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December 2, 2019

The General Assembly of Virginia  
Division of Legislative Automated Systems  
900 E. Main Street  
Pocahontas Building  
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, appearing to read "KRH".

Karl R. Hade

KRH:atp

Enclosure

Where Treatment and Accountability Meet Justice



# **Virginia Drug Treatment Court Dockets 2019 Annual Report**

**Preface**

The Virginia Drug Treatment Court Act (Code of Virginia §18.2-254.1. See Appendix A) directs the Office of the Executive Secretary (OES) of the Supreme Court of Virginia, 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. (Code of Virginia §18.2-254.1.N) This report reflects fiscal years 2014-2019 data prepared for the 2019 General Assembly.

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## EXECUTIVE SUMMARY

In fiscal year (FY) 2019, there were fifty-three (53) drug treatment court dockets approved to operate in Virginia. Approved programs included: thirty-nine (39) adult, seven (7) juvenile, four 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.*

The number of drug treatment court dockets is 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 provided that they utilize existing resources and do 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.”<sup>1</sup>*

This report reviews the basic operations and outcomes of Virginia’s drug treatment court dockets in FY 2019. 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

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<sup>1</sup> Chapter 854 – 2019 Virginia Acts of Assembly – Item 38.H.2

July 1, 2013 and completed (successfully or unsuccessfully) a drug treatment court docket program on or before June 30, 2019. 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 exit.

All data provided in this report are based on: 1) data extracted from the specialty docket information technology database developed and maintained by OES and 2) arrest data obtained from the Virginia State Police (VSP). The Commission on Virginia Alcohol Safety Action Program (VASAP) requires the local Alcohol Safety Action Programs (ASAPs) to enter data in their Inferno Database (VASAP data base), and this data is routinely migrated into the specialty docket information technology database.

The juvenile drug treatment court docket model served slightly less than 100 participants among the seven programs during FY 2019. As a result, only basic data is included for this model. Only three (3) family drug treatment court dockets accepted participants during FY 2019. 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 ten years, such as the use 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 OES to purchase the intellectual property to add RANT to the specialty docket information technology 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 3,000 drug court dockets and more than 150,000 participants in the United States in 2019. 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.*<sup>2</sup>

NADCP released Volumes I and II of the Adult Drug Court Best Practice Standards, Text Revision, in 2019, completing the most comprehensive compilation of research-based, specific, practitioner-focused drug court guidance ever produced.<sup>3</sup> 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.<sup>4</sup>

## **Funding for Virginia’s Drug Treatment Court Dockets**

Virginia’s drug treatment court dockets operates 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

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<sup>2</sup> [https://obamawhitehouse.archives.gov/sites/default/files/page/files/drug\\_courts\\_fact\\_sheet\\_10-13-11.pdf](https://obamawhitehouse.archives.gov/sites/default/files/page/files/drug_courts_fact_sheet_10-13-11.pdf)

<sup>3</sup> <https://www.nadcp.org/wp-content/uploads/2018/12/Adult-Drug-Court-Best-Practice-Standards-Volume-I-Text-Revision-December-2018-1.pdf>

<sup>4</sup> <http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/resources/viriniadtccostbenefit.pdf>

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 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 requirements for data entry into the specialty docket information technology 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 thirty-two (32) adult and six (6) juvenile drug treatment court dockets 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 (CSBs) or Behavioral Health Authorities. Participant supervision is provided by state probation and parole officers or local community corrections officers. Henrico and Norfolk adult drug treatment court dockets receive additional funding from Vivitrol pilot funds provided through budget language, and the Hanover and Virginia Beach adult drug treatment court docket programs are subrecipients of a High Intensity Drug Trafficking Area (HIDTA) federal grant.

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 reported in the 2012 Virginia Drug Treatment Courts Cost Benefits Analysis, every adult participant accepted into a Virginia drug treatment court docket saves the Commonwealth \$19,234 compared to traditional case processing.<sup>5</sup> 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 2019 saved local agencies and the Commonwealth of Virginia more than \$10.7 million. 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 2019 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 \$10.7 million in taxpayer dollars.
- Increased the number of active participants.
- Served participants with severe substance abuse needs.

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<sup>5</sup> <http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/resources/viriniadtccostbenefit.pdf>

**Figure 1. Drug Treatment Court Docket FY 2019 Summary Measures**

### **FY 2019 Summary Measures**

The following provides a snapshot of the FY 2019 program summary.

- Virginia Drug Court Dockets save \$19,234 per adult person as compared to traditional case processing. A total of 558 participants completed an adult drug treatment court docket program compared to 577 in FY 2018.
  - FY 2019 yielded a cost savings of \$10.7 million. This was a slight decrease from the \$11.1 million reported for FY 2018.
- Increased number of active adult participants by 4.4% compared to FY 2018.
- 88.7% of accepted adult participants scored high risk/high need on the RANT, an increase from FY 2018 (85.9%).
- High levels of sobriety were measured by drug screens negative for alcohol & drugs for adult, juvenile, and family dockets at 93.6%, 89.6%, and 88.3% respectively.
- The number of referrals for participation in the juvenile drug treatment court dockets decreased by 8.0%.

### **FY 2019 Activity Summary**

*Active Participants:* Adult active participants continued to increase every year with 1,491 active participants in FY 2018 and 1,557 active participants in FY 2019. Active family participants increased slightly from previous years, while juvenile active participants decreased from 92 in FY 2018 to 82 in FY 2019. DUI active participants increased from 1,130 in FY 2018 to 1,163 in FY 2019.

*Graduates:* A total of 1,008 participants exited an adult, DUI, family, or juvenile drug treatment court docket. Of the 1,008 departures, 588 successfully completed a program for an overall graduation rate of 58.3%.

*Terminations:* There were 420 participants terminated from an adult, DUI, family, or juvenile drug treatment court docket during FY 2018, which resulted in a 41.7% overall termination rate.

*Referrals:* The adult drug treatment court dockets had 1,508 referrals, which is a 14.9% increase from the referrals reported in FY 2018. The DUI drug treatment court dockets had 460 referrals, a slight increase from the previous fiscal year. Juvenile drug treatment court dockets totaled 39 referrals, a nearly 8.0% decrease from FY 2018. The family treatment court docket had 15 referrals, a slight increase from the previous fiscal year.

*New Admissions:* There were 1,508 referrals made to the adult drug treatment court dockets, and 690 were accepted, resulting in a 45.8% acceptance rate. For DUI drug treatment court dockets, 391 of the 460 referrals were accepted, resulting in an acceptance rate of 85.0%.

Twenty-six of the 36 referrals to the juvenile drug treatment court docket were accepted, resulting in an acceptance rate of 72.2%, while 12 of the 15 referrals to family drug treatment court dockets were accepted, resulting in an 80.0% acceptance rate.

