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December 20, 2018

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

Dear Senators and Delegates:

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

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



Office of the Executive Secretary, Supreme Court of Virginia

2018 Annual Report

Preface

The Virginia Drug Treatment Court Act (Code of Virginia §18.2-254.1.N. See Appendix A) directs the Office of the Executive Secretary (OES) of the Supreme Court of Virginia, with the assistance of the State Drug Treatment Court Advisory Committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. The Act further directs the OES to annually provide the General Assembly with a report of these evaluations. This report reflects fiscal years 2014, 2015, 2016, 2017, and 2018 data prepared for the 2019 General Assembly.

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EXECUTIVE SUMMARY

In fiscal year (FY) 2018, there were fifty (50) drug treatment court dockets approved to operate in Virginia. Approved programs included: thirty-seven (37) adult, seven (7) juvenile, three (3) family and three (3) regional driving under the influence (DUI) Drug Treatment Court Dockets. Data from some of these dockets are not included in this report due to their recent start date or non-operational status.

The goals of Virginia drug treatment court dockets are to:

- *Reduce drug addiction and drug dependency among offenders;*
- *Reduce recidivism;*
- *Reduce drug-related court workloads;*
- *Increase personal, familial and societal accountability among offenders; and*
- *Promote effective planning and use of resources among the criminal justice system and community agencies.*

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

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

This report reviews the basic operations and outcomes of Virginia’s drug treatment court dockets for FY 2018. The analyses provided in this report were based on data entered for participants in Virginia’s drug treatment court dockets who were enrolled in a drug treatment court program after July 1, 2013 and completed (successfully or unsuccessfully) a drug treatment court docket program on or before June 30, 2018. The information provided includes measures of program participants including demographics, program entry offenses, length of program participation, graduation and termination, and rearrest/reconviction post program completion.

¹ Chapter 780 – 2016 Virginia Acts of Assembly – Item 40.H.2

The report is based on 1) data extracted from the drug court database developed and maintained by OES; and 2) arrest data obtained from the Virginia State Police (VSP). Details are provided separately for adult and DUI drug treatment court dockets. The Commission on Virginia Alcohol Safety Action Program (VASAP) requires the local Alcohol Safety Action Programs (ASAPs) to enter data in the Inferno database, and the data is routinely migrated into the drug treatment court docket database.

The juvenile drug treatment court docket model served slightly less than 100 participants among the seven programs during fiscal year 2018. As a result, only basic data is included for this model. Only two (2) family drug treatment court dockets accepted participants during FY 2018. As a result, there is minimal data to report on this model.

Also, information provided in this report reviews several new best practices in the drug treatment court docket programs over the past five years, such as the results of the Risk and Needs Triage (RANT) tool. RANT is a highly secure web-based decision support tool designed with criminal justice professionals in mind. The tool demonstrates how drug-involved offenders can be matched to the level of supervision and treatment best suited to both their criminogenic risks and clinical needs. RANT was selected to comply with the 2012 budget language noted above, “*Any drug court treatment program established after July 1, 2012, shall limit participation in the program to offenders who have been determined, through the use of a nationally recognized, validated assessment tool, to be addicted to or dependent on drugs.*” RANT is easily administered by non-specialists in 15 minutes or less and offers instant, individual participant-level reporting. RANT consists of 19 questions. Federal grant funds allowed the OES to purchase the intellectual property to add RANT to the drug court docket database for adult drug treatment court docket staff to use for each referral in order to target the high risk and high need candidates for acceptance.

Best Practice

The National Association of Drug Court Professionals (NADCP) announced that evidence-based treatment court dockets continue to expand and save lives, serving over 2,900 drug court dockets and more than 127,000 participants in the United States in 2018. According to the Office of National Drug Control Policy (ONDCP), the drug treatment court docket model is a best practice because:

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

*alone*².

NADCP released Vol. I and Vol. II of the Adult Drug Court Best Practice Standards³ in the past five years, completing the most comprehensive compilation of research-based, specific, practitioner-focused drug court guidance ever produced.³ The Standards compile two decades of research on addiction, pharmacology, behavioral health and criminal justice, and include lessons that will not only improve drug court dockets, but will help improve the way the entire judicial system responds to offenders living with addiction or mental illness. Virginia Adult Drug Treatment Court Standards are being consistently measured and updated to ensure compliance with best practices.

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 DUI drug treatment court dockets through the Drug Treatment Court Division of the Department of Judicial Services within OES. 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 dockets 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 rearrest and additional incarceration. Every adult participant who completes a Virginia drug treatment court docket program saves the Commonwealth \$19,234 compared to an adult who receives traditional case processing.⁴

Funding for Virginia's Drug Treatment Court Dockets

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

² https://obamawhitehouse.archives.gov/sites/default/files/page/files/drug_courts_fact_sheet_10-13-11.pdf

³ <https://ndcrc.org/resource/nadcp-adult-drug-court-best-practice-standards-volume-ii/>

⁴ <https://rga.lis.virginia.gov/Published/2012/RD369/PDF>

currently being reconsidered by a sustainability workgroup. Under the current protocol, programs must meet minimum compliance elements to receive funds. The minimum compliance elements include:

- *Approval to operate in Virginia;*
- *Enrollment of a minimum number of participants;*
- *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; Achievement of benchmark 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 average of all like-model dockets over the past two years of program operation with +/-5%.*

Currently, state funds are administered to twenty-seven (27) adult and six (6) juvenile drug treatment court docket programs in the form of grants. Programs receiving these funds utilize the funds primarily for drug treatment court docket team personnel. Treatment services for drug treatment court docket participants are generally provided through local public substance abuse treatment systems also known as Community Services Boards (CSB) or the Behavioral Health Authorities. Participant supervision is provided by state probation and parole officers or local community corrections officers.

The drug treatment court dockets receiving state grant funds establish a Memorandum of Agreement (MOA) with their local CSB for needed treatment services and the Department of Corrections, or local Community Corrections, for needed supervision of participants with agreed upon financial and/or professional personnel arrangements. The remaining dockets operate without state funds and draw upon local funds and in-kind services, augmented in a few situations by federal grant funds and other resources. The family drug treatment programs do not receive state funds administered by OES and the DUI drug treatment court docket programs operated by the local Alcohol Safety Action Program (ASAP) use offender fees to support their program.

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

As stated previously, every adult participant accepted into a Virginia drug treatment court docket saves the Commonwealth \$19,234 compared to traditional case processing. These savings are due to positive drug court docket participant outcomes including fewer arrests, fewer court docket cases, less probation time, less jail time, and less prison time relative to the comparison group. Overall, the number of adult drug court docket participants served in FY 2018 saved local agencies and the Commonwealth of Virginia greater than \$11.1 million dollars. This is over three million

more dollars than reported saved in 2017. Savings per participant multiplied by the number of participant departures is used to calculate these savings. Savings continue to accrue each year, resulting in a continuously growing return on taxpayer investment. These findings suggest drug court has a robust and sustained impact on recidivism compared to the alternative (probation, jail, and/or prison).

FY 2018 Summary Measures

Despite differences in demographics, as well as each individual drug court docket's characteristics and practices, all Virginia drug court dockets continued to experience a graduation rate above the national average and provided cost- savings to local agencies and the Commonwealth of Virginia. Results of this study show that Virginia Drug Treatment Court Dockets (see Figure 1):

- Created a cost savings of over \$11 million in taxpayer dollars.
- Increased the number of active participants.
- Served participants with severe substance abuse needs.

Figure 1. Drug Treatment Court Docket FY 2018 Summary Measures

FY 2018 Summary Measures

The following provides a snapshot of the FY 2018 program summary.

- Virginia Drug Court Dockets save \$19,234 per adult person as compared to traditional case processing. A total of 577 participants completed an adult drug treatment court docket program compared to 459 in FY 2017.
 - FY 2018 yielded a costs savings of \$11.1 million compared to a FY 2017 cost savings of \$8.8 million. This was a 25.7% increase in cost savings.
- Increased number of active adult participants by 13.0% percent.
- 85.8% of accepted adult participants scored high risk/high need on the RANT, a slight decrease from FY 2017 (85.9%).
- High levels of sobriety were measured by drug screens negative for alcohol & drugs for adult, DUI, and veteran dockets at 94%, 94%, and 92% respectively.
- The number of referrals for participation in the juvenile drug treatment court dockets decreased.

FY 2018 Activity Summary

Active Participants: Adult active participants continued to increase every year with 1,319 active participants in FY 2017 and 1,491 active participants in FY 2018. Family and veteran active participants slightly increased from previous years, as well. Juvenile active participants decreased from 102 in FY 2017 to 92 in FY 2018. DUI active participants increased from 1,117 in FY 2017 to 1,130 in FY 2018.

Graduates: A total of 1,149 participants exited an adult, DUI, or juvenile drug treatment court docket. Of the 1,149 departures, 638 successfully completed a program for an overall graduation rate of 55.5%. The graduation rate was a 2.5 percentage point increase from the FY 2017 overall graduation rate.

Terminations: There were 511 participants terminated from an adult, DUI, or juvenile drug treatment court docket during FY 2018 which resulted in a 44.5% overall termination rate. This was a decrease from the 48% overall termination rate reported in FY 2017.

Referrals: The adult drug treatment court dockets had 1,313 referrals, which is a 4% increase from the reported FY 2017 referrals (1,266). The DUI drug treatment court dockets had 454 referrals, a 22% increase from FY 2017. Juvenile drug treatment court dockets totaled 39 referrals, a 30% decrease from FY 2017. The veterans and family treatment court dockets had 9 and 10 referrals, respectively, which were both increases from the previous fiscal year.

New Admissions: There were 1,313 referrals made to the adult drug treatment court dockets, and 589 were accepted, resulting in a 45% acceptance rate. For DUI drug treatment court dockets, 402 of the 454 referrals were accepted, resulting in an acceptance rate of 89%. For the juvenile drug treatment court dockets, 33 of the 39 referrals were accepted, resulting in an acceptance rate of 85%.

The number of referrals, acceptances, and active participants in adult drug treatment court dockets have steadily increased each year. Family, DUI, and veteran docket active participants also increased, while juvenile court dockets continue to see decreases. The number of graduates and unsuccessful completions (terminations) continued to vary from year to year.

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 established 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 court dockets (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 is to enhance public safety by facilitating the creation of drug treatment court dockets to fulfill these needs. Local officials must complete an application and applicable training prior to 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 traditional 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, and dependency cases.

Data is provided for adult and DUI drug treatment court docket models and program descriptions are provided separately for adult, juvenile, DUI and family drug treatment court dockets. The report is based on data from the drug court database developed and maintained by the OES (hereinafter "the OES drug court database"), as well as arrest data from the VSP and DUI drug court docket data electronically transferred from VASAP's database, called "Inferno," to the OES drug court database. Local drug treatment court docket staff enter data on program participants into the OES drug court database. Local VASAPs enter data for DUI drug treatment court docket participants into the Inferno database. The DUI drug treatment court data was migrated from VASAP's database to the OES 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, 2013, and either graduated or terminated from a program between July 1, 2017 and June 30, 2018. Statistical information is also provided for participants who remain active.

Drug Treatment Court Dockets Approved to Operate

Adult drug treatment court dockets operate in circuit courts, DUI drug treatment court dockets operate in general district courts, and both juvenile and family drug court dockets operate in the juvenile and domestic relations district courts as described below (see Figures 2 and 3). Family drug treatment court dockets are civil cases referred due to Department of Social Services petitions filed.

Figure 2: Overview of the Virginia Judicial System, in relation to Drug Treatment Court Dockets

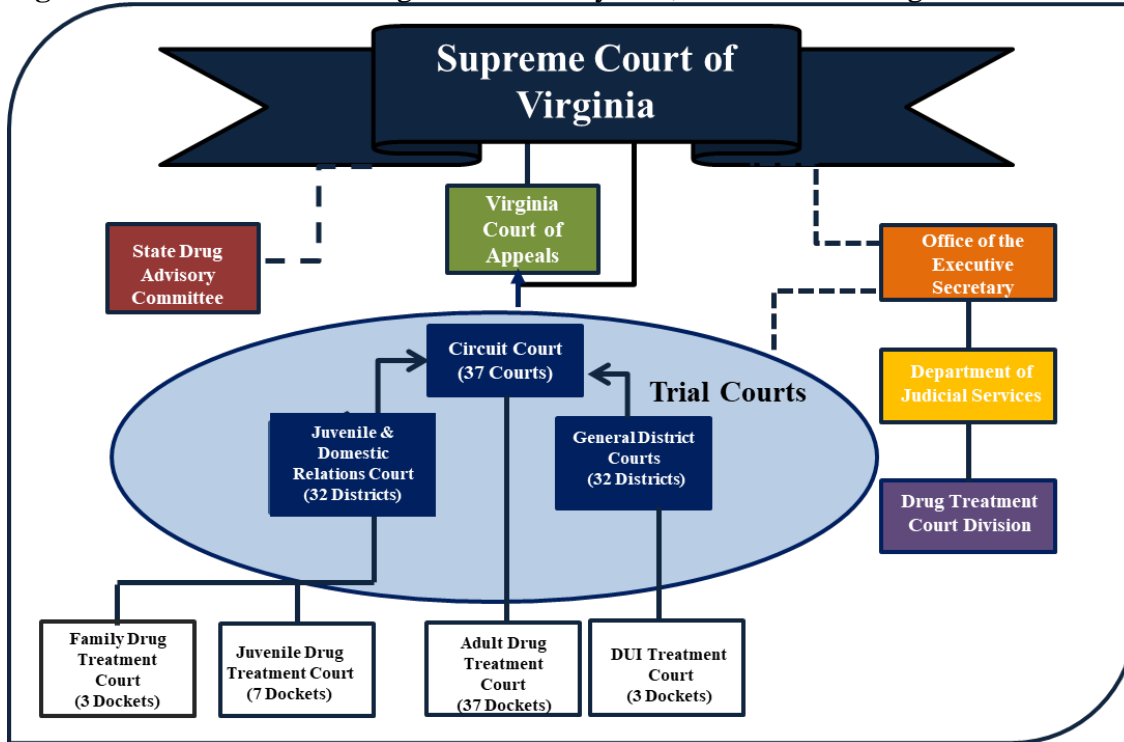


Figure 3. Types of Drug Treatment Court Dockets in Virginia

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

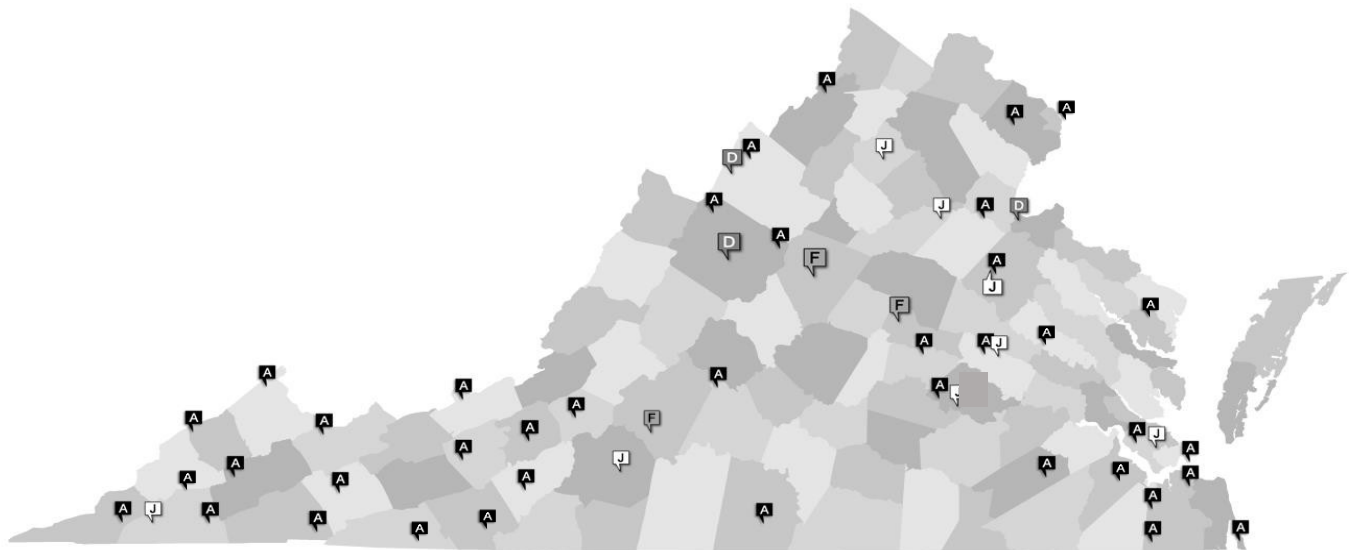
The first Virginia drug treatment court docket was established in 1995 through the Circuit Court for the 23rd Judicial Circuit. Currently, Virginia has approved 37 Adult Drug Treatment Court Dockets, seven (7) Juvenile Drug Treatment Court Dockets, three (3) DUI Drug Court Dockets,

and three (3) Family Drug Treatment Court Dockets. With the emergence of the opioid epidemic, the need for drug courts will only continue to grow. The General Assembly adopted the Drug Treatment Court Act in 2004 to recognize the need for services that extend beyond traditional case processing.

Administration of Drug Treatment Court Dockets in Virginia

The state Drug Treatment Court Advisory Committee, established pursuant to statute, makes recommendations to the Chief Justice regarding recognition and funding for drug treatment court dockets, as well as best practices based on research and minimum standards for program operations. It also evaluates all proposals for the establishment of new drug court dockets and makes recommendations to the Chief Justice. OES staff along with the Drug Treatment Court Advisory Committee/Evaluation Committee prepared this report. See Figure 4 for a map of Virginia’s drug treatment court dockets. See Table 1 for a list of Virginia’s drug treatment court dockets.

