processing of P-45 Comprehensive Panel tests will be paid by the OES using BJA grant funds. *(Tests should be mailed in groups of 5 or more at time of administering the tests and collecting the samples)*
 - Send in 5 or more specimens in the same box to the lab free overnight Fed Ex shipping provided by lab
 - Another free option is sending specimens in via the USPS boxes that are also provided (please note this option is not time sensitive)

Reporting:

- A. All drug tests administered under this policy will be entered into the Virginia Drug Court Database system under the 12P or P45 tabs. *(Please note in the comments section if the participant was in MAT or had a prescription.)*

- B. Please indicate if the participant was receiving medication assisted treatment (MAT) by clicking box for yes or no check for no. Also include any prescriptions the participant had and the name of the prescribed drug(s).
- C. Adulteration tests are included on the 12P cups. Indicate failed adulteration test by checking the "failed adulteration test" box. No check assumes they passed adulteration tests.
- D. During this time frame, any additional drug testing accomplished beyond this policy will be entered into the Virginia Drug Court Database system in the Drug Tests tab, as customary.