## **DRUG TREATMENT COURT DOCKETS IN VIRGINIA**

### **Introduction**

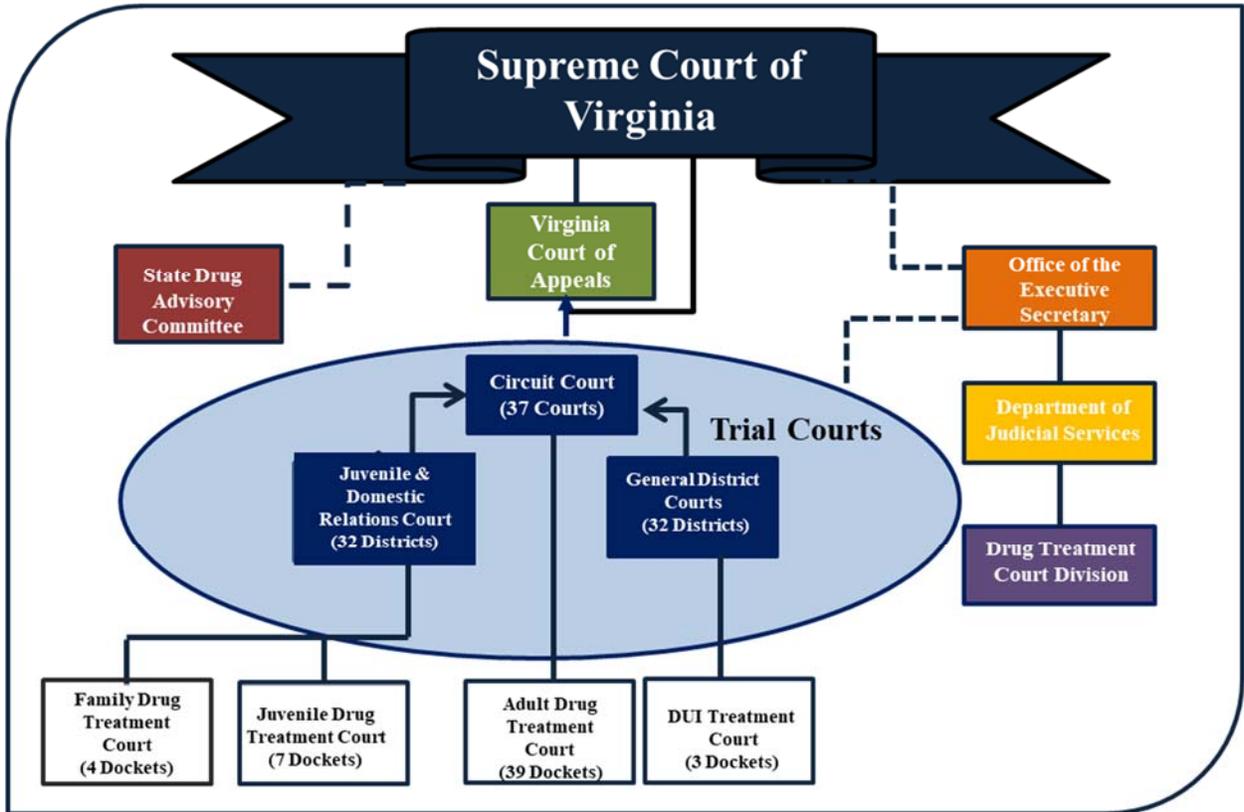
The General Assembly enacted the Virginia Drug Treatment Court Act (Virginia Code §18.2-254.1) in 2004. The Act authorizes the Supreme Court of Virginia to provide administrative oversight to all drug treatment courts and established the statewide Drug Treatment Court Advisory Committee chaired by the 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 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 specialty docket information technology database developed and maintained by the OES (hereinafter "the OES specialty docket information technology 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 specialty docket information technology database. Local drug treatment court docket staff enter data on program participants into the OES specialty docket information technology 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 specialty docket information technology 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, 2018 and June 30, 2019. 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

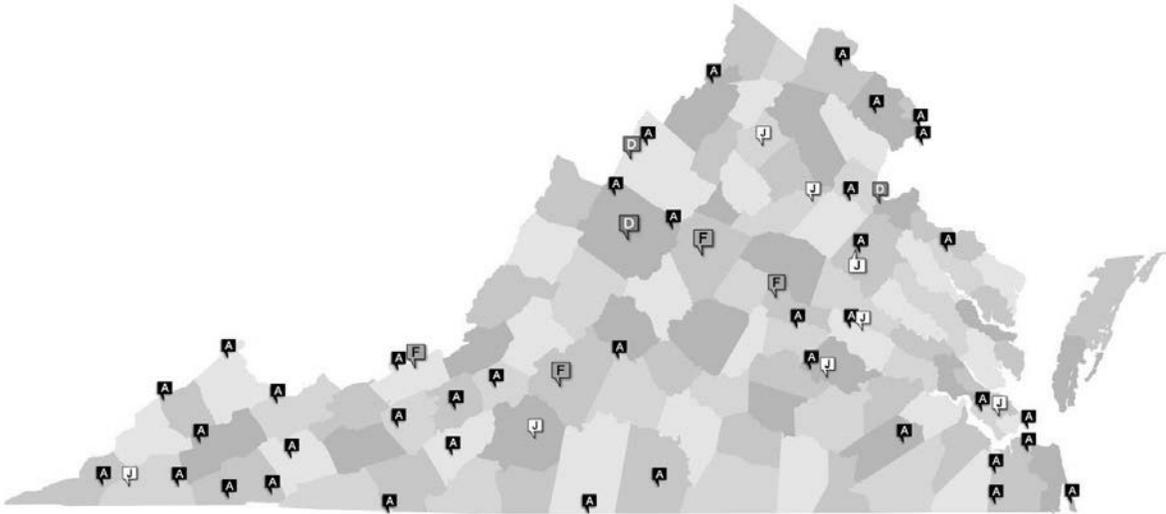
- **Adult** drug treatment court dockets in circuit courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.
- **Juvenile** drug treatment court dockets in juvenile and domestic relations district courts monitor adjudicated delinquents on supervised probation.
- **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 23<sup>rd</sup> Judicial Circuit. Currently, Virginia has approved thirty-nine (39) Adult Drug Treatment Court Dockets, seven (7) Juvenile Drug Treatment Court Dockets, three (3) DUI Drug Court Dockets, and four (4) Family Drug Treatment Court Dockets. With the emergence of the opioid epidemic, the need for drug courts will only continue to grow.

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

The General Assembly adopted the Drug Treatment Court Act in 2004 to recognize the need for services that extend beyond traditional case processing. 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

| <b>Adult Drug Treatment Courts</b>                   |   |               |
|--|---|---------------|
| Albemarle/Charlottesville                            | Montgomery County   | <i>n = 39</i> |
| Alexandria   | Newport News  |               |
| Arlington County                                     | Norfolk   |               |
| Bristol  | Northern Neck/Essex   |               |
| Buchanan County                                      | Northwestern Regional<br>(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, Augusta County, and<br>Waynesboro                                 |               |
| Hampton  | Tazewell County   |               |
| Hanover County                                       | Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)                     |               |
| Harrisonburg/Rockingham County                       | Twenty-Third Judicial Circuit (Roanoke County, Roanoke<br>City, Salem City) |               |
| Henrico County                                       | Twin Counties and Galax   |               |
| Hopewell/Prince George County                        | Virginia Beach Circuit  |               |
| Loudoun County                                       | Washington County   |               |
| Lynchburg  |   |               |
| <i>* Non-operational Adult Drug Treatment Courts</i> |   |               |
| <b>Juvenile Drug Treatment Courts</b>                |   |               |
| Chesterfield/Colonial Heights                        | Newport News  | <i>n = 7</i>  |
| Franklin County                                      | Rappahannock Regional   |               |
| Hanover County                                       | Thirtieth District (Lee, Scott & Wise Counties)                             |               |
| Henrico County                                       |   |               |
| <b>DUI Drug Treatment Court</b>                      |   |               |
| Fredericksburg Area                                  | Waynesboro Area   | <i>n = 3</i>  |
| Harrisonburg/Rockingham*                             |   |               |
| <i>* Non-operational DUI Drug Treatment Courts</i>   |   |               |
| <b>Family Drug Treatment Courts</b>                  |   |               |
| Albemarle/Charlottesville                            | Giles   | <i>n=4</i>    |
| Bedford  | Goochland   |               |

## 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 be effective in reducing recidivism and substance abuse.<sup>6</sup>

As a result of this multifaceted approach to crime and addiction, participants in drug treatment court docket programs have a lower recidivism rate than drug offenders who are incarcerated in

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<sup>6</sup> 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 for inclusion 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 either to drug treatment court docket entry or to 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 either from 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.