Figure 4. Virginia Drug Treatment Court Dockets Map



- A** Adult Drug Treatment Court Dockets
- J** Juvenile Drug Treatment Court Dockets
- D** DUI Drug Treatment Court Dockets
- F** Family Drug Treatment Court Dockets

Table 1. List of Approved Drug Treatment Court Dockets in Virginia

Adult Drug Treatment Courts		
Albemarle/Charlottesville	Newport News	<i>n</i> = 37
Arlington County	Norfolk	
Bristol	Northern Neck/Essex	
Buchanan County	Northwestern Regional (Winchester area)	
Chesapeake	Portsmouth	
Chesterfield/Colonial Heights	Pulaski County	
Danville*	Radford*	
Dickenson County	Rappahannock Regional	
Fairfax	Richmond City	
Floyd County	Russell County	
Giles County	Smyth County	
Halifax County	Staunton	
Hampton	Tazewell County	
Hanover County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)	
Harrisonburg/Rockingham County	Twenty-Third Judicial Circuit (Roanoke County, Roanoke City, Salem City)	
Henrico County	Twin Counties and Galax	
Hopewell/Prince George County	Virginia Beach Circuit	
Lynchburg	Washington County	
Montgomery County		
<i>* Non-operational Adult Drug Treatment Courts</i>		
Juvenile Drug Treatment Courts		
Chesterfield/Colonial Heights	Newport News	<i>n</i> = 7
Franklin County	Rappahannock Regional	
Hanover County	Thirtieth District (Lee, Scott & Wise Counties)	
Henrico County		
DUI Drug Treatment Court		
Fredericksburg Area	Waynesboro Area	<i>n</i> = 3
Harrisonburg/Rockingham		
Family Drug Treatment Courts		
Albemarle/Charlottesville	Goochland	<i>n</i> = 3
Bedford		

ADULT DRUG TREATMENT COURT DOCKETS

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

Drug treatment court dockets are a highly specialized team process that functions within the existing judicial system structure to address nonviolent drug and drug-related cases. They are unique in the criminal justice setting because they build a close collaborative relationship between criminal justice and drug treatment professionals. Adult drug treatment court dockets employ a program designed to reduce drug use relapse and criminal recidivism among defendants and offenders through a treatment needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment and various rehabilitation services. Within a cooperative courtroom atmosphere, the judge heads a team of drug court staff, including a coordinator, attorneys, probation officers and substance abuse treatment counselors all working in concert to support and monitor drug testing and court appearances. Depending upon the program, adult dockets may regularly involve law enforcement and/or jail staff. A variety of local, state and federal stakeholders may provide support to programs in addition to that provided by 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 may 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 docket 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 dockets. 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.⁵

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

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

state prisons. This success rate is due in large measure to the fact that drug treatment court docket partnerships develop comprehensive and tightly structured regimens of treatment and recovery services. The primary difference between drug treatment court dockets and traditional case processing is the continued 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 Dockets Cost Benefit Analysis

In July 2011, the Office of the Executive Secretary contracted with the National Center for State Courts (NCSC) to complete a cost-benefit analysis of Virginia's adult drug treatment court dockets. The cost-benefit analysis report included twelve out of the sixteen adult drug treatment court dockets operating at the time in Virginia. Four adult drug treatment court dockets were not selected to be included in the study due to limited data availability.

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 traditional comparison group and that this reduction in recidivism was a robust and sustained effect. The cost model designed to determine the average cost of a drug treatment court docket in Virginia was based on six basic transactions: screening and assessment for drug court placement; drug court staffing and court sessions; treatment; drug testing; drug court supervision; and drug court fees collected. The cost model determined that 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 docket participation were calculated and compared to the costs of processing a case through the traditional 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 docket entry (less the actual cost of drug treatment court docket) or sentences for the placement arrest event for the comparison group
- Victimization costs resulting from recidivism for both property offenses and violence offenses.

The results demonstrate on average, Virginia's adult drug treatment court dockets save \$19,234 per person when the costs and benefits of the drug court docket participant group

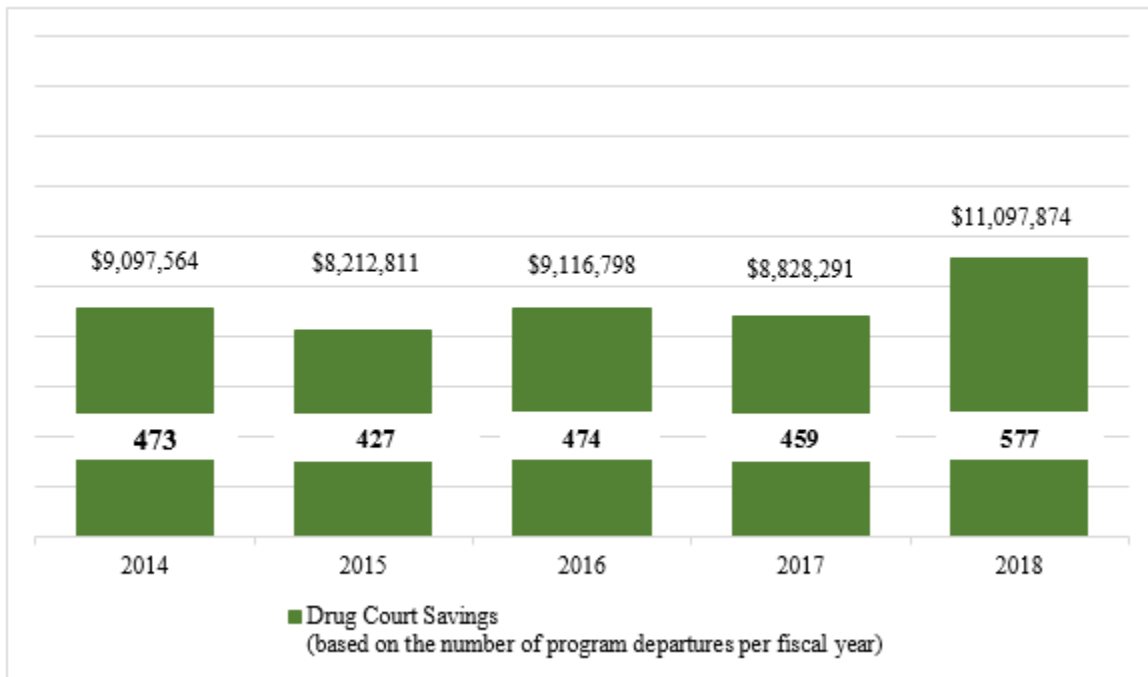
is compared to the traditional case processing group (see Table 2).

Table 2. Costs of Drug Court Compared to Traditional Costs

	Drug Court	Traditional	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 participants completing these programs increases the savings generated to the Commonwealth compared to treating these offenders via traditional case processing (see Figure 5).

Figure 5. Adult Drug Treatment Court Docket Savings by fiscal year, 2014-2018



Note. Data were based on the number of program departures per fiscal year.

These lower costs within the criminal justice system and victimization costs, along with lower placement costs, result in average savings of almost \$20,000 per drug court participant, relative to the costs of traditional processing.⁶

Risk and Needs Triage (RANT)

A critical task facing most jurisdictions is to develop a rapid, reliable and efficient system to

⁶ <http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/resources/viriniadtccostbenefit.pdf>

assess drug-involved offenders and direct them into the most effective programs without increasing costs unnecessarily. This requires simultaneous attention to offenders' criminogenic risks and clinical needs.

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

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

The Risk and Needs Triage (RANT) is a simple but compelling tool for sentencing and dispositions. It is a highly secure web-based decision support tool designed for criminal justice professionals and offers instant, individual participant-level reporting. In 2014, federal grant funds allowed the OES to purchase the intellectual property to add RANT to the drug court database, thus allowing adult and DUI drug treatment court docket staff to use RANT for each referral to determine the high risk and high needs candidates for acceptance.

All Virginia adult drug treatment court dockets are now required to complete the RANT questionnaire in the drug court database prior to accepting the candidate. Treatment court dockets can better allocate resources to those who will most benefit from varying types and intensities of intervention if participants are matched to services based on their risks and needs. Research has demonstrated the importance of matching the risk and need levels of drug-involved offenders to appropriate levels of judicial supervision and treatment services.

The RANT score assigns offenders to one of four quadrants with two scales, one of risk and one of need, based upon their RANT score. Using a 2-by-2 matrix (see Table 3), offenders are simultaneously matched on risk and need to one of four quadrants having direct implications for selecting suitable correctional dispositions and behavioral care treatment. Provided in each of the four quadrants below, in italics, are some examples of practice implications and indicated interventions, as defined by Dr. Marlowe, for selecting suitable correctional dispositions and behavioral care treatment for individuals:

Table 3. RANT Practice Implication or Alternative Tracks

	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 	<ul style="list-style-type: none"> • Noncompliance calendar • Treatment (separate milieu) • Adaptive habilitation • Positive reinforcement • Self-help/alumni groups • ~12-18 months
	<i>Drug Court Track</i>	<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 	<ul style="list-style-type: none"> • Noncompliance calendar • Psycho-education • Abstinence is proximal • Individualized/stratified groups • Self-help/alumni groups • ~3-6 months
	<i>Supervision Track</i>	<i>Diversion Track</i>

Note. Table 3 was reprinted from the 2017 Annual Report.⁷

Based on available data, the RANT trends for adult drug treatment court docket fall in line with best practice with many participants falling into the high risk/high needs categories (85.9%) (see Table 4). The RANT distributions by gender and race are comparable to the demographic distributions of Virginia drug treatment court dockets, with a greater percent of white males in each category (see Tables 5).

Table 4. Adult Drug Treatment Court Docket RANT Distributions, FY 2018

RANT		High Risk	Low Risk
High Need	Total %	85.9%	5.3%
	Count	(n = 1241)	(n = 77)
Low Need	Total %	7.7%	1.1%
	Count	(n = 111)	(n = 16)

Note. Table 4 depicts the RANT distribution for all active adult drug treatment court docket participants for whom data is available during FY 2018. No data were available for 46 participants.

⁷ <http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/resources/2017annualreport.pdf>

Table 5. Adult Drug Treatment Court Docket RANT Distributions by Race and Gender, FY 2018

	High Risk/High Need	High Risk/Low Need	Low Risk/High Need	Low Risk/Low Need
Race				
African American	31.3% (n = 388)	43.2% (n = 48)	13% (n = 10)	25.0% (n = 4)
Caucasian	66.9% (n = 830)	56.8% (n = 63)	87% (n = 67)	68.8% (n = 11)
Other	1.9% (n = 23)	0.0% (n = 0)	0% (n = 0)	6.3% (n = 1)
Total	100% (n = 1241)	100% (n = 111)	100% (n = 77)	100% (n = 16)
Gender				
Female	40.0% (n = 497)	28.8% (n = 32)	51.9% (n = 40)	56.3% (n = 9)
Male	60.0% (n = 744)	71.2% (n = 79)	48.1% (n = 37)	43.8% (n = 7)
Total	100% (n = 1241)	100% (n = 111)	100% (n = 77)	100% (n = 16)

Note. Table 5 depicts the RANT distribution for all active adult drug treatment court docket participants for whom data is available during FY 2018. No data were available for 46 participants.

Adult Drug Treatment Court Dockets Approved

In FY 2018, there were 35 operational Adult Drug Treatment Court Dockets with data available to include in this analysis (see Figure 6 and Table 6). Danville and Radford Adult Drug Treatment Court Dockets were not operational.

Figure 6. Approved Adult Drug Treatment Court Dockets in Virginia, FY 2018

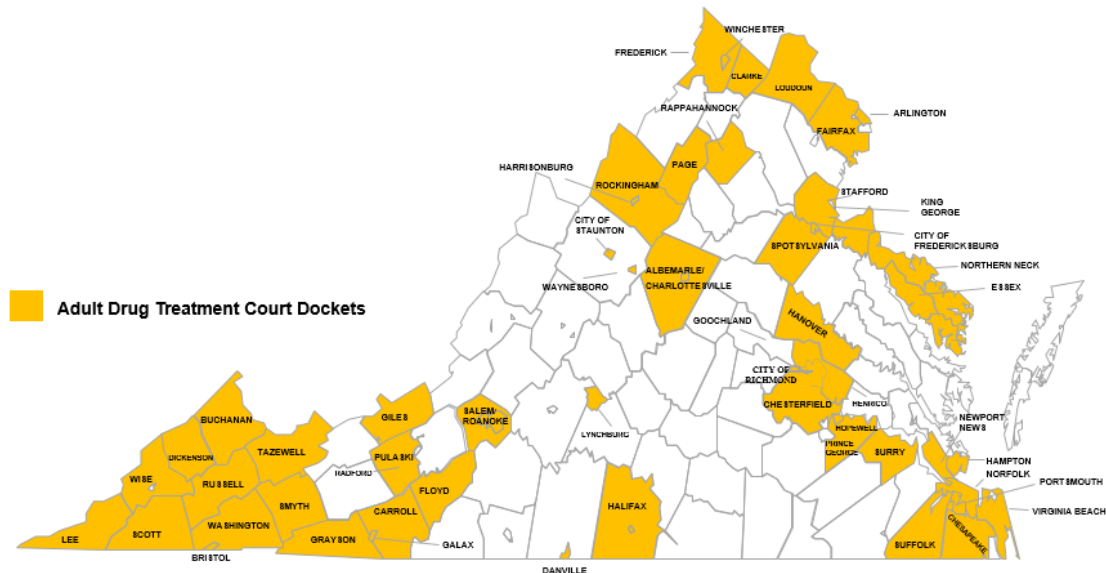


Table 6. Approved Adult Drug Treatment Court Dockets in Virginia, FY 2018

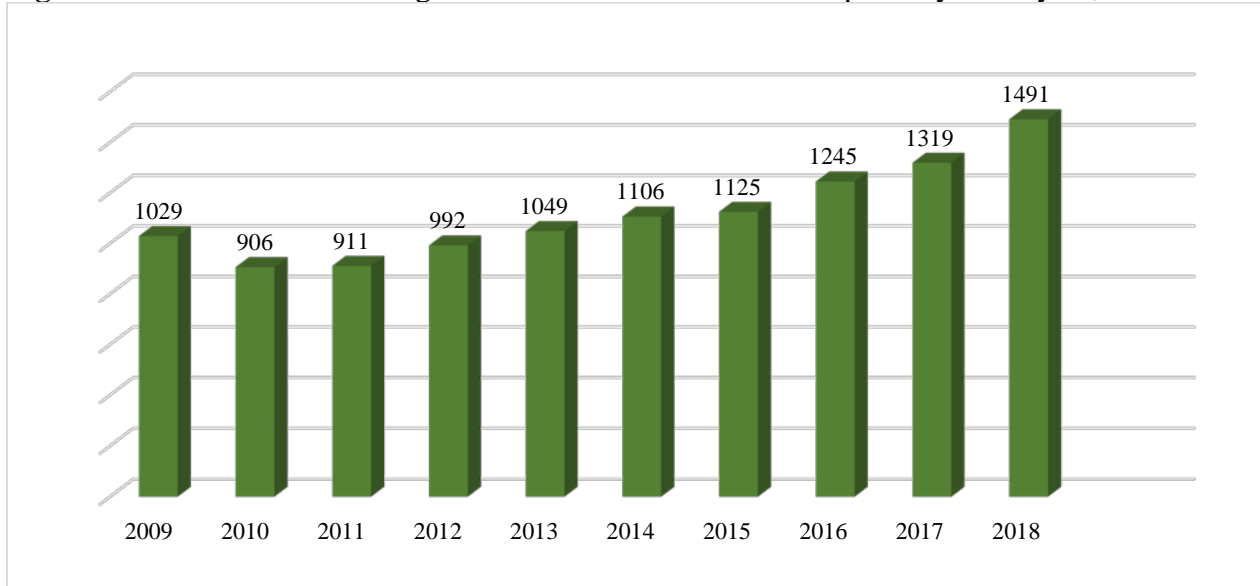
Adult Drug Treatment Court Dockets		<i>n</i> = 37
Albemarle/Charlottesville		
Arlington County	Newport News	
Bristol	Norfolk	
Buchanan County	Northern Neck/Essex	
Chesapeake	Northwestern Regional (Winchester area)	
Chesterfield/Colonial Heights	Portsmouth	
Danville*	Pulaski County	
Dickenson County	Radford*	
Fairfax	Rappahannock Regional	
Floyd County	Richmond City	
Giles County	Russell County	
Halifax County	Smyth County	
Hampton	Staunton	
Hanover County	Tazewell County	
Harrisonburg/Rockingham County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)	
Henrico County	Twenty-Third Judicial Circuit (Roanoke County, Roanoke City, Salem City)	
Hopewell/Prince George County	Twin Counties and Galax	
Lynchburg	Virginia Beach Circuit	
Montgomery County	Washington County	
* <i>Non-operational Adult Drug Treatment Court Dockets</i>		

As displayed in Figure 7 below, adult drug treatment court docket participants continued to follow an upward trend since fiscal year 2011, largely due to the increase in the number of operational adult drug treatment court dockets. The growth of the adult drug treatment court dockets is consistent with the current research, which shows the number of drug court dockets across the nation has increased by over 900 within the last 10 years.^{8,9}

⁸ <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>

⁹ <https://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx>

Figure 7. Number of Adult Drug Treatment Court Docket Participants by fiscal year, 2014-2018



Summary of Adult Drug Treatment Court Docket Activity

The number of referrals, acceptances, and active participants in adult drug treatment court dockets is steadily increasing every year. While those measures are increasing, the number of graduates and unsuccessful completions (terminations) continue to vary from year to year.

Of the 1,491 active participants in FY 2018, the majority were Caucasian (66.3%), male (60.0%), single (53.8%), and unemployed (55.2%) (Tables 7 and 8).⁷

Referrals: In FY 2018, the adult drug treatment court dockets had 1,313 referrals compared to 1,266 referrals reported in FY 2017. That is a nearly 4% increase from FY 2017 referrals.

Admissions: Of the 1,313 referrals to adult drug treatment court dockets, 593 were accepted, resulting in a 45.2% acceptance rate. The FY 2018 acceptance rate is similar to the acceptance rate reported in FY 2017.

Participants: The count of active participants in the adult drug treatment court dockets continues to increase with 1,491 participants in FY 2018 compared to 1,319 in FY 2017 and 1,245 in FY 2016.

Gender: The majority of participants in the adult drug treatment court dockets were male (895 or 60.0%); 596 (40.0%) were female.

Race: The majority of participants in the adult drug treatment court dockets were Caucasian (989 or 66.3%). There were 477 (32.0%) African-American participants. Individuals of other racial or ethnic backgrounds comprised 1.7% of the participants.

Age: The majority of active adult participants were within the 19-29 years old and 30-39 years

old age brackets (34.1% and 34.3% respectively). This is similar to the age distribution reported in FY 2017.