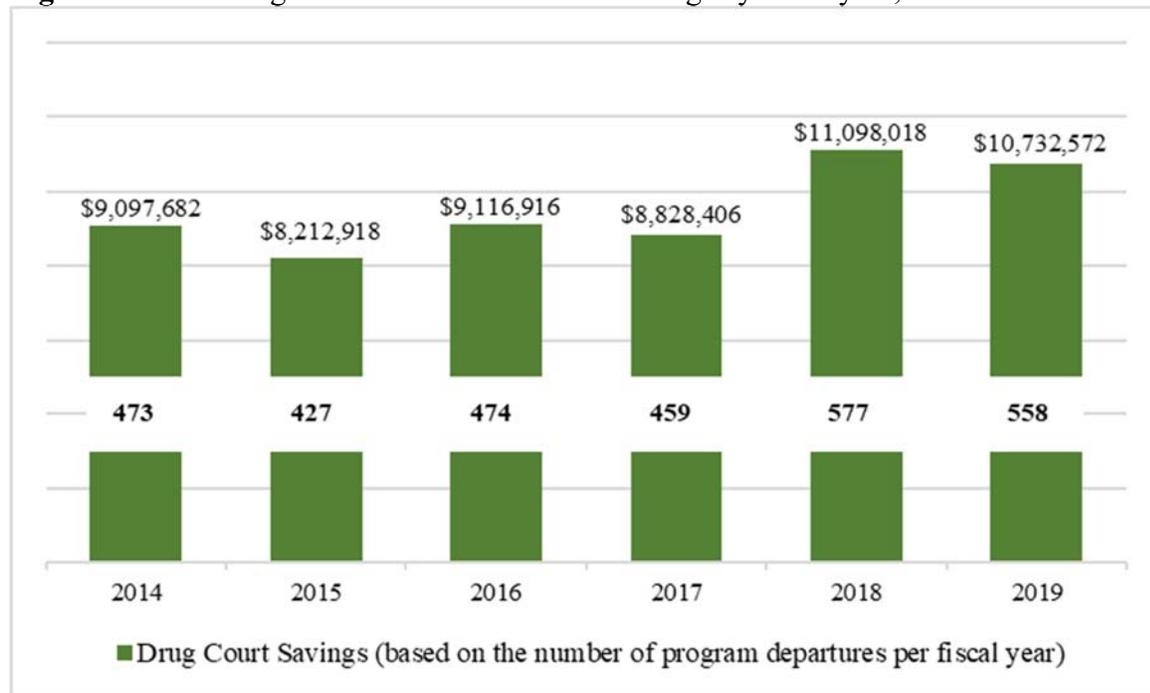
These lower costs within the criminal justice system and victimization costs, along with lower placement costs, result in average savings of \$19,234 per drug court departure, relative to the costs of traditional processing (see Table 2).<sup>7</sup>

**Table 2.** Costs of Drug Court Compared to Traditional Costs

|               | <b>Drug Court</b>  | <b>Traditional</b> | <b>Total</b>         |
|---------------|--------------------|--------------------|----------------------|
| 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)         |
| <b>Total</b>  | <b>\$44,839.86</b> | <b>\$64,073.61</b> | <b>(\$19,233.75)</b> |

Increasing the number of drug treatment court dockets and the number of 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, 2014-2019



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

### **Risk and Needs Triage (RANT)**

A critical task facing most jurisdictions is to develop a rapid, reliable and efficient system to assess drug-involved offenders and direct them into the most effective programs without

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

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 OES to purchase the intellectual property to add RANT to the specialty docket information technology database, thus allowing adult 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 specialty docket information technology 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                           |
|-------------------------------|-------------------------------------|------------------------------------|
| <b>High Needs (dependent)</b> | • Status calendar                   | • Noncompliance calendar           |
|                               | • Treatment                         | • Treatment (separate milieu)      |
|                               | • Prosocial & adaptive habilitation | • Adaptive habilitation            |
|                               | • Abstinence is distal              | • Positive reinforcement           |
|                               | • Positive reinforcement            | • Self-help/alumni groups          |
|                               | • Self-help/alumni groups           | • ~12-18 months                    |
|                               | • ~18-24 months                     |                                    |
|                               | <i>Drug Court Track</i>             | <i>Treatment Track</i>             |
| <b>Low Needs (abuse)</b>      | • Status calendar                   | • Noncompliance calendar           |
|                               | • Prosocial habilitation            | • Psycho-education                 |
|                               | • Abstinence is proximal            | • Abstinence is proximal           |
|                               | • Negative reinforcement            | • Individualized/stratified groups |
|                               | • ~12-18 months                     | • Self-help/alumni groups          |
|                               |                                     | • ~3-6 months                      |
|                               | <i>Supervision Track</i>            | <i>Diversion Track</i>             |

Note. Table 3 was reprinted from the 2018 Annual Report.

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 (87.8%) (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 4 and 5)<sup>8</sup>.

**Table 4.** Adult Drug Treatment Court Docket RANT Distributions, FY 2019

| RANT             |         | High Risk   | Low Risk  |
|------------------|---------|-------------|-----------|
| <b>High Need</b> | Total % | 87.8%       | 4.9%      |
|                  | Count   | ( n = 1367) | ( n = 76) |
| <b>Low Need</b>  | Total % | 6.0%        | 1.3%      |
|                  | Count   | ( n = 94)   | ( n = 20) |

Note. Table 4 depicts the RANT distribution for all active adult drug treatment court docket participants for whom data is available during FY 2019.

<sup>8</sup> <http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/resources/2018annualreport.pdf>

**Table 5.** Adult Drug Treatment Court Docket RANT Distributions by Race and Gender, FY 2019

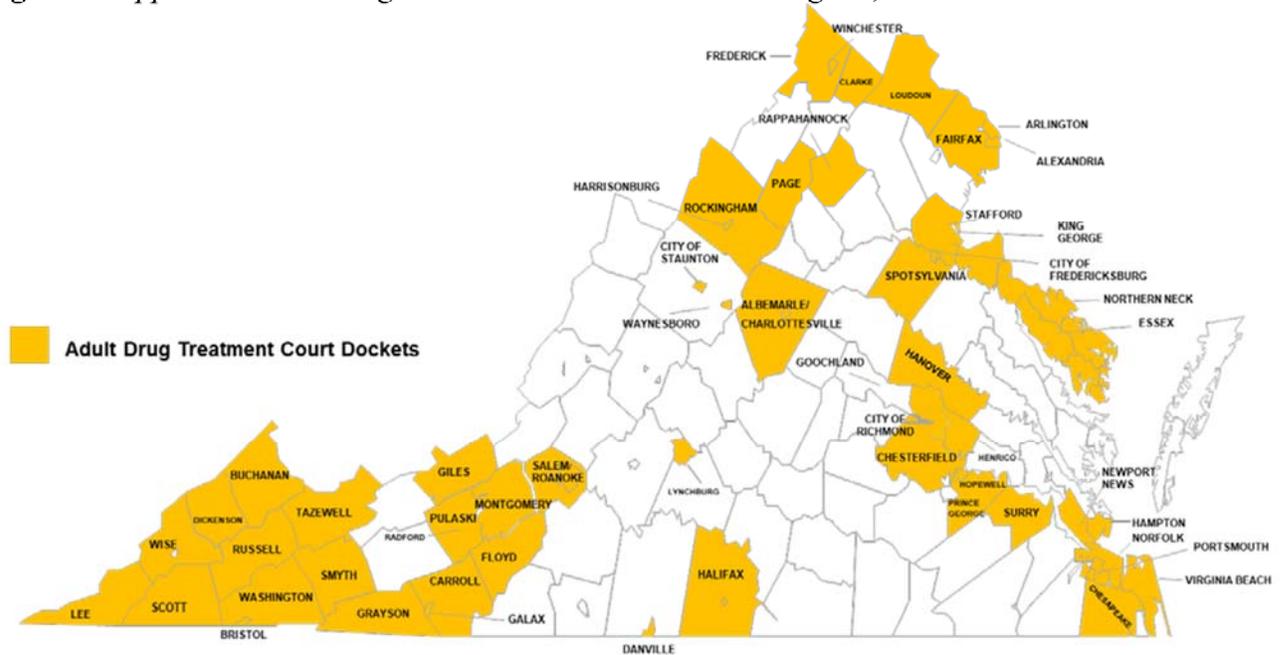
|                         | <b>High Risk/High Need</b> | <b>High Risk/Low Need</b> | <b>Low Risk/High Need</b> | <b>Low Risk/Low Need</b>  |
|-------------------------|----------------------------|---------------------------|---------------------------|---------------------------|
| <b>Race</b>             |                            |                           |                           |                           |
| <b>African American</b> | 29.2%<br>( <i>n</i> = 399) | 44.7%<br>( <i>n</i> = 42) | 14.5%<br>( <i>n</i> = 11) | 15.0%<br>( <i>n</i> = 3)  |
| <b>Caucasian</b>        | 68.0%<br>( <i>n</i> = 929) | 55.3%<br>( <i>n</i> = 52) | 84.2%<br>( <i>n</i> = 64) | 85.0%<br>( <i>n</i> = 17) |
| <b>Other</b>            | 2.9%<br>( <i>n</i> = 39)   | 0.0%<br>( <i>n</i> = 0)   | 1.3%<br>( <i>n</i> = 1)   | 0.0%<br>( <i>n</i> = 0)   |
| <b>Total</b>            | 100%<br>( <i>n</i> = 1367) | 100%<br>( <i>n</i> = 94)  | 100%<br>( <i>n</i> = 76)  | 100%<br>( <i>n</i> = 20)  |
| <b>Gender</b>           |                            |                           |                           |                           |
| <b>Female</b>           | 42.2%<br>( <i>n</i> = 577) | 27.7%<br>( <i>n</i> = 26) | 46.1%<br>( <i>n</i> = 35) | 35.0%<br>( <i>n</i> = 7)  |
| <b>Male</b>             | 57.8%<br>( <i>n</i> = 790) | 72.3%<br>( <i>n</i> = 68) | 53.9%<br>( <i>n</i> = 41) | 65.0%<br>( <i>n</i> = 13) |
| <b>Total</b>            | 100%<br>( <i>n</i> = 1367) | 100%<br>( <i>n</i> = 94)  | 100%<br>( <i>n</i> = 76)  | 100%<br>( <i>n</i> = 20)  |

*Note.* Table 5 depicts the RANT distribution for all active adult drug treatment court docket participants for whom data is available during FY 2019.

### Adult Drug Treatment Court Dockets Approved

Of the 39 approved drug treatment court dockets, data from 37 dockets is included in the FY 2019 Annual Report. Danville and Radford Adult Drug Treatment Court Dockets were approved; however, these programs were non-operational and contained no available data (see Figure 6 and Table 6).

**Figure 6.** Approved Adult Drug Treatment Court Dockets in Virginia, FY 2019



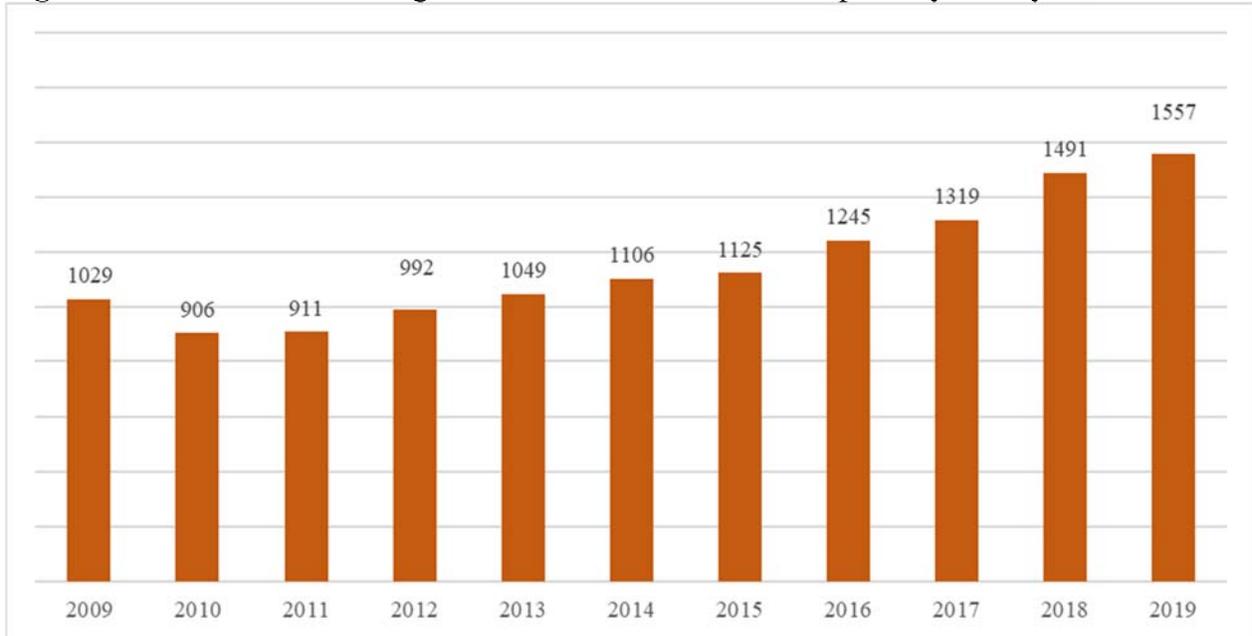
**Table 6.** Approved Adult Drug Treatment Court Dockets in Virginia, FY 2019

| Adult Drug Treatment Court Dockets |  |               |
|------------------------------------|--|---------------|
| Albemarle/Charlottesville          | Montgomery County  | <i>n</i> = 39 |
| Alexandria                         | Newport News   |               |
| 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, Augusta County, and Waynesboro                                 |               |
| 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   |               |
| Loudoun County                     | Washington County  |               |
| Lynchburg                          |  |               |

\* Non-operational Adult Drug Treatment Court Dockets

As displayed in Figure 7 below, the number of adult drug treatment court docket participants continued to follow an upward trend since FY 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 11 years.<sup>9,10</sup>

**Figure 7.** Number of Adult Drug Treatment Court Docket Participants by fiscal year, 2009-2019



### Summary of Adult Drug Treatment Court Docket Activity

The number of referrals, acceptances, and active participants in adult drug treatment court dockets continued to increase. Nevertheless, the number of graduates and unsuccessful completions (terminations) continued to vary.

Of the 1,557 active adult drug treatment court docket participants in FY 2019, the majority were Caucasian (68.2%), male (58.6%), single (48.6%), and unemployed (50.2%) (see Tables 7 and 8).<sup>7</sup>

*Referrals:* In FY 2019, there were 1,508 referrals compared to the 1,313 referrals reported in FY 2018.

*Admissions:* Of the 1,508 referrals reported, 690 were accepted into an adult drug treatment court docket, resulting in a 45.8% acceptance rate.

*Participants:* The count of active participants continued to increase to 1,557 participants

<sup>9</sup> <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>

<sup>10</sup> <https://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx>

reported in FY 2019 compared to 1,491 in FY 2018.

*Gender:* The majority of participants were male (912 or 58.6%); 645 (41.4%) were female.

*Race:* The majority of participants were Caucasian (1,062 or 68.2%). There were 455 African-American participants (29.2%). Individuals of other racial backgrounds comprised 2.5% of the participants.

*Age:* The majority of active participants were within the 19-29 years old and 30-39 years old age brackets (33.8% and 37.4% respectively). This is similar to the age distribution reported in FY 2018.

*Marital Status:* Among the active docket participants, 757 (48.6%) were single. Less than 10% reported that they were married. Similar to FY 2018, 8.4% reported being divorced. Lastly, 9.3% of active adult participants reported being separated, cohabitating or widowed.

*Employment:* The majority of participants were unemployed (781 or 50.2%), while 207 (13.3%) were employed full-time, and 132 (8.5%) were employed part-time. A slight number of participants (43 or 2.8%) were unemployed due to disability.

*Education:* Of the 1,557 active participants, 453 (29.1%) received a high school diploma or equivalency, while 371 (23.8%) participants reportedly did not complete high school or its equivalent. Additionally, 266 (17.1%) participants reported completing some college or vocational training. Lastly, 24 (1.5%) reported having earned at least a bachelor's degree.