Marital Status: Among the active adult drug treatment court docket participants, 802 (53.8%) were single. Only 10.8% reported that they were married. Similar to FY 2017, 8.1% reported being divorced. Lastly, 9.5% of active adult participants reported being separated, cohabitating or widowed.

Employment: Of the 1491 active participants in the adult drug treatment court dockets, the majority were unemployed (823 or 55.2%), while 199 (13.3%) were employed full-time, and 146 (9.8%) were employed part-time. A slight number of participants (43 or 2.9%) were unemployed due to disability.

Education: Of the 1491 active participants in the adult drug treatment court dockets, 471 (31.6%) received a high school diploma or equivalency, while 405 (27.2%) participants reported not having completed high school or its equivalency. Additionally, 257 (17.2%) participants reported completing some college or vocational training. Lastly, 22 (1.5%) reported having earned at least a bachelor's degree.

Table 7. Demographics of Active Adult Participants, FY 2018

Gender		
	Count	Percent
Male	895	60.0%
Female	596	40.0%
Total	1491	100.0%
Race		
	Count	Percent
African American	477	32.0%
Caucasian	989	66.3%
Other	25	1.7%
Total	1491	
Ethnicity		
	Count	Percent
Hispanic	7	0.5%
Non-Hispanic	1484	99.5%
Total	1491	100.0%
Age at time of referral		
	Count	Percent
18-29 years old	508	34.1%
30-39 years old	512	34.3%
40-49 years old	288	19.3%
50-59 years old	169	11.3%
60-69 years old	14	0.9%
Total	1491	100.0%

Table 8. Social Characteristics of Active Adult Participants, FY 2018

Marital Status		
	Count	Percent
Divorced	121	8.1%
Married	161	10.8%
Single	802	53.8%
Other (includes separated, cohabitating, and widowed)	142	9.5%
No Data	265	17.8%
Total	1491	100.0%

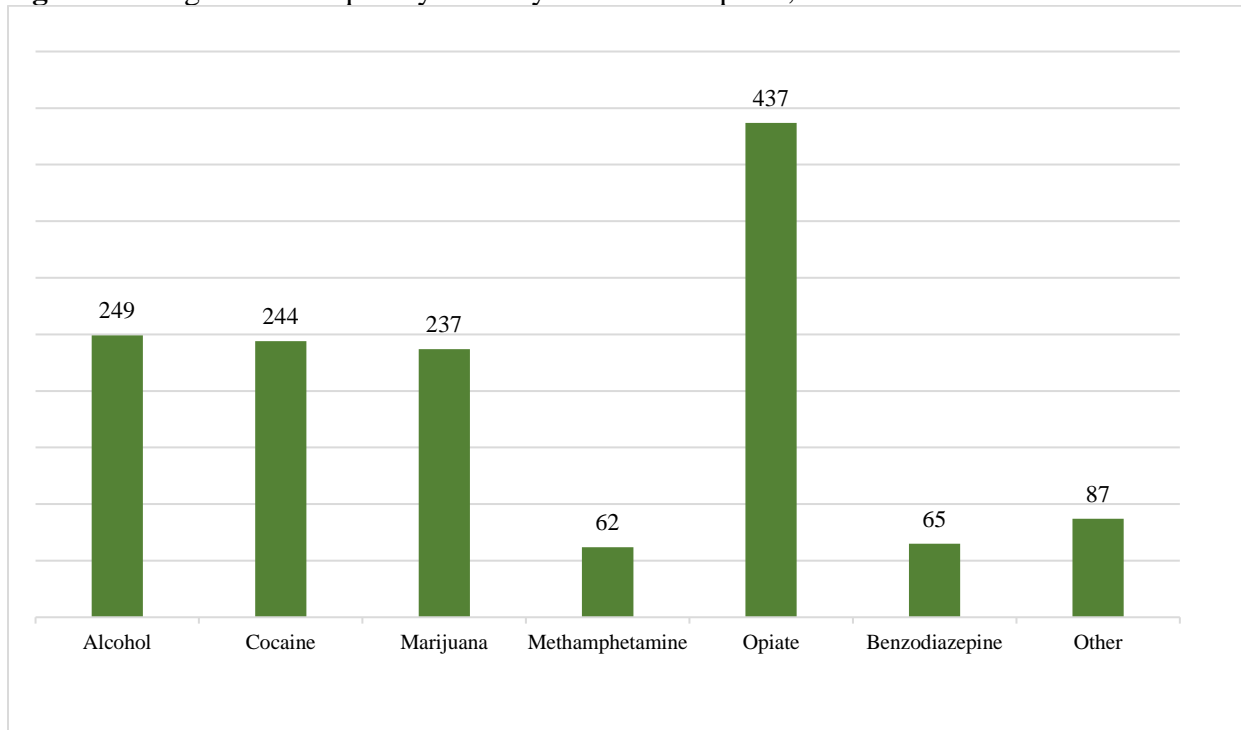
Employment		
	Count	Percent
Disabled	43	2.9%
Full-Time	199	13.3%
Part-Time (less than 32 hours, per week)	146	9.8%
Unemployed	823	55.2%
No Data	280	18.8%
Total	1491	100.0%

Educational Attainment		
	Count	Percent
Less than high school diploma or equivalency	405	27.2%
High school diploma or equivalency	471	31.6%
Some College	257	17.2%
Bachelors	19	1.3%
Post-Bachelors	3	0.2%
No Data	336	22.5%
Total	1491	100.0%

Drug History and Drug Screens

Drug History: When admitted into a drug treatment court docket, participants are asked to disclose previously used drugs. Participants may have used multiple drugs. The data confirms that participants used a variety of drugs (see Figure 8). The most frequently used drugs were opiates (437 participants), alcohol (249 participants), cocaine (244 participants), and marijuana (237 participants).

Figure 8. Drugs Most Frequently Used by Adult Participants, FY 2018

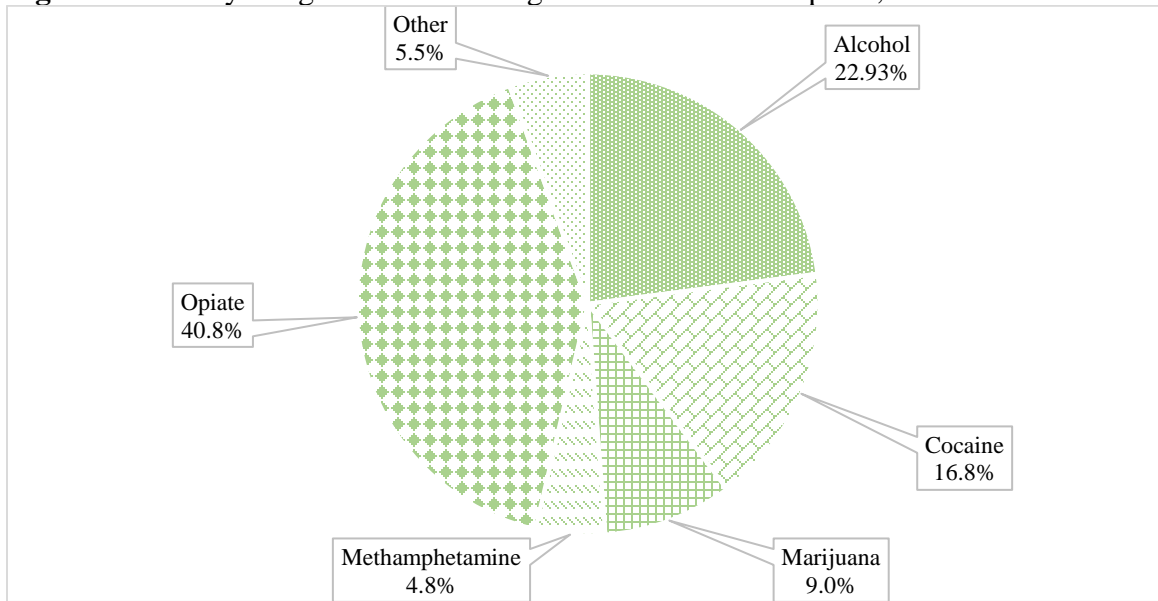


Note: Figure 8 should be interpreted with caution. Data are based on self-reported drug use. Participants may report using more than one drug or may choose to not disclose previous drug use.

Drug of Choice: Drug treatment court docket participants are also asked to identify their primary drug of choice. As demonstrated by the chart below (Figure 9), the primary drug of choice for adult drug treatment court docket active participants within FY 2018 was opiates (40.8%) with alcohol (22.9%) coming in second. These results are similar to current national research trends, as opiate use is becoming more prominent.¹⁰

¹⁰ <https://www.ncbi.nlm.nih.gov/books/NBK458661/>

Figure 9. Primary Drug of Choice among Active Adult Participants, FY 2018



Note: Figure 9 should be interpreted with caution. Data are based on self-reported primary drug of choice.

Program Drug Screenings: In adult drug treatment court dockets, 64,350 drug screens were conducted for the 1,270 participants for whom data were available. This resulted in an average of 51 drug screens per participant. Of the 64,350 drug screens, 3,930 (6.1%) were positive (see Table 9).

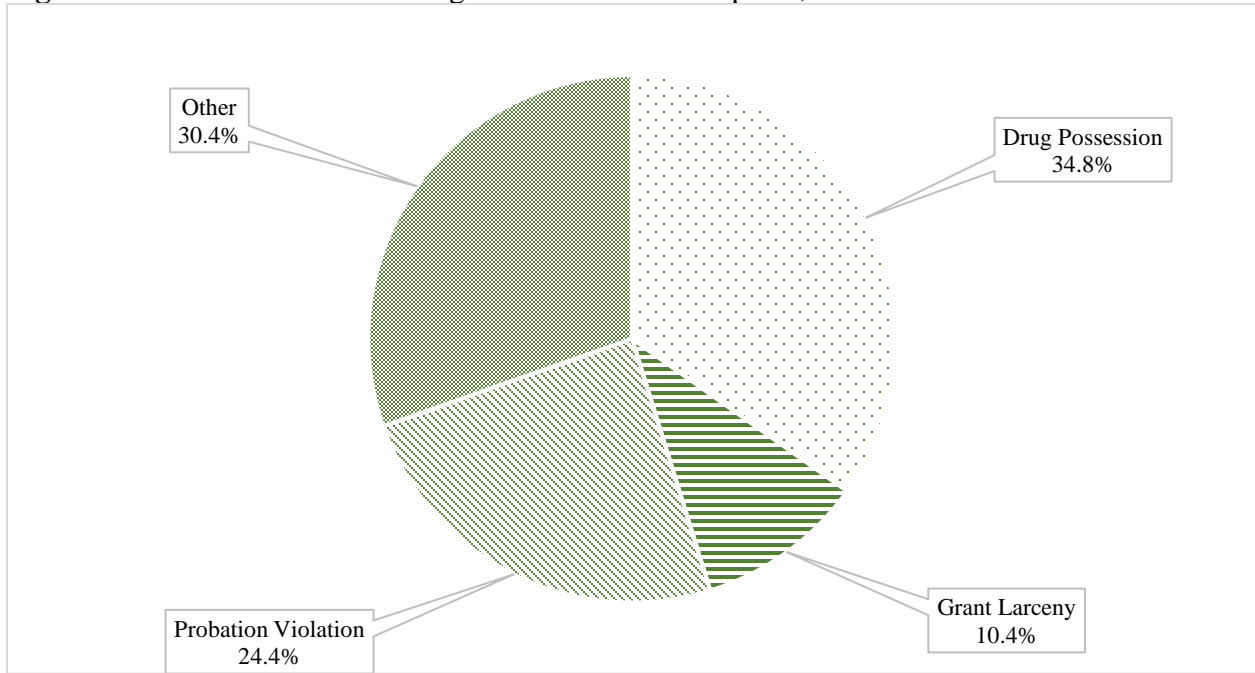
Table 9. Adult Drug Treatment Court Docket Drug Screens, FY 2018

	Count	Percent
Negative	60,420	93.9%
Positive	3,930	6.1%
Total Screens	64,350	100.0%
Total Participants Tested	1,270	
Average Number of Screenings per Participant	51	

Instant Offenses

Analyses of types of offenses upon program entry for adult drug treatment court docket show three major areas: drug possession, probation violation, and grand larceny (see Figure 10). Approximately 34.8% of adult participants had at least one drug possession offense, while over 24% had at least one probation violation, and 10.4% had at least one grand larceny offense.

Figure 10. Instant Offenses among Active Adult Participants, FY 2018



Summary of Departures

Graduation and Termination Rates: Among the 1,491 adult drug treatment court docket participants in FY 2018, 577 exited the program by either graduation or termination. The graduation rate was 44.4% (256 participants), which was an increase from the graduation rate of 38% reported in FY 2017. The termination rate was 55.6% (321 participants), which was a decrease from the 62% termination rate reported in FY 2017.

Length of Stay: Length of stay was measured by calculating the number of days from program entry (acceptance date) to completion date (either graduation date or date of termination). For FY 2018, the mean length of stay for graduates was 629 days compared to a mean length of stay of 329 days for those who were terminated (see Table 3). The median length of stay for adult program graduates in FY 2018 was 574 days, compared to a median length of stay 240 for terminated participants.

Table 10. Adult Drug Treatment Court Docket Length of Stay, Departures, FY 2018

Mean Length of Stay, <i>in days</i>	
Graduates	629
Unsuccessful Completions	329
Median Length of Stay, <i>in days</i>	
Graduates	574
Unsuccessful Completions	240

Departures by Gender

Both female and male graduation rates have shown increases (see Figures 11 and 12). In FY 2018, 158 males and 98 females graduated from the adult program. Additionally, more males were terminated from adult program compared to females.

Figure 11: Adult Drug Treatment Court Docket Graduates by Gender, FY 2014-2018

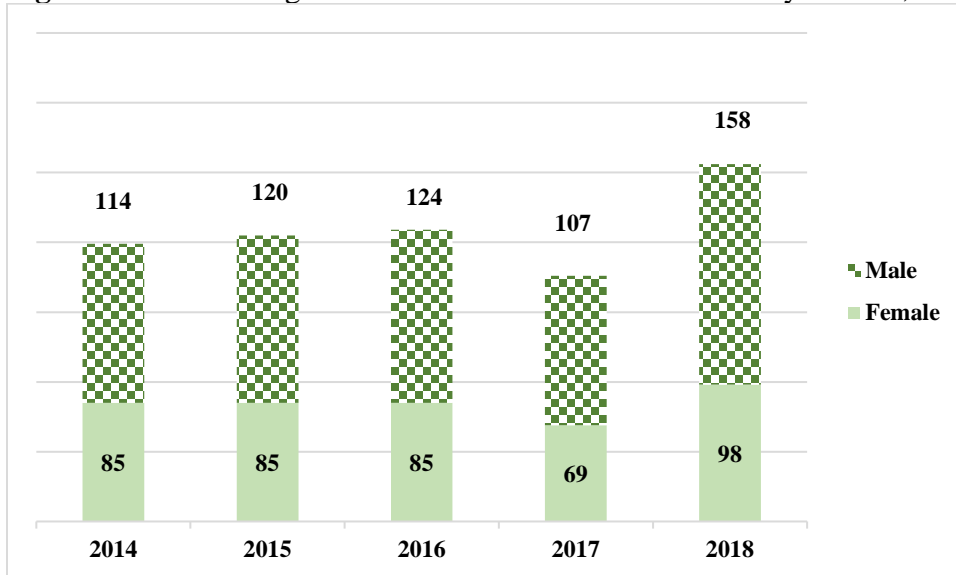
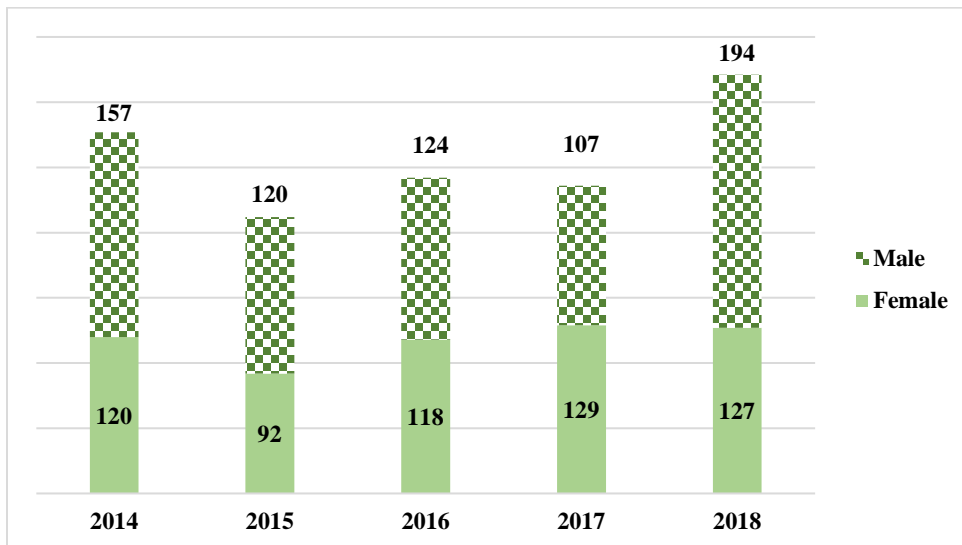


Figure 12: Adult Drug Treatment Court Docket Terminations by Gender, FY 2014-2018



Impact of Socio-Demographics on Likelihood of Program Completion

Logistic regression models were created to test the relationship between socio-demographics and program completion¹¹. Tables 11 and 12 show the results of the two logistic regression models in terms of odds ratios. Odds ratios indicate how much more likely an adult participant with a particular demographic characteristic is to successfully complete an adult drug treatment court docket or be terminated. Gender and education had a significant relationship with successfully completing and being terminated from an adult program¹².

Successful Completion

Gender: Based on the logistic regression's adjusted odds ratio, females were slightly less likely than males to successfully complete an Adult Drug Treatment Court Docket.

Race: African-American and other racial minorities were less likely than White participants to successfully complete an Adult Drug Treatment Court Docket.

Education: Participants with a high school diploma or its equivalency were 2.4 times more likely than those with less than a high school education to successfully complete an Adult Drug Treatment Court Docket. Participants with some post-secondary education were 2.2 times more likely than those with less than a high school education to successfully complete an Adult Drug Treatment Court program. Participants with a post-secondary degree were 1.3 times more likely than those with less than a high school education to successfully complete an Adult Drug Treatment Court program.

Employment Status: Unemployed participants were less likely to than employed participants to successfully complete an Adult Drug Treatment Court program.