**Table 7.** Demographics of Active Adult Drug Treatment Court Docket Participants, FY 2019

| <b>Gender</b> |              |                |
|---------------|--------------|----------------|
|               | <b>Count</b> | <b>Percent</b> |
| <b>Female</b> | 645          | 41.4%          |
| <b>Male</b>   | 912          | 58.6%          |
| <b>Total</b>  | <i>1557</i>  | <i>100.0%</i>  |

| <b>Race</b>             |              |                |
|-------------------------|--------------|----------------|
|                         | <b>Count</b> | <b>Percent</b> |
| <b>African American</b> | 455          | 29.2%          |
| <b>Caucasian</b>        | 1062         | 68.2%          |
| <b>Other</b>            | 40           | 2.57%          |
| <b>Total</b>            | <i>1557</i>  | <i>100.0%</i>  |

| <b>Ethnicity</b>    |              |                |
|---------------------|--------------|----------------|
|                     | <b>Count</b> | <b>Percent</b> |
| <b>Hispanic</b>     | 5            | 0.3%           |
| <b>Non-Hispanic</b> | 1552         | 99.7%          |
| <b>Total</b>        | <i>1557</i>  | <i>100.0%</i>  |

| <b>Age at time of referral</b> |              |                |
|--------------------------------|--------------|----------------|
|                                | <b>Count</b> | <b>Percent</b> |
| <b>18-29 years old</b>         | 527          | 33.8%          |
| <b>30-39 years old</b>         | 583          | 37.4%          |
| <b>40-49 years old</b>         | 275          | 17.7%          |
| <b>50-59 years old</b>         | 151          | 9.7%           |
| <b>60-69 years old</b>         | 21           | 1.3%           |
| <b>Total</b>                   | <i>1557</i>  | <i>100.00%</i> |

**Table 8.** Social Characteristics of Active Adult Drug Treatment Court Docket Participants, FY 2019

| <b>Marital Status</b>  |              |                |
|--|--------------|----------------|
|  | <b>Count</b> | <b>Percent</b> |
| <b>Divorced</b>  | 131          | 8.4%           |
| <b>Married</b>   | 151          | 9.7%           |
| <b>Single</b>  | 757          | 48.6%          |
| <b>Other (includes separated, cohabitating, and widowed)</b> | 144          | 9.3%           |
| <b>No Data</b>   | 374          | 24.0%          |
| <b>Total</b>   | 1557         | 100.00%        |

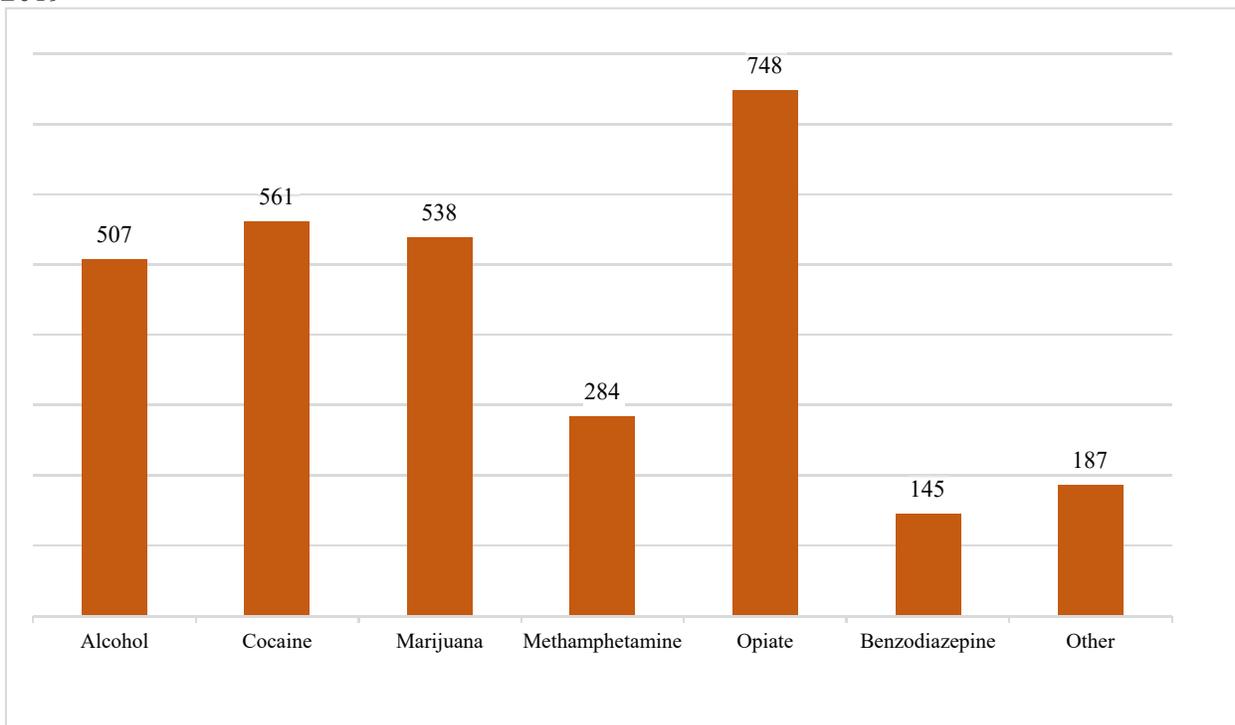
| <b>Employment</b>                               |              |                |
|---|--------------|----------------|
|   | <b>Count</b> | <b>Percent</b> |
| <b>Disabled</b>                                 | 43           | 2.8%           |
| <b>Full-Time</b>                                | 207          | 13.3%          |
| <b>Part-Time (less than 32 hours, per week)</b> | 132          | 8.5%           |
| <b>Unemployed</b>                               | 781          | 50.2%          |
| <b>No Data</b>                                  | 394          | 25.3%          |
| <b>Total</b>                                    | 1557         | 100.0%         |

| <b>Educational Attainment</b>                       |              |                |
|---|--------------|----------------|
|   | <b>Count</b> | <b>Percent</b> |
| <b>Less than high school diploma or equivalency</b> | 371          | 23.8%          |
| <b>High school diploma or equivalency</b>           | 453          | 29.1%          |
| <b>Some College or Vocational Training</b>          | 266          | 17.1%          |
| <b>Bachelors</b>                                    | 21           | 1.3%           |
| <b>Post-Bachelors</b>                               | 3            | 0.2%           |
| <b>No Data</b>                                      | 443          | 28.5%          |
| <b>Total</b>  | 1557         | 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 reported drugs were opiates (748 participants), cocaine (561 participants), marijuana (538 participants), and alcohol (507 participants).