Marital Status: Single participants were less likely to successfully complete an Adult Drug Treatment Court program than those who were married, divorced, widowed, separated, or cohabitating. More specifically, participants who were married were 1.5 times more likely than single participants to successfully complete the program. Divorced, widowed, and separated participants were 1.7 times more likely than single participants to successfully complete an Adult

¹¹ The following characteristics were used as controls in the logistic regression: age, housing status, length of stay. Odds ratio is a measure of the association between an exposure and an outcome. The odds ratio represents the odds that an outcome (completion or termination) will occur given a particular exposure (socio-demographics), compared to the odds of the outcome occurring in the absence of that exposure.

¹¹ * = $p < .05$

^b Crude odds ratio are obtained when considering only the effects of one predictor (socio-demographic variable) on the likelihood of completing or being terminated from an adult drug treatment court docket

^c Adjusted odds ratio are obtained by considering the effects of other predictor (socio-demographic variables) on the likelihood of completing or being terminated from an adult drug treatment court docket.

Drug Treatment Court program. Participants who were cohabitating were 1.8 times more likely than single participants to successfully complete an Adult Drug Treatment Court program.

Table 11. Logistic Regression: Likelihood of Successfully Completing an Adult Drug Treatment Court Docket, FY 2018

	Crude Odds Ratio	Adjusted Odds Ratio
Gender		
Female vs. Male*	0.85 (0.64, 1.13)	0.74 (0.53, 1.05)
Race		
African-American vs. White	0.45 (0.10, 1.95)	0.52 (0.11, 2.33)
Other (i.e. Alaskan, Pacific Islander, Asian) vs. White	0.59 (0.13, 2.59)	0.78 (0.17, 3.54)
Education		
High School Diploma or Equivalency vs. Less than High School*	2.35 (1.26, 4.35)	2.39 (1.25, 4.57)
Some Post-Secondary Education vs. Less than High School*	2.25 (1.22, 4.13)	2.22 (1.18, 4.17)
Post-Secondary Degree vs. Less than High School*	1.34 (0.71, 2.53)	1.28 (0.66, 2.47)
Employment Status		
Unemployed vs. Employed, <i>at least part-time</i>	0.66 (0.48, 0.91)	0.74 (0.52, 1.03)
Marital Status		
Married vs. Single	1.73 (0.45, 6.63)	1.54 (0.39, 6.08)
Divorced, Widowed, Separated vs. Single	1.93 (0.48, 7.77)	1.68 (0.40, 7.01)
Cohabiting vs. Single	1.81 (0.46, 7.11)	1.81 (0.44, 7.41)

Termination

Gender: Women were slightly less likely than males to be terminated from an Adult Drug Treatment Court Docket.

Race: African-American and other racial minorities were less likely than White participants to be terminated from an Adult Drug Treatment Court program.

Education: Participants with at least a high school diploma or its equivalency were less likely than those with less than a high school diploma to be terminated from an adult drug treatment court program.

Employment Status: Unemployed participants were 1.3 times more likely than employed participants to be terminated from an Adult Drug Treatment Court program.

Marital Status: Divorced, widowed, and separated participants were 2.1 times more likely than single participants to be terminated from an Adult Drug Treatment program. Those participants

who were married were 1.3 times more likely than single participants to be terminated from an Adult Drug Treatment program. Participants who were cohabitating were 1.2 times more likely than single participants to be terminated.

Table 12. Logistic Regression: Likelihood of being Terminated from Adult Drug Treatment Court, FY 2018

	Crude Odds Ratio^a	Adjusted Odds Ratio^b
Gender		
Female vs. Male*	0.99 (0.755, 1.312)	0.92 (0.65, 1.30)
Race		
African-American vs. White	0.46 (0.108, 2.023)	0.56 (0.13, 2.48)
Other (i.e. Alaskan, Pacific Islander, Asian) vs. White	0.48 (0.112, 2.133)	0.79 (0.17, 3.59)
Education		
High School Diploma or Equivalency vs. Less than High School*	0.28 (0.087, 0.946)	0.28 (0.08, 0.93)
Some Post-Secondary Education vs. Less than High School*	0.24 (0.075, 0.808)	0.25 (0.08, 0.83)
Post-Secondary Degree vs. Less than High School*	0.30 (0.090, 1.038)	0.30 (0.09, 1.01)
Employment Status		
Unemployed vs. Employed, <i>at least part-time</i>	4.67 (0.97, 2.01)	1.29 (0.88, 1.90)
Marital Status		
Married vs. Single	0.49 (0.06, 3.91)	1.29 (0.88, 1.90)
Divorced, Widowed, Separated vs. Single	0.59 (0.07, 4.89)	2.11 (0.52, 8.61)
Cohabitating vs. Single	0.53 (0.07, 4.25)	1.20 (0.32, 4.54)

Adult Drug Treatment Court Recidivism

All program departures for FY 2015, were used to assess recidivism. Rearrests and reconvictions were divided into five separate time frames: 1 day – 6 months; 7 months – 1 year; over 1 year – 2 years; and over 2 years – 3 years post-program departure. For the purposes of this analysis, recidivism was defined as any felony or misdemeanor rearrest denoted in the criminal record. Offenses marked as Good Behavior, Probation Violations, and Contempt of Court were excluded from the results. Recidivism was calculated using the most recent rearrests and reconvictions occurring post-program departure. Findings between graduates and unsuccessful departures were compared to assess if there was any difference. Criminal history records were requested from VSP.

FY 2015 Rearrest Rates

The overall rearrest rate for unsuccessful completion was nearly double that of graduates. The period with the greatest rearrest rate for graduates was “Over a year to 2 years”, while unsuccessful participants had the greatest rearrest rates within six months post-departure (see Figure 13 and Table 13).

Figure 13. Adult Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2015

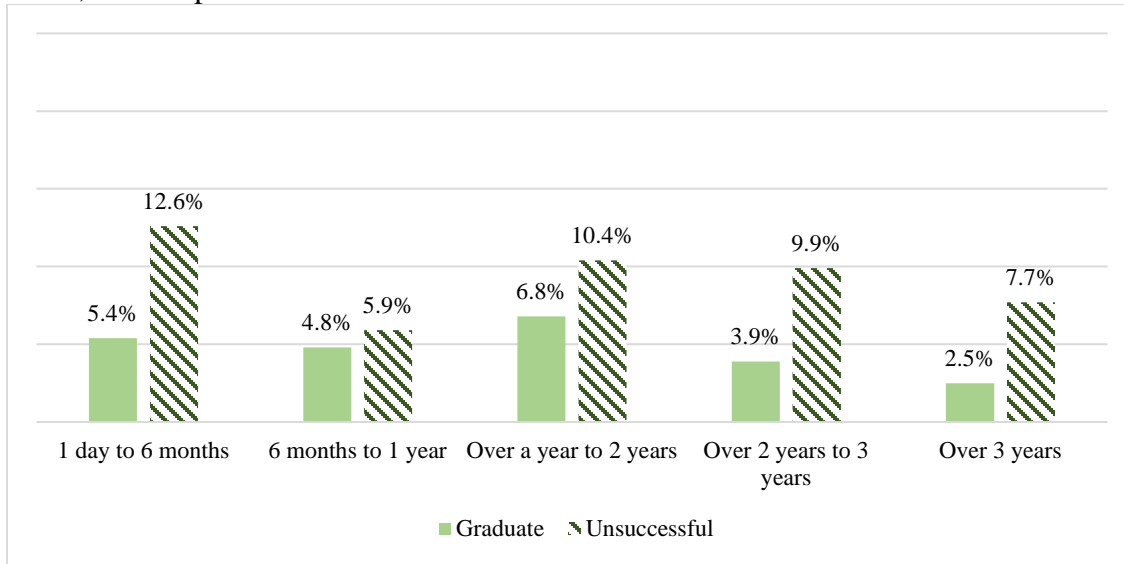


Table 13. Adult Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2015

	Graduates	Unsuccessful	Total
Total Departures	205	222	427
Time Post Departure			
1 day to 6 months	15	28	43
Rearrest Rate	5.4%	12.6%	9.1%
7 months to 1 year	10	13	23
Rearrest Rate	4.8%	5.9%	5.4%
Over a year to 2 years	14	23	37
Rearrest Rate	6.8%	10.4%	8.7%
Over 2 years to 3 years	8	22	30
Rearrest Rate	3.9%	9.9%	7.0%
Over 3 years	5	17	22
Rearrest Rate	2.5%	7.7%	5.2%
Total Rearrests	52	103	155
Total Rearrest Rates	24.4%	46.4%	36.3%

FY 2015 Reconviction Rates

Data follows previous annual report trends, with graduates showing a lower reconviction rate than their unsuccessful counterparts. The overall reconviction rate for unsuccessful completion was nearly double that of graduates. The period with the greatest reconviction rate for graduates and unsuccessful completions was “1 day to 6 months” post release (see Table 14 and Figure 14).

Figure 14. Adult Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2015

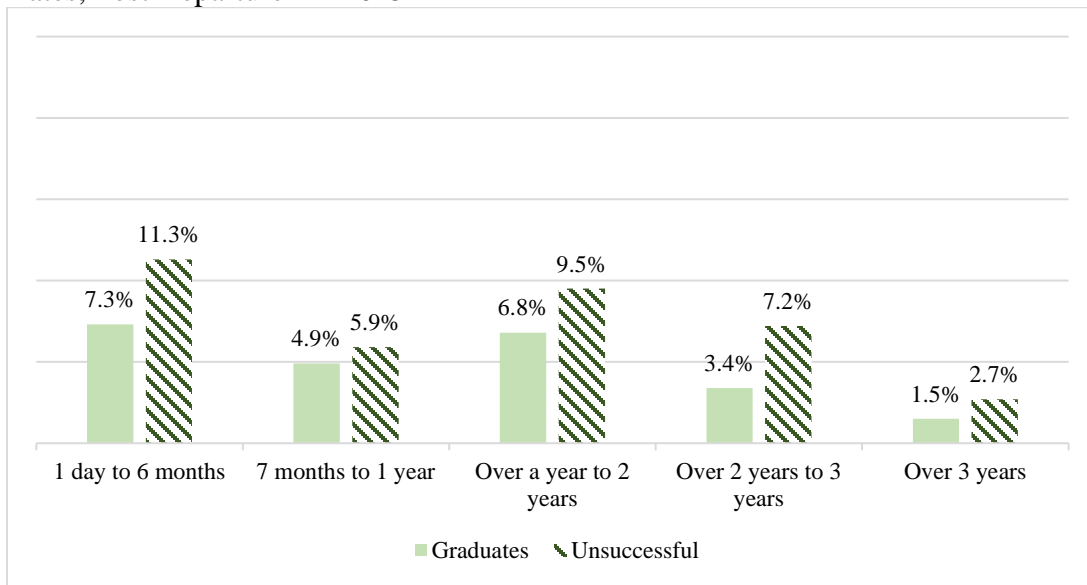


Table 14. Adult Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2015

	Graduates	Unsuccessful	Total
Total Departures	205	222	427
Time Post Departure			
1 day to 6 months	15	25	40
Rearrest Rate	7.3%	11.3%	9.4%
7 months to 1 year	10	13	23
Rearrest Rate	4.9%	5.9%	5.4%
Over a year to 2 years	14	21	35
Rearrest Rate	6.8%	9.5%	8.2%
Over 2 years to 3 years	7	16	23
Rearrest Rate	3.4%	7.2%	5.4%
Over 3 years	3	6	9
Rearrest Rate	1.5%	2.7%	2.1%
Total Reconvictions	49	81	130
Total Reconviction Rates	23.9%	36.5%	30.4%

DUI DRUG TREATMENT COURT DOCKETS

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 chronic drinking driver as its primary target population, DUI drug treatment court dockets follow the Ten Key Components of Drug Courts and the Ten Guiding Principles of DWI Courts as established by the National Association of Drug Court Professionals and the National Drug Court Institute. DUI drug treatment court dockets operate within a post-conviction model.

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

The DUI drug treatment court docket is designed to hold DUI offenders to the highest level of accountability while receiving long-term intensive substance abuse treatment and compliance monitoring before a DUI drug treatment court judge. The judicial response is aimed to encourage 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.

In Virginia, 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 it serves. The DUI drug treatment court docket is post-conviction and mandatory if the offender is assessed as needing treatment. 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.

First offenders, who are before the court for failure to comply and were not ordered into the DUI drug treatment court docket at the time of conviction, are potential candidates for the DUI drug treatment court docket. These offenders may be ordered to participate by the court. Other potential candidates include multiple offenders who were arrested with a Blood Alcohol Content (BAC) in excess of .20, a failed breath test for alcohol, a positive Ethyl Glucuronide (EtG) urine

test for alcohol, a failed drug test after entering ASAP or those who were arrested for non-compliance with ignition interlock.¹³

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 docket include:

- Defendants are referred to treatment shortly after arrest.
- Judges closely monitoring the progress of participants in the DUI drug treatment court docket program through bi-monthly or monthly status hearings before the court.
- Operating with the team approach involving judges, prosecutors, defense bar, treatment providers, ASAP staff and community resources

The local ASAP monitors 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. ASAP works with Community Services Boards and other treatment providers to provide counseling and treatment for individuals participating in the DUI drug treatment court docket, as well as 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 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 court dockets 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 court dockets 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.

DUI Drug Treatment Court Dockets Approved to Operate

At the end of FY 2018, there were three regional DUI drug treatment court dockets approved to operate in Virginia. These included the Fredericksburg Area DUI Drug Treatment Court Docket operating in the general district courts and serving residents of Fredericksburg, King George,

¹³ *Note:* Ethyl Glucuronide (EtG) is a direct metabolite of alcohol (ethanol). The presence of EtG in urine is an indicator that ethanol was ingested.

Spotsylvania, and Stafford Counties; Harrisonburg/Rockingham; and the Waynesboro Area DUI Drug Treatment Court Docket operating in Waynesboro General District Court serving Augusta County, Staunton, and Waynesboro residents (see Figure 15 and Table 15). The Harrisonburg/Rockingham DUI Drug Court Docket has not accepted any participants to date.

Figure 15. Approved DUI Drug Treatment Court Dockets in Virginia, FY 2018

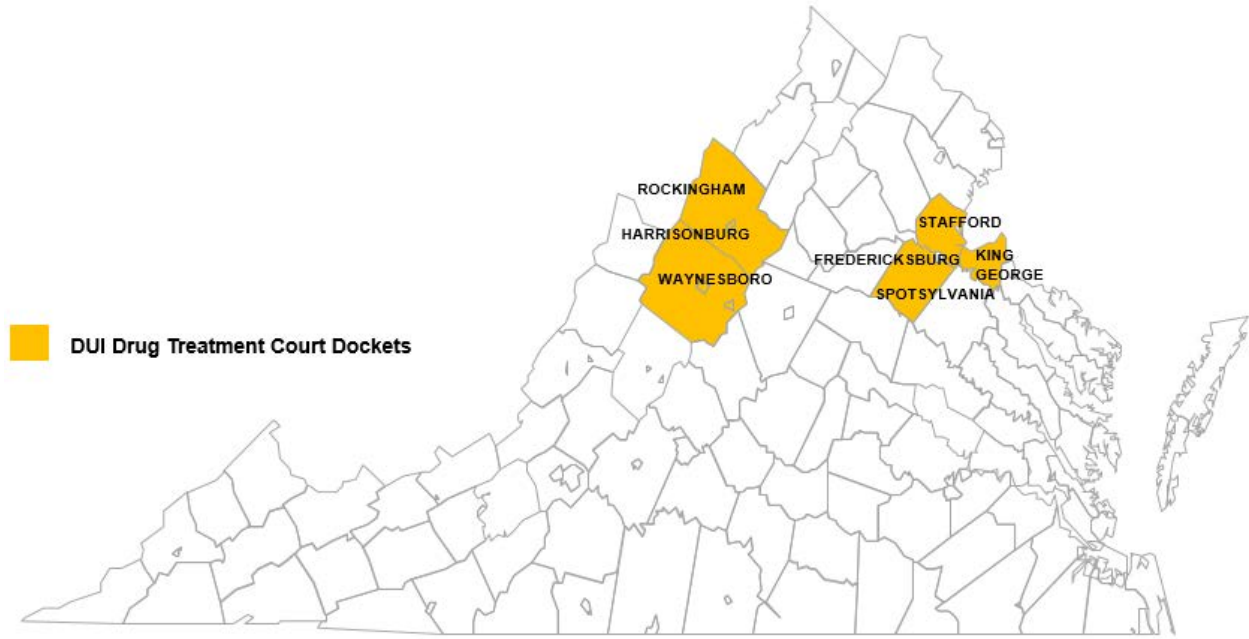
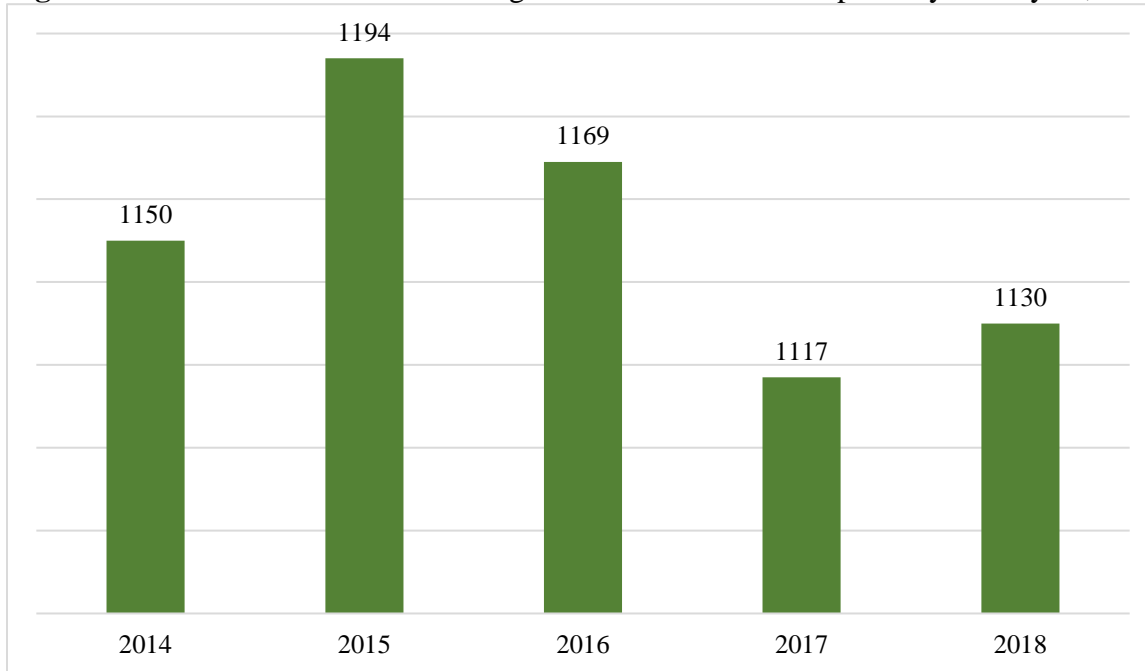


Table 15. Approved DUI Drug Treatment Court Dockets in Virginia, FY 2018

DUI Drug Treatment Court Dockets	
Fredericksburg Area	<i>n</i> = 3
Harrisonburg/Rockingham	
Waynesboro Area	

The number of DUI participants decreased from FY 2015 to FY 2017; however, there was a slight increase in FY 2018. See Figure 16 for a comparison of active participants by fiscal year.