**Figure 8.** Drugs Most Frequently Used by Adult Drug Treatment Court Docket Participants, FY 2019

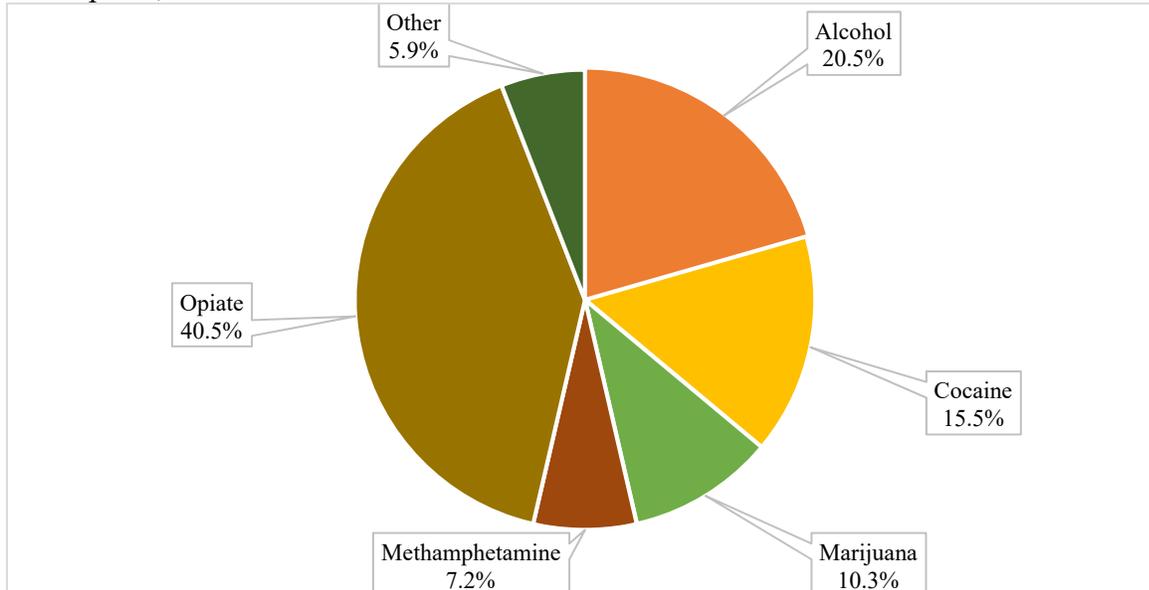


*Note:* Figure 8 should be interpreted with caution. Data are based on self-reported drug use. Participants may report using more than one drug or may choose to not disclose previous drug use.

*Drug of Choice:* Adult 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 participants active in FY 2019 was opiates (40.5%) with alcohol (20.5%) coming in second. These results are similar to current national research trends, as opiate use is more prominent.<sup>11</sup>

<sup>11</sup> <https://www.ncbi.nlm.nih.gov/books/NBK458661/>

**Figure 9.** Primary Drug of Choice among Adult Drug Treatment Court Docket Participants, FY 2019



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, 57,087 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 57,087 drug screens, 53,420 (93.6%) were negative (see Table 9).

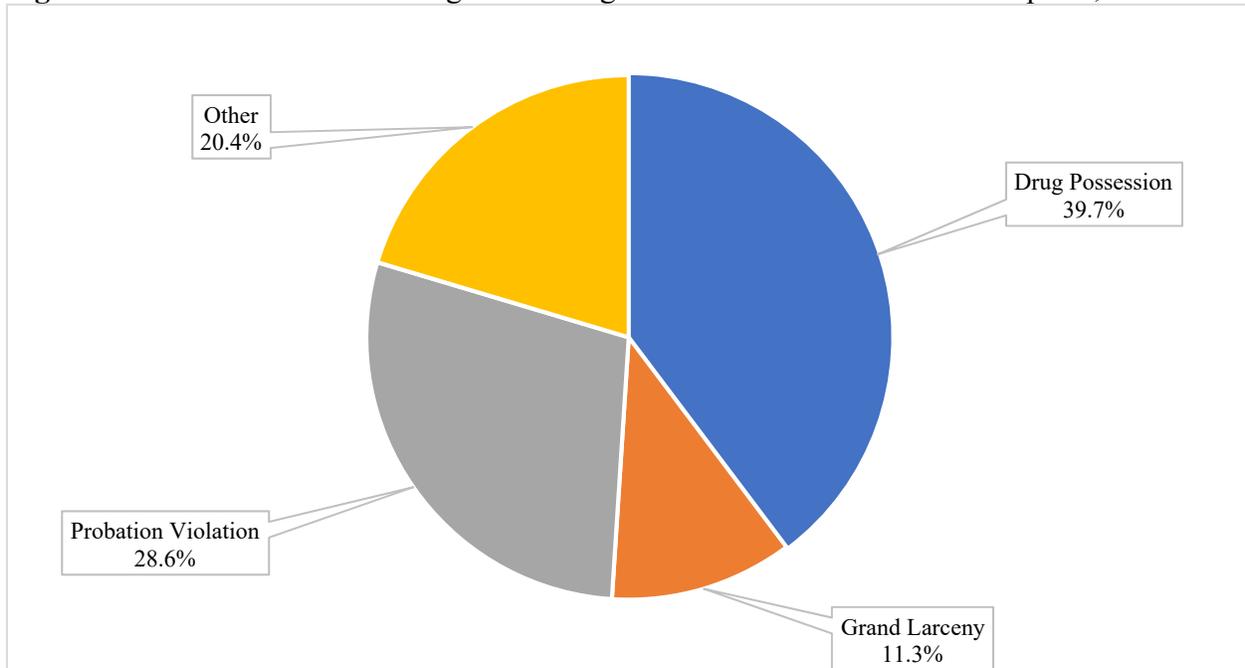
**Table 9.** Adult Drug Treatment Court Docket Drug Screens, FY 2019

|   | Count  | Percent |
|---|--------|---------|
| <b>Negative</b>                                     | 53,420 | 93.6%   |
| <b>Positive</b>                                     | 3,667  | 6.4%    |
| <b>Total Screens</b>                                | 57,087 | 100.0%  |
| <b>Total Participants Tested</b>                    | 1,240  |         |
| <b>Average Number of Screenings per Participant</b> | 46     |         |

### 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 39.7% of adult participants had at least one drug possession offense, while over 28.6% had at least one probation violation, and 11.3% had at least one grand larceny offense.

**Figure 10.** Instant Offenses among Adult Drug Treatment Court Docket Participants, FY 2019



### Summary of Departures

*Graduation and Termination Rates:* Among the 1,577 active adult drug treatment court docket participants, 558 exited the program by graduation or termination/withdrawal. The graduation rate was 46.6% (260 participants), which was an increase from the graduation rate of 44.4% reported in FY 2018. The termination rate was 53.4% (298 participants), which was a decrease from the 55.6% termination rate reported in FY 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 or withdrawal). The mean length of stay for graduates was 644 days compared to a mean length of stay of 338 days for those who were terminated/withdrawn (see Table 10). The median length of stay for adult program graduates in FY 2019 was 581 days, compared to a median length of stay 254 for terminated/withdrawn participants.

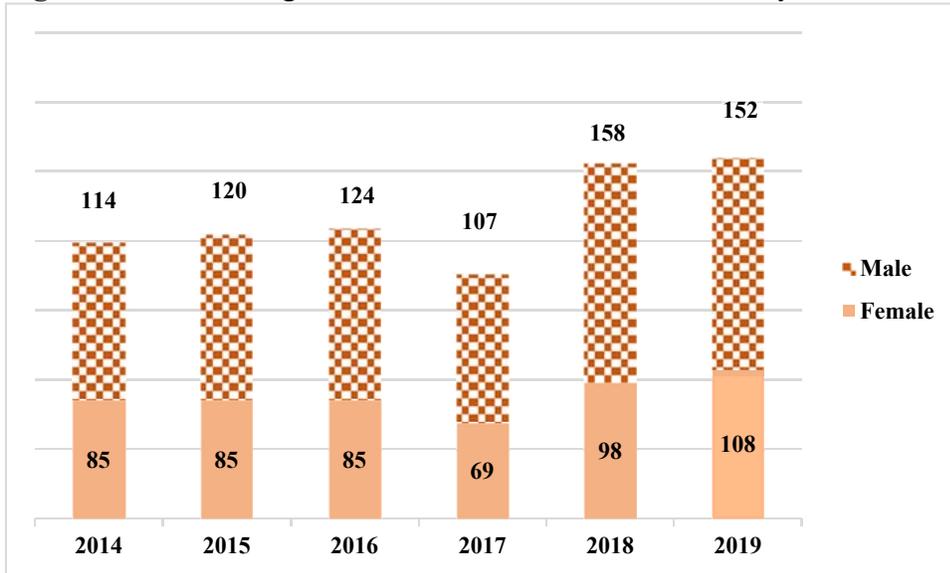
**Table 10.** Adult Drug Treatment Court Docket Length of Stay, Departures, FY 2019

| Mean Length of Stay, <i>in days</i>   |     |
|---------------------------------------|-----|
| Graduates                             | 644 |
| Unsuccessful Completions              | 338 |
| Median Length of Stay, <i>in days</i> |     |
| Graduates                             | 581 |
| Unsuccessful Completions              | 252 |

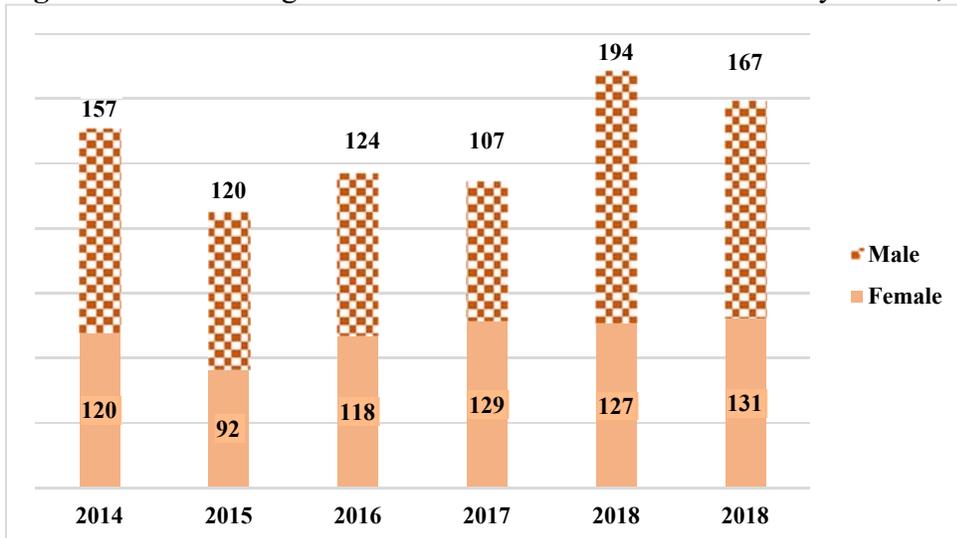
## Departures by Gender

While the number of female graduates increased by 10, the number of male graduates decreased by six (6) (see Figure 11). Additionally, while the number of female terminations increased by 4, the number of male terminations decreased by 27 (See Figure 12).

**Figure 11:** Adult Drug Treatment Court Docket Graduates by Gender, FY 2014-2019



**Figure 12:** Adult Drug Treatment Court Docket Terminations by Gender, FY 2014-2019



## Adult Drug Treatment Court Docket Recidivism

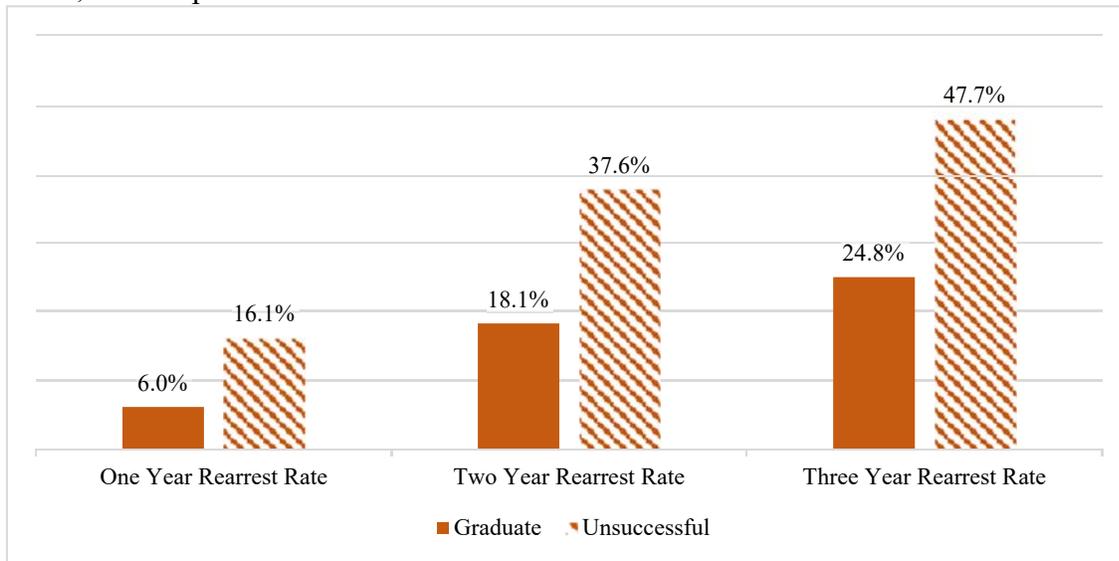
Criminal history records for all program departures occurring in FY 2016 were used to assess recidivism. For the purposes of this analysis, recidivism was defined as any felony or

misdemeanor rearrest or reconviction denoted in the criminal record. Offenses marked as Good Behavior, Probation Violations, and Contempt of Court were excluded from the results. Per national standards, One, Two, and Three-Year recidivism rates were calculated. The One-Year recidivism rate includes participants whose first rearrest or reconviction occurred within 0-365 days of program exit. Two-Year recidivism rate includes those whose first rearrest or reconviction occurred within two years of program exit (0-730 days), while the Three-Year recidivism rate includes those with a first rearrest or reconviction with occurred within three years of program exit (0-1,095 days). Findings between graduates and unsuccessful departures were compared to assess if there were any differences. Criminal history records were requested from VSP.

***FY 2016 Rearrest Rates***

The overall rearrest rate for unsuccessful completion was nearly double that of graduates. (see Figure 13 and Table 11).

**Figure 13.** Adult Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2016



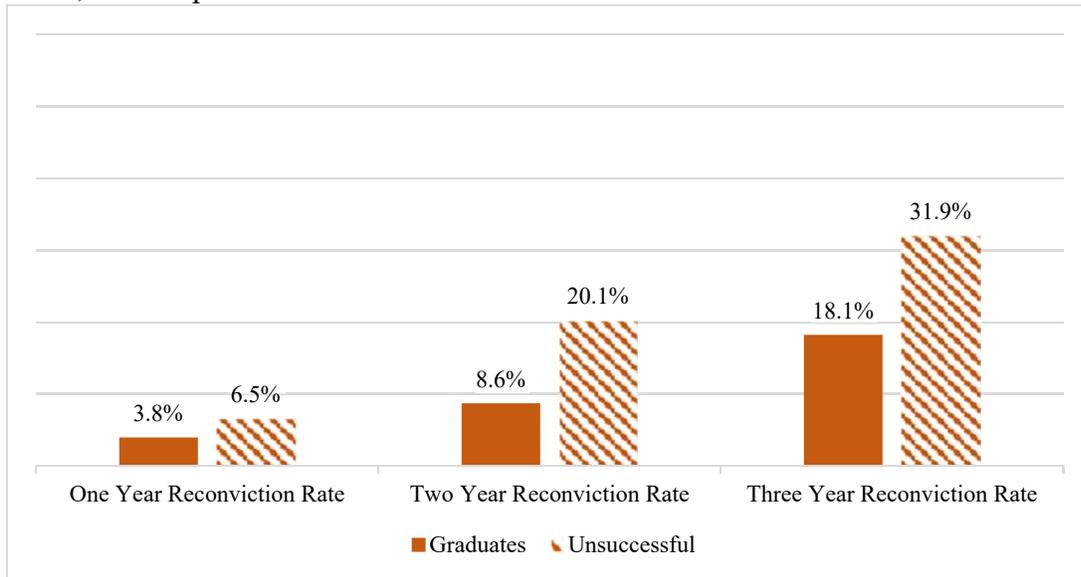
**Table 11.** Adult Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2016

|                            | <b>Graduates</b> | <b>Unsuccessful</b> | <b>Total</b> |
|----------------------------|------------------|---------------------|--------------|
| <b>Total Departures</b>    | <b>210</b>       | <b>279</b>          | <b>489</b>   |
| <b>Time Post Departure</b> |                  |                     |              |
| <b>One Year Count</b>      | 14               | 45                  | 59           |
| One Year Rearrest Rate     | 6.0%             | 16.1%               | 12.1%        |
| <b>Two Year Count</b>      | 38               | 105                 | 143          |
| Two Year Rearrest Rate     | 18.1%            | 37.6%               | 29.2%        |
| <b>Three Year Count</b>    | 52               | 133                 | 185          |
| Three Year Rearrest Rate   | 24.8%            | 47.7%               | 37.8%        |