Figure 16. Number of Active DUI Drug Treatment Court Participants by fiscal year, 2014-2018



DUI Drug Treatment Court Docket Participant Activity

Similar to the adult drug treatment court docket demographics, the majority of participants are Caucasian (68.7%) and male (74.7%). Nearly 38% of DUI active participants fell within the 18-29 age group, and 25.3% fell within the 30-39 age group. Again, like adult participants, the majority are single (55.6%), excluding the missing data (see Tables 16 and 17 below).

Referrals: In FY 2017, 454 referrals were made to the Fredericksburg Area and Waynesboro Area DUI Drug Treatment Court Dockets. While the number of referrals to the DUI court dockets has decreased from FY 2014-2017, an increase was observed during FY 2018.

Active Participants: DUI drug treatment court dockets served 1,130 participants during FY 2018.

Race: The majority of participants in DUI drug treatment court dockets were Caucasian (776 or 68.7%). There were 278 (24.6%) African American participants. Additionally, 53 (4.7%) of the participants were of Hispanic ethnicity.

Gender: The majority of participants in DUI drug treatment court dockets were male (844 or 74.4%), while 386 (25.3%) were female.

Age: About 65% of the DUI docket participants, for whom data were available, were between the ages of 18-29 and 30-39 (39.7% and 25.3% respectively). Roughly 16% (180) of participants were between the ages of 40-49, while about 20% were over the age of 50.

Marital Status: In FY 2018, 628 (55.6%) participants were single, 19.4% were married, and

15.3% were divorced. Additionally, 99 (8.8%) were either separated, cohabitating, or widowed.

License Status: Of the 1,130 DUI participants for whom licensure data were available, the majority reported having a suspended license. See Figure 17.

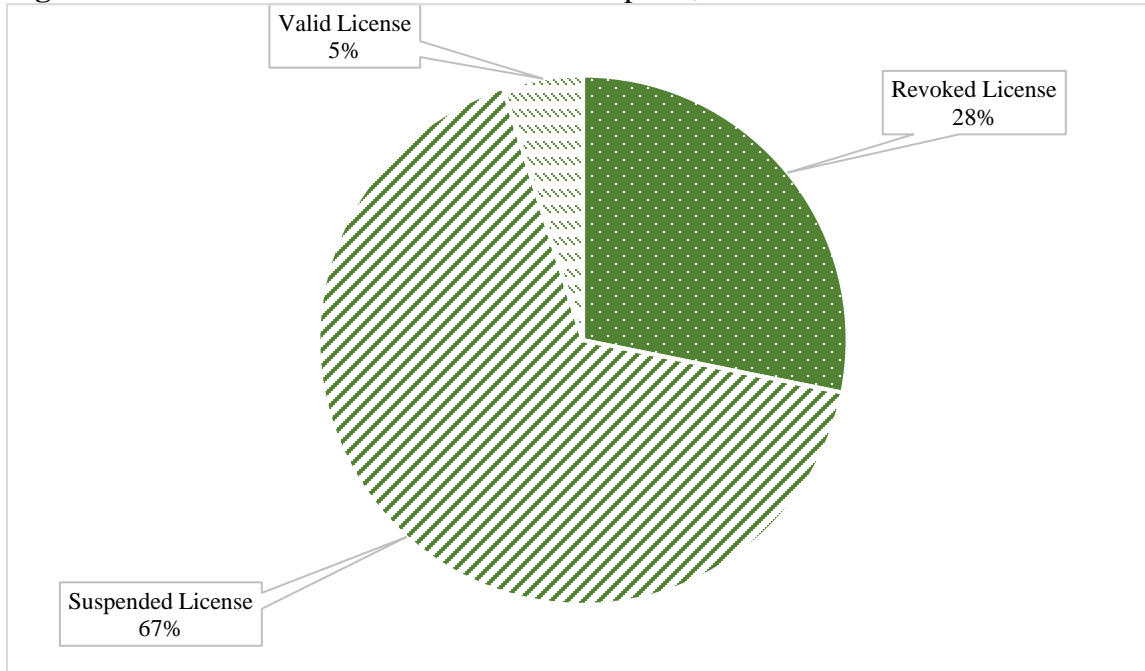
Table 16. Demographics of Active DUI Participants, FY 2018

Gender		
	Count	Percent
Male	844	74.7%
Female	286	25.3%
Total	1130	100.0%
Race		
	Count	Percent
African American	278	24.6%
Caucasian	776	68.7%
Other	76	6.7%
Total	1130	100.0%
Ethnicity		
	Count	Percent
Hispanic	53	4.7%
Non-Hispanic	1077	95.3%
Total	1130	100.0%
Age at time of referral		
	Count	Percent
18-29 years old	428	37.9%
30-39 years old	286	25.3%
40-49 years old	180	15.9%
50-59 years old	182	16.1%
60-69 years old	54	4.8%
Total	1130	100.0%

Table 17. Social Characteristics of Active DUI Participants, FY 2018

Marital Status		
	Count	Percent
Divorced	173	15.3%
Married	219	19.4%
Single	628	55.6%
Other (includes separated, cohabitating, and widowed)	99	8.8%
No Data	11	1.0%
Total	1130	100.0%

Figure 17: License Status of Active DUI Participants, FY 2018



Drug Screens

Program Drug Screenings: In DUI drug treatment court dockets in FY 2018, 5,287 drug screens were conducted for 741 DUI drug treatment court docket participants for which data were available. This resulted in an average of 7 drug screens per participant. Of the 5,287 total drug screens, only 440 (8.3%) were positive (see Table 18).

Table 18: DUI Drug Treatment Court Docket Drug Screens, FY 2018

	Count	Percent
Negative	4,847	91.7%
Positive	440	8.3%
Total Screens	5,287	100.0%
Total Participants Tested	741	
Average Number of Screenings per Participant	7	

Summary of Departures

Graduation and Termination Rates: Among the 1,130 DUI drug treatment court docket participants in FY 2018, 531 exited the program by either graduation or termination. The graduation rate was 68.1% (362 participants), which was a slight increase from the graduation rate of 66.0% reported in FY 2017. The termination rate was 31.8% (169 participants), which was a decrease from the 33.9% termination rate reported in FY 2017. Of the 169 participants

who did not successfully complete the program, nearly half (42.6%) were terminated for non-attendance or non-contact, and in excess of one-third (36.7%) of participants were terminated for drinking. Approximately 8.9% were terminated for non-payment of fees, and 8.3% of participants were terminated for other reasons, while 3.6% (6 participants) died prior to completing the program.

Length of Stay: Length of stay was measured by calculating the number of days from program entry (acceptance date) to completion date (either graduation date or date of termination) (see Table 19). Graduates had a mean length of stay of 537 days, while those terminated from the program had a mean length of stay of 699 days. The median length of stay for program graduates was 351 days, while the length of stay for those terminated from the program was 401 days.

Table 19: DUI Drug Treatment Court Docket Length of Stay, Departures, in days

Mean Length of Stay, <i>in days</i>	
Graduates	537
Unsuccessful Completions	699
Median Length of Stay, <i>in days</i>	
Graduates	351
Unsuccessful Completions	401

Departures by Gender

DUI drug court docket departures show an even larger difference between males and females than adult drug treatment court docket (see Figures 18 and 19). Of the 362 graduates, 268 (74%) were male, while 94 (26.0%) were female. Additionally, of the 169 DUI participants who were terminated, 132 (78.1%) were male, and 37 (21.9%) were female.

Figure 18. DUI Drug Treatment Court Docket Graduates by Gender, FY 2014-2018

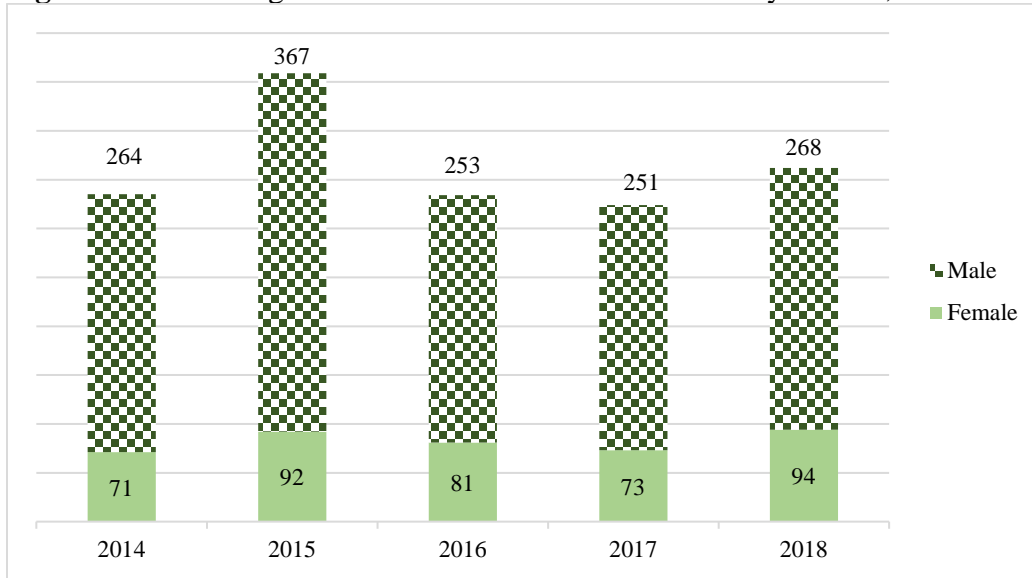
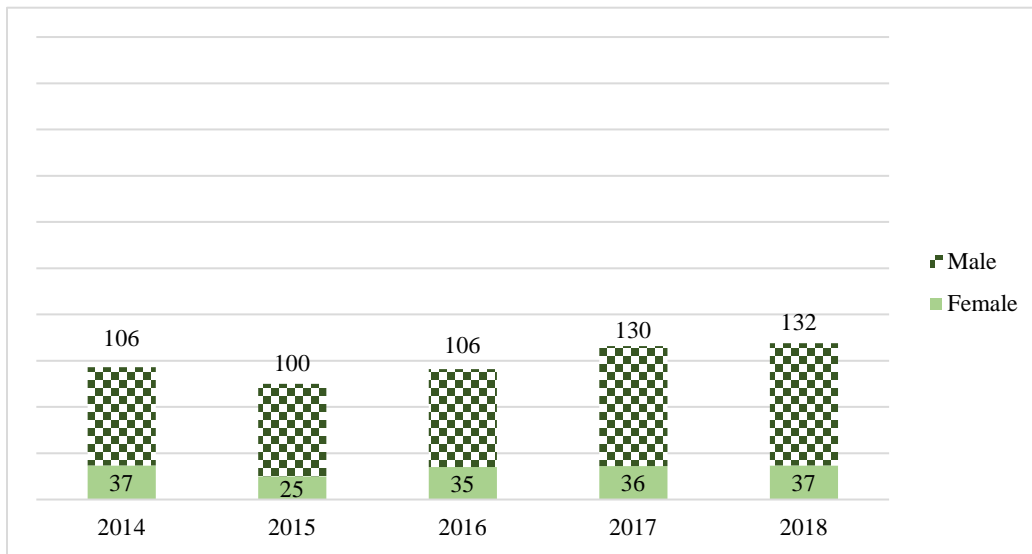


Figure 19. DUI Drug Treatment Court Docket Unsuccessful Departures by Gender, FY 2014-2018



DUI Drug Treatment Court Docket Recidivism

All program departures for FY 2015 were used to assess recidivism. Rearrests and reconvictions were divided into five separate time frames: 1 day – 6 months; 7 months – 1 year; over 1 year – 2 years; over 2 – 3 years; and over 3 years post-program departure. For the purposes of this analysis, recidivism was defined as any felony or misdemeanor rearrest entered in the criminal record. Offenses marked as Good Behavior, Probation Violation, and Contempt of Court were excluded from the results. Recidivism was calculated using the most recent rearrests and reconvictions occurring after program departure. Findings between graduates and unsuccessful

departures were compared to assess if there was any difference. Criminal history records were requested from the Virginia State Police (VSP).

FY 2015 Rearrest Rates

DUI graduates had lower rearrest rates than their unsuccessful counterparts. The time period with the highest rearrest rate was within 6 months of release from the program, and the lowest rearrest rate occurred after 3 years of release for both graduates and unsuccessful departures. The greatest difference in the rearrest rate of graduates and unsuccessful completions occurred within the first 6 months of release. The net difference was nearly 12 percentage points. Lastly, the rearrest of DUI graduates in FY 2015 (24.3%) was less than the reported rearrest rate in FY 2014 (28%), while the rearrest rate for unsuccessful participants in FY 2015 was greater than the 28% reported for FY 2014. See Figure 20 and Table 20 below.

Figure 20. DUI Drug Treatment Court Docket Rearrest Rates, FY 2015

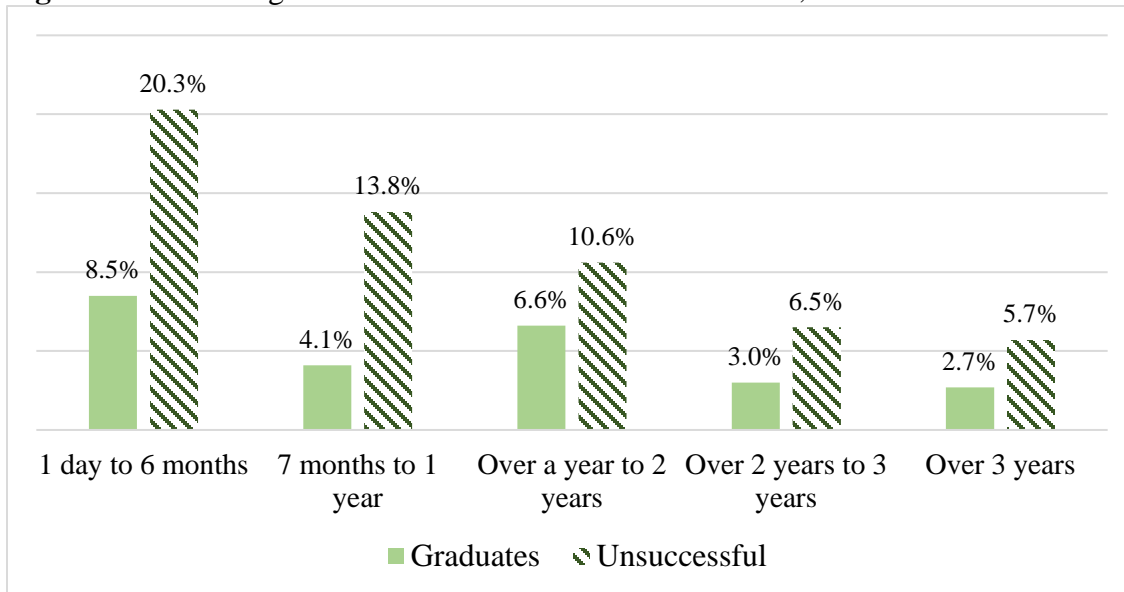


Table 20. DUI Drug Treatment Court Docket Rearrest Rates, FY 2015

	Graduates	Unsuccessful	Totals
Total Departures	366	123	492
	Time Post Departure		
1 day to 6 months	31	25	56
Rearrest Rate	8.5%	20.3%	11.4%
7 months to 1 year	13	17	30
Rearrest Rate	4.1%	13.8%	6.1%
Over a year to 2 years	24	13	37
Rearrest Rate	6.6%	10.6%	7.5%
Over 2 years to 3 years	11	8	19
Rearrest Rate	3.0%	6.5%	3.9%
Over 3 years	10	7	17
Rearrest Rate	2.7%	5.7%	3.5%
Total Rearrests	89	70	159
Total Rearrest Rates	24.3%	56.9%	32.3%

FY 2015 Reconviction Rates

Data is consistent with previous annual report trends, with graduates showing a lower reconviction rate than their unsuccessful counterparts. The overall reconviction rate for those who did not successfully complete the program was more than double that of graduates. The period with the greatest reconviction rate for graduates was “Over a year to 2 years”, while unsuccessful participants had the greatest reconviction rates within six months to one-year post-departure (see Figure 21 and Table 21). Similar to the findings for the rearrest rates, the reconviction rates between DUI graduates and unsuccessful participants varied among each of the timeframes, although the variation was less dramatic.

Figure 21. DUI Drug Treatment Court Docket Reconviction Rates, FY 2015

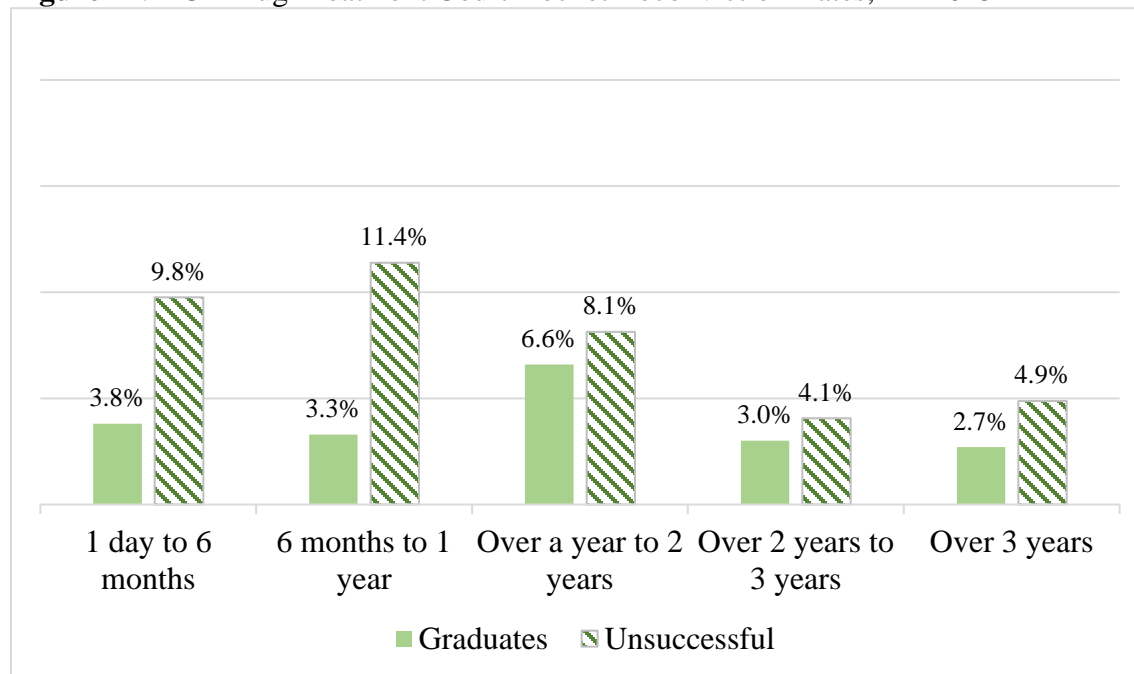


Table 21: DUI Drug Treatment Court Docket Reconviction Rates, FY 2015

	Graduates	Unsuccessful	Totals
Total Departures	366	123	492
Time Post Departure			
1 day to 6 months	14	12	26
Rearrest Rate	3.8%	9.8%	5.3%
7 months to 1 year	12	14	26
Rearrest Rate	3.3%	11.4%	6.3%
Over a year to 2 years	24	10	34
Rearrest Rate	6.6%	8.1%	6.9%
Over 2 years to 3 years	11	5	16
Rearrest Rate	3.0%	4.1%	3.3%
Over 3 years	10	6	16
Rearrest Rate	2.7%	4.9%	3.3%
Total Reconvictions	71	47	118
Total Reconviction Rates	19.4%	38.2%	24.0%

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 rearrests 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 and parents, such as school attendance, conflict resolution, and parenting skills. The families of these juveniles play a very important role in the drug treatment court docket 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 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 district court has been considered an institution specifically established to holistically address the juvenile's needs. However, many juvenile court practitioners have found the traditional approach to be ineffective when applied to the problems of juvenile substance-abusing offenders¹⁴.

During the past several years, several jurisdictions used 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, for some of which there are no drug detection tests.

Research on juvenile drug treatment court dockets has lagged behind that of its adult counterparts; however, professionals are 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

¹⁴ <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/juvenile-drug-courts-help-youth>

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 2018. Over the past year there has been a decreasing number of participants statewide in the juvenile drug treatment court dockets. Juvenile court cases have likewise been decreasing. This will continue to be monitored by OES and local juvenile drug treatment court docket teams. Information is provided in this 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 docket database established and maintained by OES. Juvenile drug treatment court docket staff in local programs entered data on drug treatment court docket 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.

Juvenile Drug Treatment Court Dockets Approved to Operate in Virginia

In FY 2018, there were seven operational Juvenile Drug Treatment Courts throughout Virginia (see Figure 22 and Table 22). Rappahannock Regional Juvenile Drug Treatment Court began operation as the first juvenile drug treatment court docket in Virginia in November 1998. This juvenile drug treatment court docket initially served the city of Fredericksburg and the counties of Spotsylvania and Stafford, and in 2011 added King George County. The newest juvenile drug court docket was approved in Henrico County in 2016.

Figure 22. Approved Juvenile Drug Treatment Court Dockets in Virginia, FY 2018

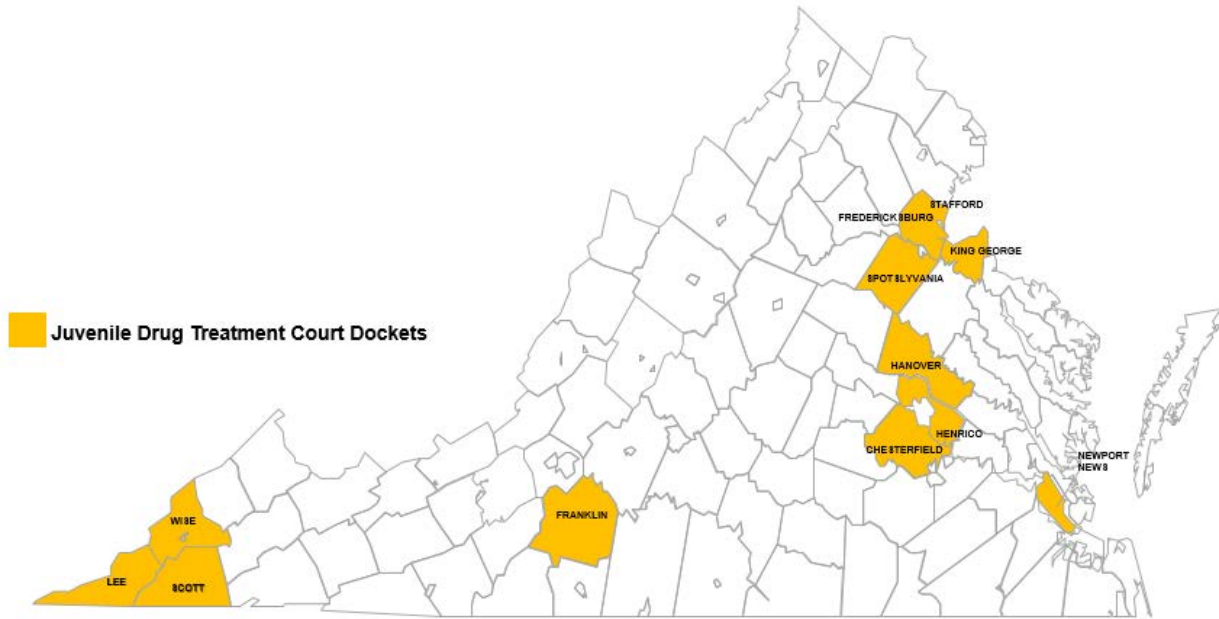
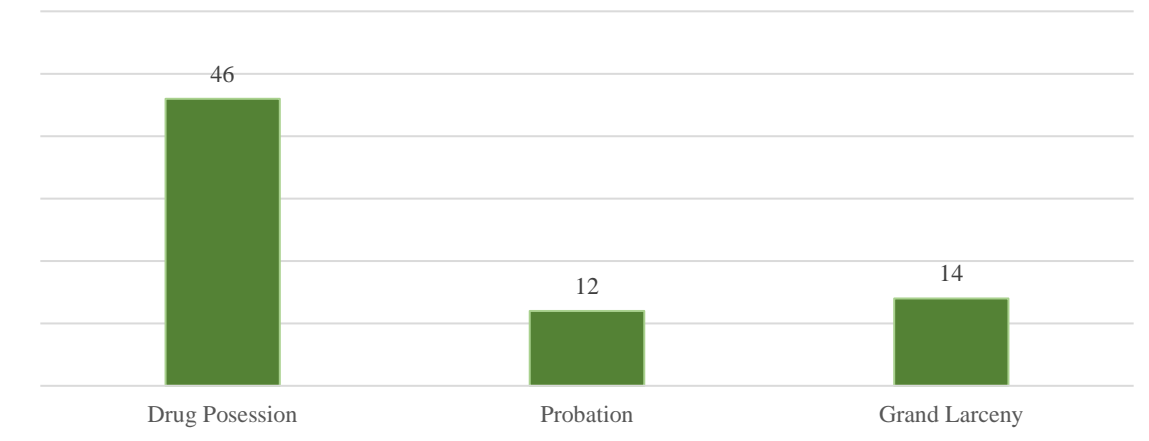


Table 22. Approved Juvenile Drug Treatment Court Dockets in Virginia, FY 2018

Juvenile Drug Treatment Court Dockets		
Chesterfield/Colonial Heights	Newport News	<i>n</i> = 7
Franklin County	Rappahannock Regional	
Hanover County	Thirtieth Circuit (Lee, Scott & Wise Counties)	
Henrico County		

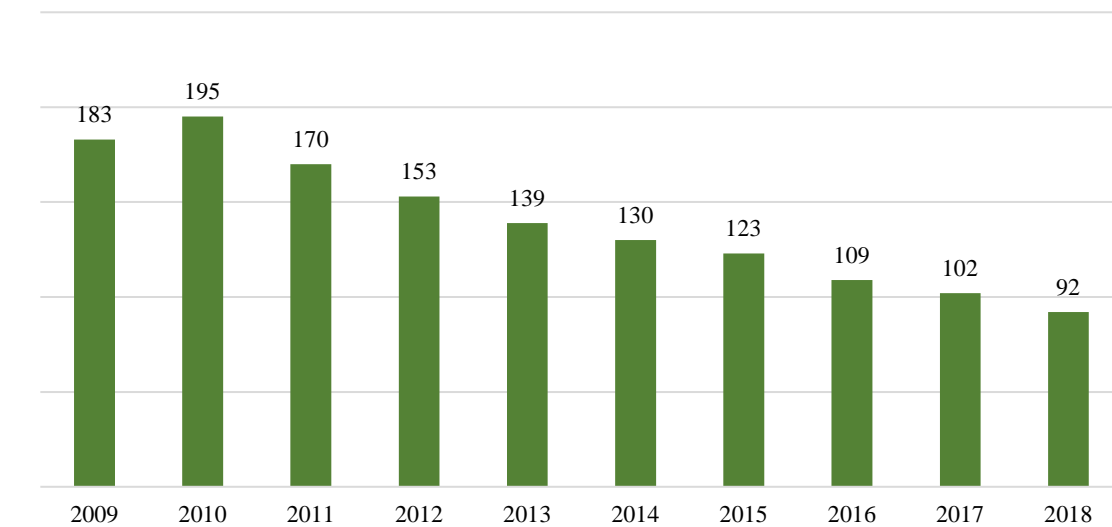
The most common instant offenses committed by active juvenile participants included drug possession, probation violation, and grand larceny (Figure 23). Forty-six (50.0%) juvenile participants had at least one drug possession charge, and 12 had at least one probation charge (13.0%), while 14 had at least one grand larceny charge (15.0%).

Figure 23. Instant Offense among Active Juvenile Participants, FY 2018



As shown in Figure 24 below, the number of active juvenile drug treatment court participants has been on a decline. The Office of Juvenile Justice and Delinquency suggests the national declines may result from the decline in the overall arrest rates for juveniles and the increase in community-based programs and interventions.^{15,16}

Figure 24. Number of Active Juvenile Drug Treatment Court Participants FY 2009-2018



¹⁵ https://www.ojjdp.gov/ojstatbb/crime/JAR_Display.asp?ID=qa05201

¹⁶ https://www.urban.org/sites/default/files/publication/91566/data_snapshot_of_youth_incarceration_in_virginia_0.pdf

Juvenile Drug Treatment Court Docket Activity

Of active juvenile participants within FY 2018, the majority of participants were Caucasian (67%), male (75%) and either 16 or 17 years old (28% and 39% respectively), as shown in Table 23 below.

Referrals: There were 39 referrals to the juvenile drug treatment court dockets in FY 2018, which was a decrease from the 56 reported in FY 2017.

Admissions: There were 34 newly admitted program participants in FY 2018, which was a decrease from the 36 reported in FY 2017. The FY 2018 admission rate was 87%, compared to an admission rate of 64% reported in FY 2017.

Participants: The number of active program participants decreased from 102 in FY 2017 to 92 participants in FY 2018.

Race and Ethnicity: The majority of program participants were Caucasian (63 participants or 68.5%), followed by 16.3% (15) who identified as African-American. Approximately 15% (14) of juvenile identified as "Other." Ten participants (10.9%) self-identified an ethnicity of Hispanic.

Gender: Seventy-five percent of active participants were male and 25% were female.

Age: Juvenile drug treatment court dockets participants ranged in age from 14-17 years old. Most program participants were either 17 years old (43.5%) or 16 years old (28.3%) at the time of program entry. See below.

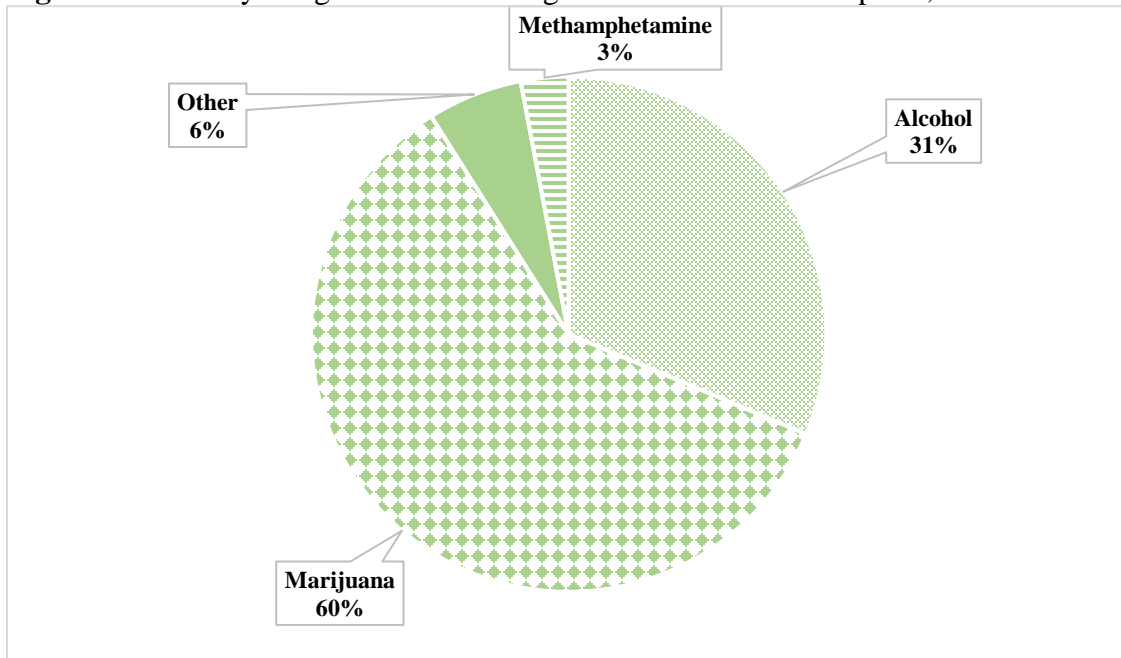
Table 23. Demographics of Active Juvenile Participants, FY 2018

Gender		
	Count	Percent
Male	69	75.0%
Female	23	25.0%
Total	92	100.0%
Race		
	Count	Percent
African-American	15	16.3%
Caucasian	63	68.5%
Other	14	15.2%
Total	92	100.0%
Ethnicity		
	Count	Percent
Hispanic	10	10.9%
Non-Hispanic	82	89.1%
Total	92	100.0%
Age at time of referral		
	Count	Percent
14 years old	3	3.3%
15 years old	20	21.7%
16 years old	26	28.3%
17 years old	40	43.5%
18+ years old	3	3.3%
Total	92	100.0%

Drugs of Choice and Drug Screens

Drugs of Choice: When admitted into a drug treatment court docket, participants are asked to disclose their primary drug of choice. Approximately 60% of juvenile participants reported marijuana as their drug of choice. Alcohol was second with 31% of juvenile participants preferring it, and methamphetamine was third with 3% of juveniles reporting it as their primary drug of choice.

Figure 25. Primary Drug of Choice among Active Juvenile Participants, FY 2018



Note: Figure 25 should be interpreted with caution. Data are based on self-reported primary drug of choice. Participants may elect to not identify a drug of choice.

Program Drug Screenings: Juvenile drug screen results indicate a higher percentage of positive screenings when compared to other drug court docket programs. In juvenile drug treatment court dockets in FY 2018, there were 2,277 drug screenings conducted for the 70 participants for whom data were available, an average of 33 screenings per participant for the year. Of the 2,277 total screenings, only 472 (20.7%) were positive (see Table 24).

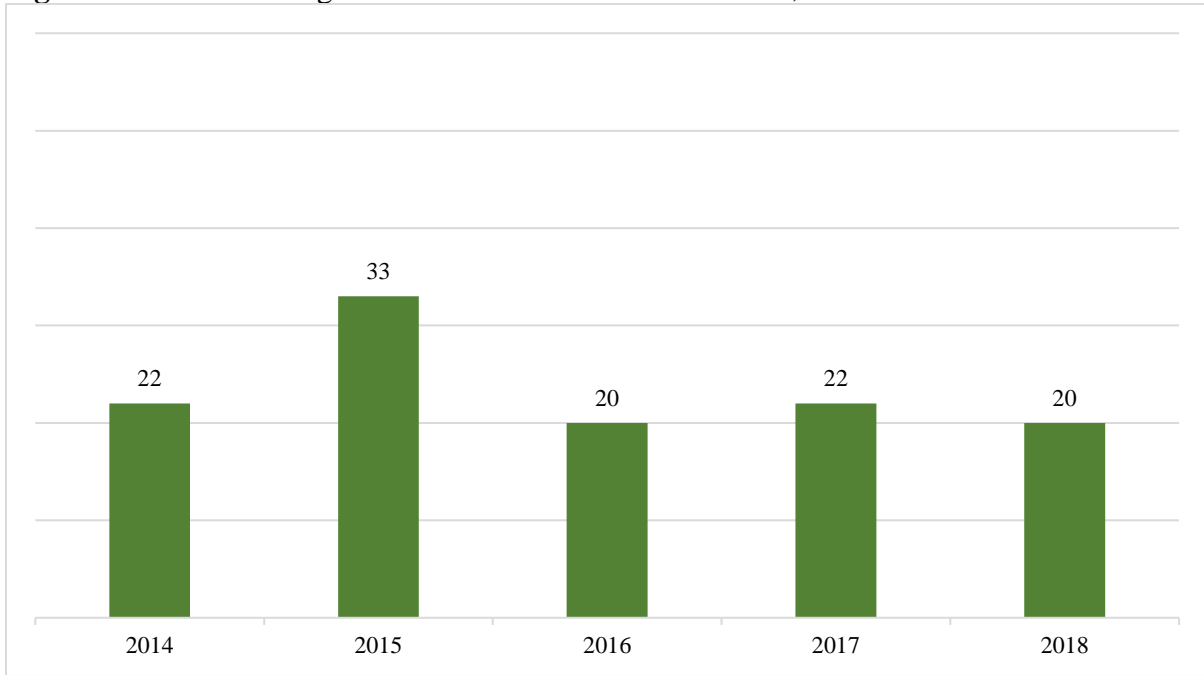
Table 24. Juvenile Drug Treatment Court Docket Drug Screens

	Count	Percent
Negative	1,805	79.2%
Positive	472	20.7%
Total Screens	2,277	100%
Total Participants Tested	70	
Average Screenings per Participant	33	

Summary of Departures

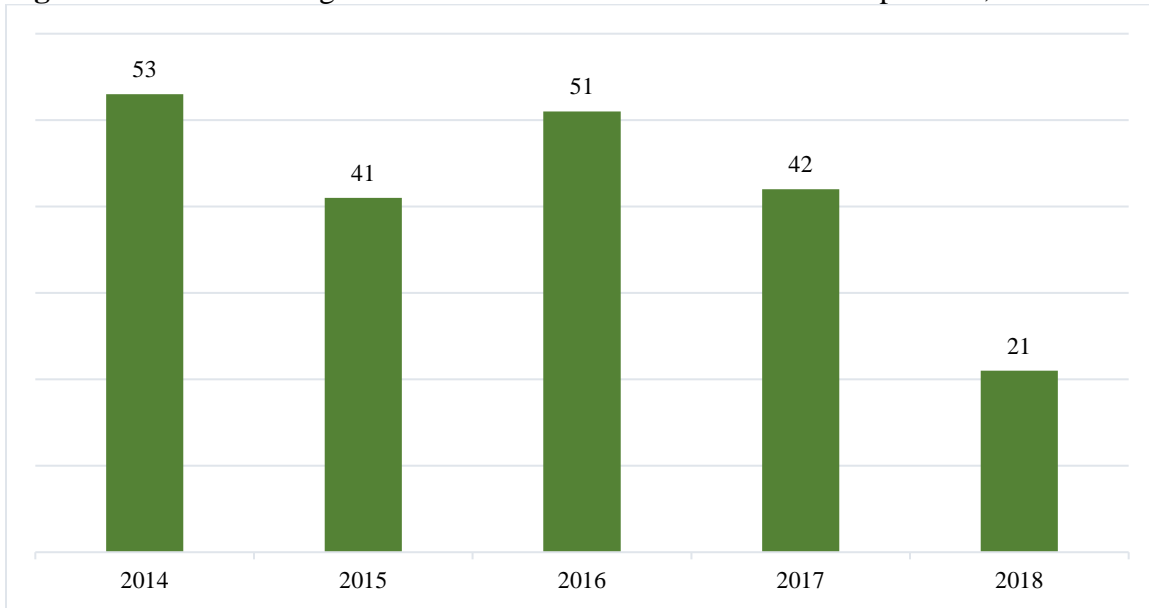
Graduation Rates: Among the 92 juvenile drug treatment court docket participants in FY 2018, 41 participants exited the program by either graduation or termination (see Figure 26). Of the 41 departures, 20 graduated. The graduation rate was 48.9%.

Figure 26. Juvenile Drug Treatment Court Docket Graduates, FY 2014-2018



Terminations: Twenty-one juvenile participants were terminated from the program in FY 2018 (see Figure 27). The termination rate was 51.2%. The majority of terminations occurred due to unsatisfactory performance (52.4%), with 23.8% for reasons listed as “Other,” and 19.1% for new criminal offenses.

Figure 27: Juvenile Drug Treatment Court Docket Unsuccessful Departures, FY 2014-2018



Length of Stay: Length of stay was measured by calculating the number of days from program entry (acceptance date) to completion date (either graduation date or date of termination) (see Table 25). Graduates had a mean length of stay of 411, while those terminated from the program had a mean length of stay of 383 days. The median length of stay for juvenile graduates was 364 days, compared to a median length of stay of 280 days for terminated participants.

Table 25: Juvenile Drug Treatment Court Dockets Length of Stay, Departures, FY 2018

Mean Length of Stay, <i>in days</i>	
Graduates	411
Unsuccessful Completions	383
Median Length of Stay, <i>in days</i>	
Graduates	364
Unsuccessful Completions	280

FAMILY DRUG TREATMENT COURT DOCKETS

Family drug treatment court dockets serve parents or guardians in dependency proceedings facing allegations of child abuse or neglect caused or influenced by a moderate-to-severe substance use disorder. A family drug treatment court docket 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 comorbidity issues. To accomplish this, the family drug treatment court docket 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 child or children and the parent(s). In this way, the family drug treatment court docket team provides children with quick access to permanency and offers parents a viable chance to achieve sobriety, provide a safe and nurturing home and hold their families together.¹⁷

Family drug treatment court docket 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 cases; (4) custody or temporary entrustment cases; and (5) delinquency cases. The parents/guardians may enter the family drug treatment court pre-adjudication (at day one or child planning conferences) or post-adjudication. In all cases, at the time of referral and admission to family drug treatment court dockets, there must be a case plan for family reunification. Before being admitted to family drug treatment court dockets, the parents are screened, and substance abuse is determined to be a factor that contributed to the substantiation of neglect, abuse or dependency. 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 docket programs, social services professionals provide case management and supervision and fill other roles in family drug treatment court docket programs.

Family drug treatment court dockets have adapted the adult criminal drug court docket 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 family drug treatment court dockets, differ significantly from the adult criminal or juvenile delinquency drug treatment court docket models.

Family drug treatment court dockets draw on best practices from both the drug court docket model and dependency court practice to effectively manage cases within Adoption and Safe

¹⁷ ¹¹ 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.

Families Act (ASFA) mandates¹⁸. 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.

The Virginia family drug treatment court docket programs provide: (1) timely identification of defendants in need of substance abuse treatment, (2) the opportunity to participate in the family drug treatment court docket 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 docket 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.

Virginia created and adopted the Family Drug Treatment Court Standards¹⁹. These standards reflect the existing common characteristics outlined in Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model Monograph published by the Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, December 2004.²⁰ They have been modified for use within the Commonwealth of Virginia.

There are and will continue to be differences among individual drug treatment court docket 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 court dockets in the Commonwealth of Virginia should subscribe.

Family Drug Treatment Court Dockets Approved to Operate

In FY 2018, three family drug treatment court dockets were approved to operate in Virginia. They are located in Charlottesville/Albemarle County, Bedford County, and Goochland County (see Figure 28 and Table 26). These family drug treatment court dockets operate in the juvenile and domestic relations district courts.

¹⁸ <https://www.gpo.gov/fdsys/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf>

¹⁹ http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/admin/family_standards.pdf

²⁰ 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.

Figure 28: Approved Family Drug Treatment Court Dockets in Virginia, FY 2018

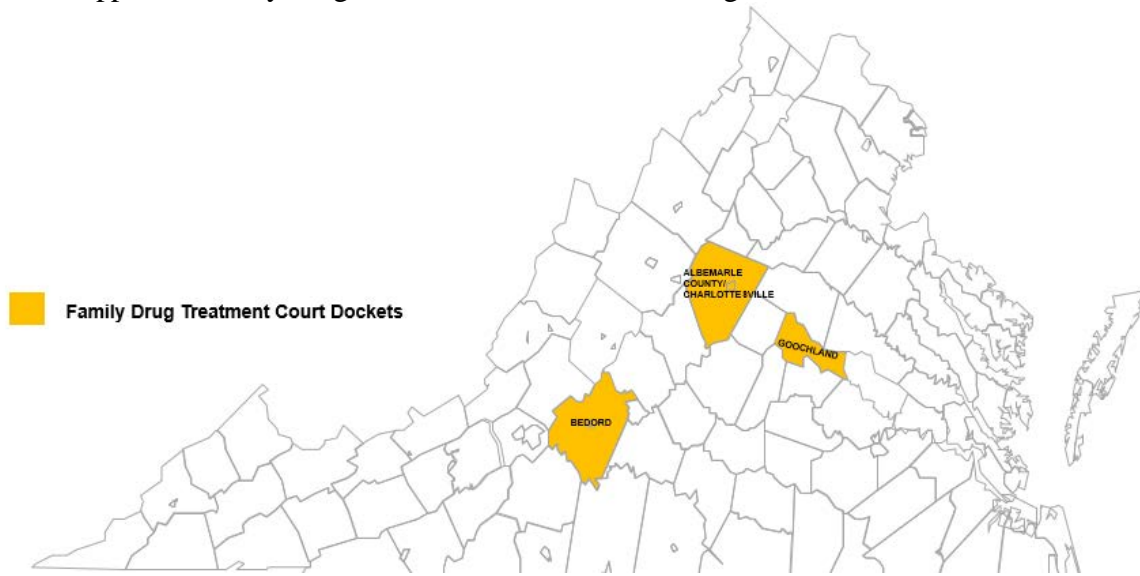
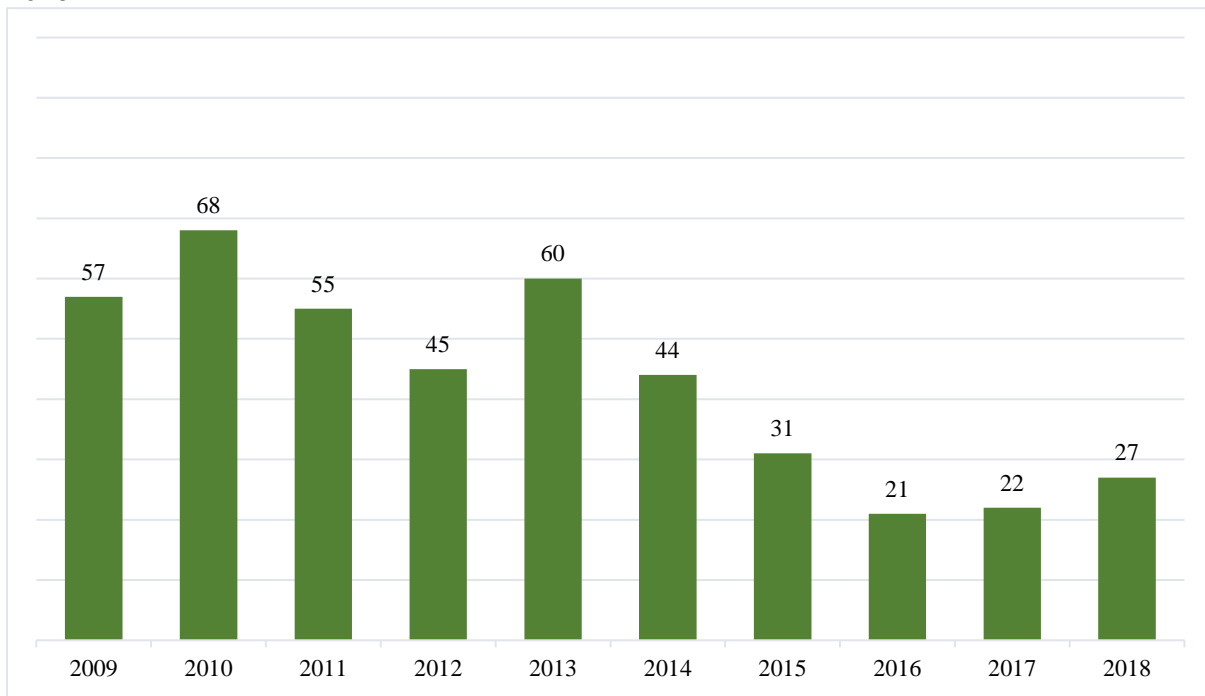


Table 26: Approved Family Drug Treatment Court Dockets in Virginia, FY 2018

Bedford	Goochland County	<i>n</i> = 3
Charlottesville/Albemarle County		

As shown in Figure 29 below, active family drug treatment court docket participants have varied. The number of active participants ranged from 21 to 68 over FY 2009-2018, with the greatest number of active participants occurring in 2010. While the number of participants has generally decreased since FY 2013, there was a one participant increase in FY 2017 and a five participant increase in FY 2018.

Figure 29. Number of Active Family Drug Treatment Court Docket Participants, FY 2009-2018



Referrals: The family drug treatment court docket had 10 referrals, which is an increase from the 4 referrals reported in FY 2017.

Admissions: Of the 10 referrals to family drug treatment court docket, four were accepted garnering a 40% acceptance rate for the family drug treatment court docket program.

Race: In FY 2018, 44.4% (12) participants were Caucasian, 40.7% (11) were African American, and 14.8% (4) were listed as “Other”.

Gender: The majority of active participants were female (20 or 74.1%) and seven (25.9%) were male.

Age: Nearly 78% of active participants were between the ages of 18 and 39.

Marital Status: Among the family drug treatment court docket participants for whom data were available, five (45.5%) were single. Only 9.1% the active participants reported that they were divorced, and 27.3% reported being married.

Education: Of the active participants, 9 (33.3%) received a high school diploma or its equivalency, while 7 (25.9%) reported having less than a high school diploma or its equivalency. Additionally, six (18.5%) reported having attended college.

Table 27. Demographics of Active Family Participants, FY 2018

Gender		
	Count	Percent
Male	7	25.9%
Female	20	74.1%
Total	27	100.0%

Race		
	Count	Percent
African American	11	40.7%
Caucasian	12	44.4%
Other	4	14.8%
Total	27	100.0%

Ethnicity		
	Count	Percent
Hispanic	1	3.7%
Non-Hispanic	26	96.3%
Total	27	100.0%

Age at time of referral		
	Count	Percent
18-29 years old	9	33.3%
30-39 years old	12	44.4%
40-49 years old	4	14.8%
50-59 years old	2	7.4%
60-69 years old	0	0.0%
Total	27	100.0%

Table 28. Social Characteristics of Active Family Participants, FY 2018

Marital Status		
	Count	Percent
Divorced	1	9.1%
Married	3	27.3%
Single	5	45.5%
Other (includes separated, cohabitating, and widowed)	1	9.1%
No Data	1	9.1%
Total	11	100.0%

Employment		
	Count	Percent
Disabled	2	7.4%
Full-Time	3	11.1%
Part-Time (less than 32 hours, per week)	4	14.8%
Unemployed	15	55.6%
Unknown	3	11.1%
Total	27	100.0%

Educational Attainment		
	Count	Percent
Less than high school diploma or equivalency	7	25.9%
High school diploma or equivalency	9	33.3%
Some College	5	18.5%
No Data	6	22.2%
Total	27	100.0%

Drug Screens

Program Drug Screenings: In family drug treatment court dockets in FY 2018, 562 drug screens were conducted for 16 family drug treatment court participants for which data were available. This resulted in an average of 35 drug screens per participant. Of the 562 total drug screens, only 57 (10.1%) were positive. This does not mean that each participant tested positive, as there are many participants who do not test positive throughout the entirety of the program (see Table 29).

Table 29. Family Drug Treatment Court Docket Drug Screens

	Count	Percent
Negative	505	89.9%
Positive	57	10.1%
Total Screens	562	100.0%
Total Participants Tested	16	
Average Number of Screenings per Participant	35	

SPECIALTY DOCKETS

Specialty Dockets accommodate offenders with specific problems and needs that are not or could not be adequately addressed in the traditional court setting. They have been called by various titles, including therapeutic jurisprudence courts/dockets, specialty dockets, boutique courts, and problem-solving justice. Specialty dockets seek to promote outcomes that will benefit not only the offender, but also the victim and society. They were developed as an innovative judicial response to a variety of offender problems, including substance abuse, mental illness, homelessness, teen violence and domestic violence as well as problems presented to the courts involving military veterans. Early studies conclude that these types of dockets have a generally positive impact on the lives of offenders and victims, and, in most instances, save governmental authorities significant jail and prison costs.

In recent years, several community collaboration efforts have emerged in the state courts to address the underlying issues that brought certain individuals into the justice system. These efforts rely on immediate intervention that focuses on outcomes utilizing an interdisciplinary team approach with intensive interactions and a set of clearly defined rules and goals. The most common collaboration efforts are drug courts that seek to break the cycle of addiction, crime, and repeat incarceration. Several other types of efforts, including Veterans and Behavioral/Mental Health dockets, apply similar approaches. Preliminary research, although still very limited, demonstrates positive outcomes. This research demonstrates that Behavioral/Mental Health docket participants tend to have lower rates of criminal activity and increased linkages to treatment services when compared to defendants with mental illnesses who go through the traditional court system. Veterans docket participants tend to have greater access to community and veterans-specific social services programs, as well as a Veteran Mentor who works to provide additional support throughout the drug treatment process. Together, these resources, coupled with community supervision, lower the likelihood of criminal activity among Veterans docket participants when compared to veterans who go through the traditional court system.

In Virginia, these efforts are known as specialized dockets within the existing structure of Virginia's circuit and district court system offering judicial monitoring of intensive treatment, supervision, and remediation integral to case disposition. Behavioral/Mental Health dockets are modeled after drug court dockets and were developed in response to the overrepresentation of individuals with behavioral health disorders in the criminal justice system. Such programs aim to divert eligible defendants with diagnosed mental health disorders into judicially supervised, community-based treatment, designed and implemented by a team of court staff and mental health professionals. Through voluntary admission, eligible defendants are invited to participate in the Behavioral/ Mental Health dockets following a specialized screening and assessment. For those who submit to the terms and conditions of community-based supervision, a team of program and treatment professionals work together to develop service plans and supervise participants.

The Supreme Court of Virginia currently recognizes the following three types of specialty dockets: (i) drug treatment court dockets as provided for in the Drug Treatment Court Act, §18.2-254.1, (ii) Veterans dockets, and (iii) Behavioral/Mental Health dockets. A circuit or district court that intends to establish one or more types of these recognized specialty dockets must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty

docket. What differentiates Behavioral/Mental Health dockets from other approaches is their use of a regularly scheduled specialized docket with a judicially supervised, team-based approach to monitor the participants' treatment and adherence to program requirements. Understanding the Behavioral/Mental Health docket means recognizing there are multiple options available for improving the court's response to defendants with behavioral health issues. In Virginia, these specialized dockets are designed to fulfill a local need utilizing local resources.

In response to numerous inquiries about various specialty dockets in Virginia, the Supreme Court of Virginia promulgated Rule 1:25, Specialty Dockets, effective January 16, 2017. The Rule includes the definition of and criteria for specialty dockets, types of specialty dockets, an authorization process, expansion of types of specialty dockets, oversight structure, operating standards, funding, and evaluation.

In parallel to the administration of drug treatment court dockets, advisory committees for veterans' dockets and behavioral/mental health dockets were created. Since two veteran dockets began as tracks within adult drug treatment court dockets, data collection has only begun and there is limited information to report. Graduates have varied from 2-5 over the last three fiscal years.

Specialty Dockets in Fiscal Year 2018

Figure 30: Approved Specialty Dockets in Virginia, FY 2018

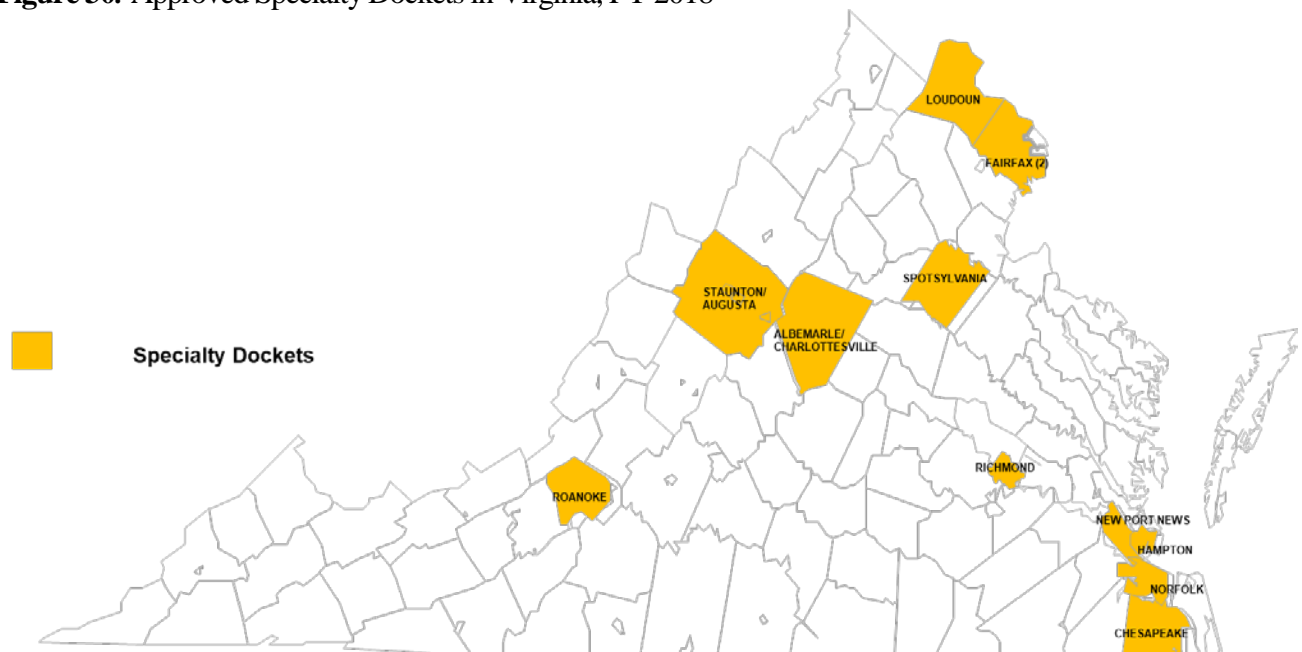


Table 30. Approved Specialty Dockets in Virginia, FY 2018

Specialty Dockets		
Veterans Dockets		
Fairfax (2)		<i>n=5</i>
Hampton		
Norfolk		
Spotsylvania		
Mental/Behavioral Health Dockets		
Albemarle/Charlottesville	Roanoke	<i>n=10</i>
Chesapeake	Staunton/Augusta	
Loudoun County	Richmond (3)	
Newport News		
Norfolk		

In FY 2018, there were five Veterans Dockets and 10 Mental/Behavioral Health Dockets approved to operate in Virginia. The Veterans Dockets operate in the general district and circuit courts. The number of participants increased from five (5) in FY 2014 to 17 in FY 2018. Unsuccessful departures have remained relatively stable over the past two fiscal years with four (4) departures per year. Of those active veteran participants in FY 2018, the majority (64%) reported cocaine as their top drug of choice. The drug test results for the veteran participants were similar to the results for adult, DUI, and family drug treatment court docket participants, with most being negative (94.2%).

Due to implementation dates, there is no Mental/Behavioral Health data to report for FY 2018. As docket programs accept new participants, programs progress, and new data elements are recorded, more in-depth analysis will be provided. In the future specialty dockets will be evaluated for effectiveness and efficiency similarly to drug treatment court dockets.

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APPENDICES

Appendix A
§ 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. 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.

M. 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.

N. 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.

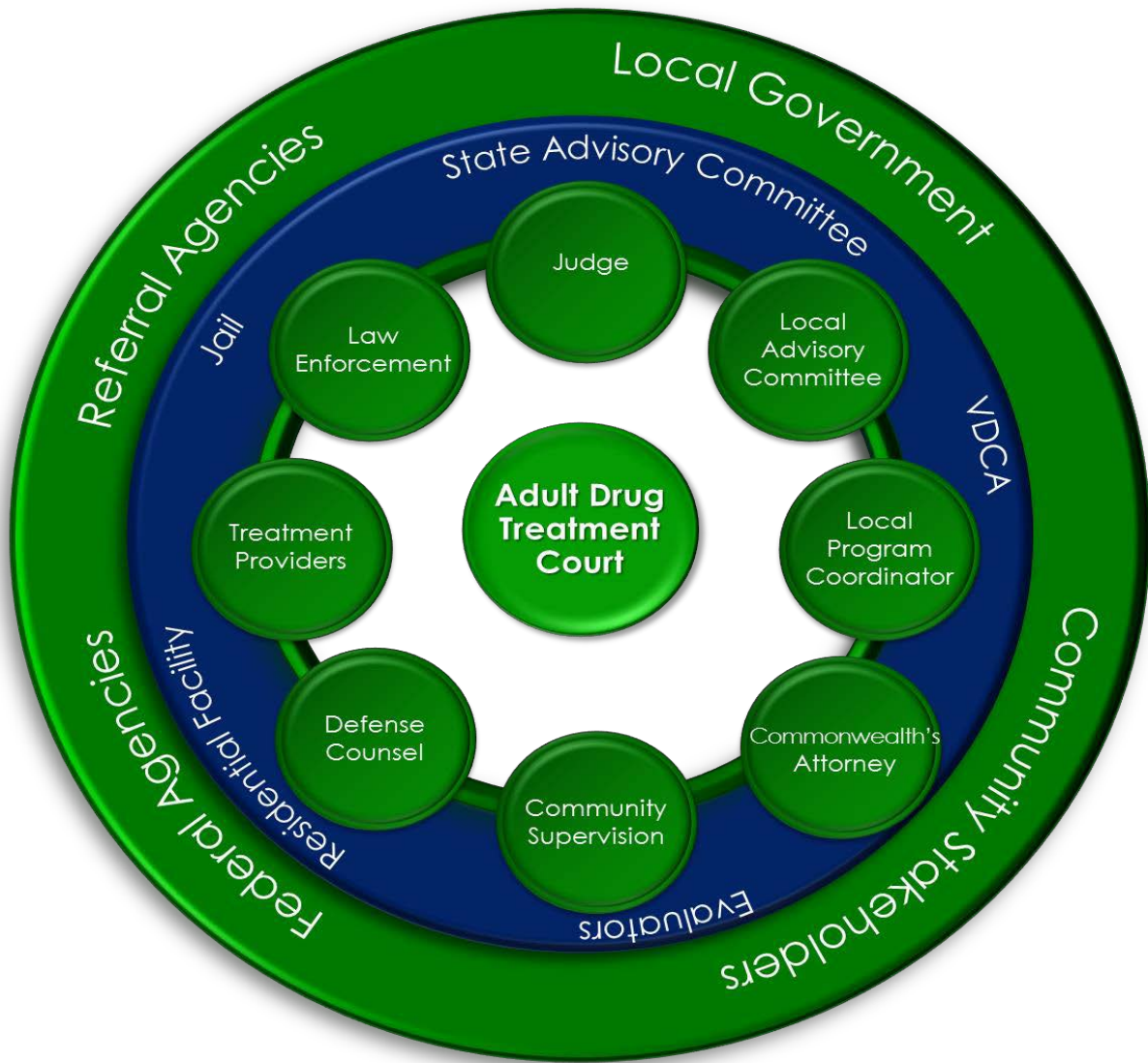
O. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the following jurisdictions: the City of Chesapeake and the City of Newport News.

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

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 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
Diagram of Virginia Adult Drug Treatment Court Docket Stakeholders



Appendix C
Approved Virginia Drug Treatment Court Dockets, FY 2018

Approved Virginia Drug Treatment Court Dockets, FY 2018			
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 (<i>Redesigned 2016</i>)	J&DR	Juvenile	July 1999
Chesterfield County, Colonial Heights	Circuit	Adult felony (9)	September 2000
Portsmouth	Circuit	Adult felony (10)	January 2001
Alexandria (<i>CLOSED 2-14-12</i>)	J&DR	Family	September 2001
Newport News	J&DR	Juvenile (11)	March 2002
Charlottesville and Albemarle County	J&DR	Family (12)	July 2002
Staunton	Circuit	Adult felony (13)	July 2002
Hopewell, Prince George County & Surry County	Circuit	Adult felony (14)	September 2002
Lee/Scott/Wise Counties	J&DR	Juvenile (15)	September 2002
Chesterfield County/Colonial Heights	J&DR	Juvenile (16)	January 2003
Henrico County	Circuit	Adult felony (17)	January 2003
Hampton	Circuit	Adult felony (18)	February 2003
Hanover County	J&DR	Juvenile (19)	May 2003
Suffolk (<i>CLOSED 12-31-08</i>)	Circuit	Adult felony	May 2004
Fairfax County (<i>CLOSED 5/31/11</i>)	J&DR	Juvenile	May 2003
Prince William County (<i>CLOSED 6-30-15</i>)	J&DR	Juvenile	May 2004
Loudoun County (<i>CLOSED 6-2012</i>)	Circuit	Adult felony	May 2004
Chesapeake	Circuit	Adult felony (20)	August 2005
Newport News (<i>CLOSED</i>)	J&DR	Family	July 2006
Tazewell County	Circuit	Adult felony (21)	March 2009
Franklin County	J&DR	Juvenile (22)	July 2009
Bristol	Circuit	Adult felony (23)	March 2010
Waynesboro Area: Augusta County, Staunton & Waynesboro (Approved May 2010)	Gen. District	DUI (24)	2002
Buchanan County	Circuit	Adult felony (25)	July 2012
Dickenson County	Circuit	Adult felony (26)	July 2012
Russell County	Circuit	Adult felony (27)	July 2012
30 th Judicial Circuit (Lee, Scott & Wise Counties)	Circuit	Adult felony (28)	July 2012
Washington County	Circuit	Adult felony (29)	July 2012
Montgomery County (<i>CLOSED</i>)	J&DR	Family	July 2012
Goochland County	J&DR	Family (30)	July 2012
Danville (<i>Not operating</i>)	Circuit	Adult felony (31)	July 2012
Arlington County	Circuit	Adult felony (32)	October 2012
Pulaski County	Circuit	Adult felony (33)	October 2014
Halifax County	Circuit	Adult felony (34)	April 2015
Floyd County	Circuit	Adult felony (35)	October 2015
Giles County	Circuit	Adult felony (36)	October 2015
Northwest Regional: Winchester, Clarke, Page and Frederick Counties	Circuit	Adult felony (37)	April 2016

Smyth County	Circuit	Adult felony (38)	April 2016
Virginia Beach Circuit	Circuit	Adult felony (39)	April 2016
Harrisonburg/Rockingham County (<i>Not operating</i>)	Gen District	DUI (40)	October 2016
Henrico County	J&DR	Juvenile (41)	October 2016
Lynchburg County	Circuit	Adult felony (42)	October 2016
Hanover County	Circuit	Adult felony (43)	October 2016
Montgomery County	Circuit	Adult felony (44)	October 2016
Harrisonburg/Rockingham County	Circuit	Adult felony (45)	April 2017
Northern Neck & Essex	Circuit	Adult felony (46)	October 2017
Twin Counties & Galax Recovery Court	Circuit	Adult felony (47)	October 2017
Fairfax County	Circuit	Adult felony (48)	October 2017
Radford	Circuit	Adult felony (49)	October 2017
Bedford County	J & DR	Family (50)	April 2018

Appendix D
Rule 1:25 Specialty Dockets

VIRGINIA:

*In the Supreme Court of Virginia held at the Supreme Court Building in the
City of Richmond on Monday the 14th day of November, 2016.*

It is ordered that the Rules heretofore adopted and promulgated by this Court and now in effect be and they hereby are amended to become effective January 16, 2017.

Rule 1:25. Specialty Dockets.

(a) Definition of and Criteria for Specialty Dockets.

- (1) When used in this Rule, the term "specialty dockets" refers to specialized court dockets within the existing structure of Virginia's circuit and district court system offering judicial monitoring of intensive treatment, supervision, and remediation integral to case disposition.
- (2) Types of court proceedings appropriate for grouping in a "specialty docket" are those which (i) require more than simply the adjudication of discrete legal issues, (ii) present a common dynamic underlying the legally cognizable behavior, (iii) require the coordination of services and treatment to address that underlying dynamic, and (iv) focus primarily on the remediation of the defendant in these dockets. The treatment, the services, and the disposition options are those which are otherwise available under law.
- (3) Dockets which group cases together based simply on the area of the law at issue, e.g., a docket of unlawful detainer cases or child support cases, are not considered "specialty dockets."

- (b) Types of Specialty Dockets.* -The Supreme Court of Virginia currently recognizes only the following three types of specialty dockets: (i) drug treatment court dockets as provided for in the Drug Treatment Court Act, § 18.2-254.1, (ii) veterans dockets, and

(iii) behavioral/mental health dockets. Drug treatment court dockets offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases.

The dispositions in the family drug treatment court dockets established in juvenile and domestic relations district courts may include family and household members as defined in Virginia Code § 16.1-228. Veterans dockets offer eligible defendants who are veterans of the armed services with substance dependency or mental illness a specialized criminal specialty docket that is coordinated with specialized services for veterans. Behavioral/mental health dockets offer defendants with diagnosed behavioral or mental health disorders judicially supervised, community-based treatment plans, which a team of court staff and mental health professionals design and implement.

- (c) *Authorization Process.* - A circuit or district court which intends to establish one or more types of these recognized specialty dockets must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty docket or, in the instance of an existing specialty docket, continuing its operation. A petitioning court must demonstrate sufficient local support for the establishment of this specialty docket, as well as adequate planning for its establishment and continuation.
- (d) *Expansion of Types of Specialty Dockets.* - A circuit or district court seeking to establish a type of specialty docket not yet recognized under this rule must first demonstrate to the Supreme Court that a new specialty docket of the proposed type meets the criteria set forth in subsection (a) of this Rule. If this additional type of specialty docket receives recognition from the Supreme Court of Virginia, any local specialty docket of this type must then be authorized as established in subsection (c) of this Rule.
- (e) *Oversight Structure.* - By order, the Chief Justice of the Supreme Court may establish a Specialty Docket Advisory Committee and appoint its members. The Chief Justice may also establish separate committees for each of the approved types of specialty dockets. The members of the Veterans Docket Advisory Committee, the Behavioral/Mental Health Docket Advisory Committee, and the committee for any other type of specialty docket recognized in the future by the Supreme Court shall be chosen by the Chief Justice. The State Drug Treatment Court Advisory Committee established pursuant to Virginia Code §

18.2-254.1 shall constitute the Drug Treatment Court Docket Advisory Committee.

- (f) *Operating Standards.* -The Specialty Docket Advisory Committee, in consultation with the committees created pursuant to subsection (e), shall establish the training and operating standards for local specialty dockets.
- (g) *Financing Specialty Dockets.* -Any funds necessary for the operation of a specialty docket shall be the responsibility of the locality and the local court but may be provided via state appropriations and federal grants.
- (h) *Evaluation.* -Any local court establishing a specialty docket shall provide to the Specialty Docket Advisory Committee the information necessary for the continuing evaluation of the effectiveness and efficiency of all local specialty dockets.

A Copy,

Teste:


Clerk

Appendix E
State Drug Treatment Court Advisory Committee Membership Roster

Chair:

Honorable Donald W. Lemons, Chief Justice
Supreme Court of Virginia

Vice-Chair:

Honorable Jack S. Hurley, Judge*
Tazewell Circuit Court

Members:

Karl Hade, Executive Secretary*
Office of the Executive Secretary

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

Hon. Junius Fulton, Judge*
Norfolk Circuit Court

Hon. Louise DiMatteo, Judge*
Arlington Circuit Court

Susan Morrow, President*
Virginia Association of Drug Court
Professionals

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

Hon. Karl Leonard, Sheriff
Virginia Sheriff's Association

Hon. Llezelle Dugger, Clerk
Charlottesville Circuit Court

Suzanna "Anna" Burton,
SA Program Manager
Department of Corrections

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

Cheryl Robinette, Coordinator
Tazewell Adult Drug Court

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

Hon. Gary A. Hicks, Judge
Henrico Circuit Court

Hon. David B. Carson, Judge
Roanoke Circuit Court

Hon. Sarah Rice, Judge
Franklin County Juvenile & Domestic
Relations Court

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

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

Shannon Dion, Director, Department of
Criminal Justice Services

Maria Jankowski, Deputy Director
Virginia Indigent Defense Commission

Greg Hopkins, Vice-President
Virginia Association of Drug Court
Professionals

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

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

Andrew Block, Jr., Director
Department of Juvenile Justice

Nikki Clarke
Program Manager
Legislation, Regulations & Guidance
Virginia Department of Social Services

Major Harold Heatley
Tazewell Sheriff's Office
Member At-Large

Staff:

Paul DeLosh, Director
Judicial Services Department

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

Bre' Auna Beasley
Drug Court Analyst
Judicial Services Department

Lori Hogan
Administrative Assistant
Judicial Services Department

***EXECUTIVE COMMITTEE**