***FY 2016 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 (see Table 12 and Figure 14).

**Figure 14.** Adult Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2016



**Table 12.** Adult Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2016

|                            | <b>Graduates</b> | <b>Unsuccessful</b> | <b>Total</b> |
|----------------------------|------------------|---------------------|--------------|
| <b>Total Departures</b>    | <b>210</b>       | <b>279</b>          | <b>489</b>   |
| <b>Time Post Departure</b> |                  |                     |              |
| <b>One Year Count</b>      | 8                | 18                  | 26           |
| One Year Reconviction Rate | 3.8%             | 6.5%                | 5.3%         |
| <b>Two Year Count</b>      | 18               | 56                  | 74           |
| Two Year Reconviction      | 8.6%             | 20.1%               | 14.1%        |
| <b>Three Year Count</b>    | 38               | 89                  | 127          |
| Three Year Reconviction    | 18.1%            | 31.9%               | 26.0%        |

## **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. These documents are available on the National Center for DWI Courts website.<sup>12</sup> 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 aims to encourage the participant take responsibility for his/her behavior and usually involves an established set of sanctions that 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

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<sup>12</sup> [https://www.dwicourts.org/wp-content/uploads/Guiding\\_Principles\\_of\\_DWI\\_Court\\_0.pdf](https://www.dwicourts.org/wp-content/uploads/Guiding_Principles_of_DWI_Court_0.pdf)

(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.<sup>13</sup>

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**

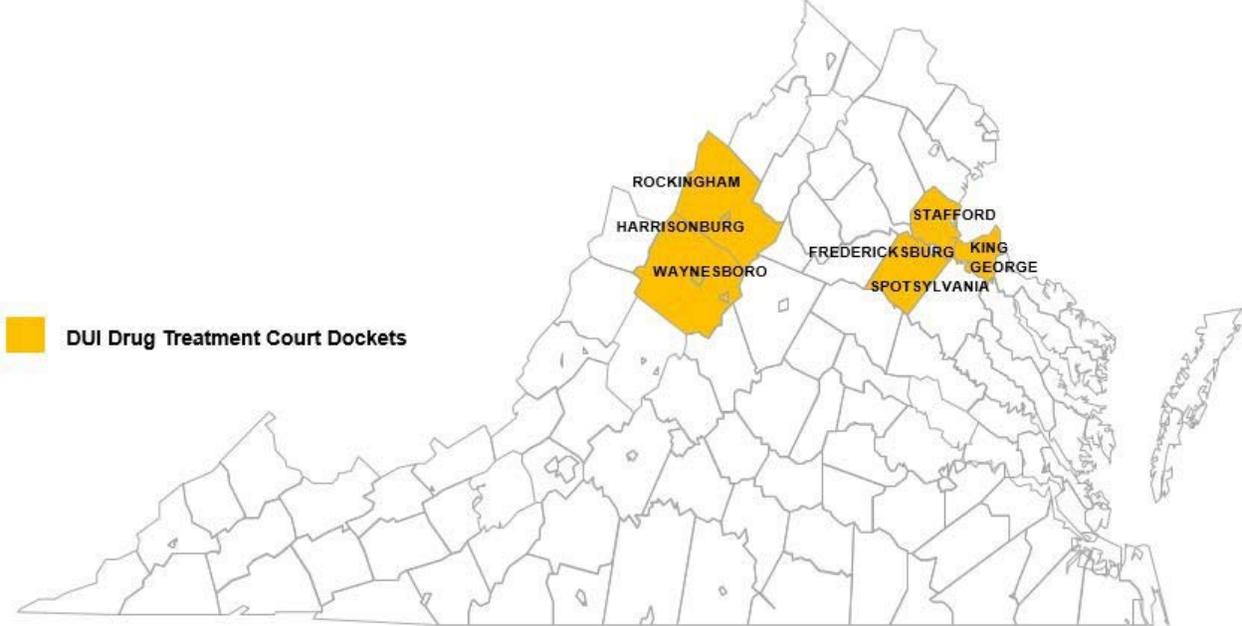
At the end of FY 2019, there were three regional DUI drug treatment court dockets approved to operate in Virginia. These included the Fredericksburg Area DUI Drug Treatment Court Docket operating in the general district courts and serving residents of Fredericksburg, King George,

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<sup>13</sup> *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 DUI Drug Treatment Court Docket; 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 13). The Harrisonburg/Rockingham DUI Drug Treatment Court Docket was non-operational and had no data to report.

**Figure 15.** Approved DUI Drug Treatment Court Dockets in Virginia, FY 2019



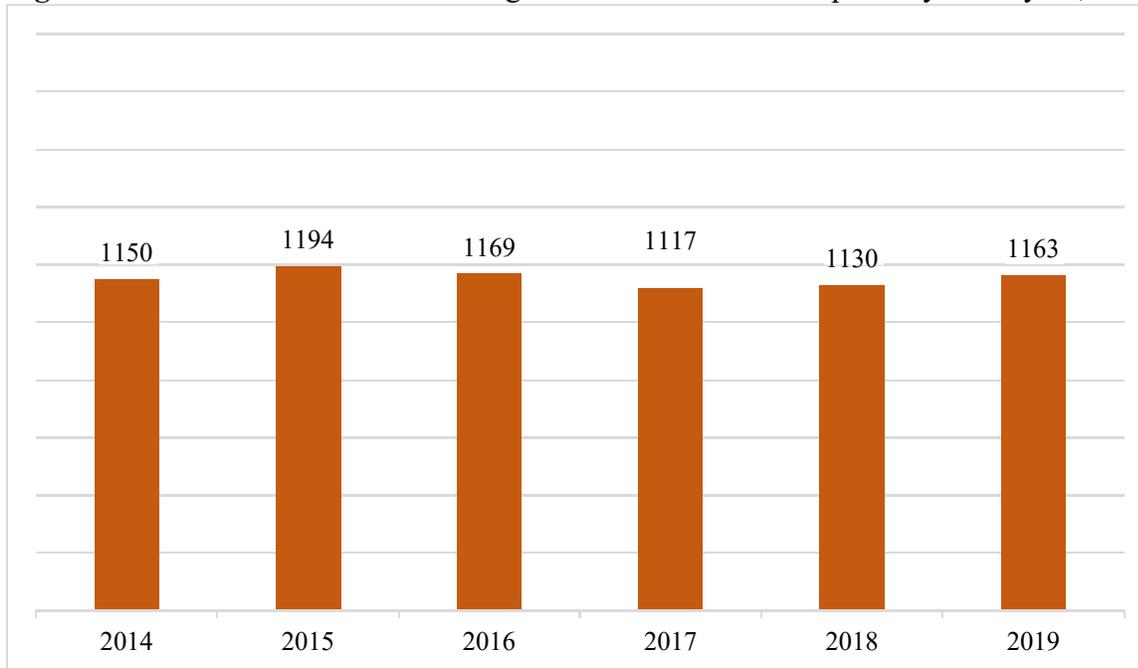
**Table 13.** Approved DUI Drug Treatment Court Dockets in Virginia, FY 2019

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

\*Non-operational DUI Drug Treatment Court Docket

The number of DUI participants decreased from FY 2015 to FY 2017; however, there was a slight increase in FY 2018 and FY 2019 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, 2014-2019



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

Similar to the adult drug treatment court docket demographics, the majority of participants are Caucasian (75.0%) and male (72.8%). More than 40% of DUI active participants fell within the 18-29 age group, and 24.3% fell within the 30-39 age group. Again, like adult participants, the majority are single (56.7%), excluding missing data (see Tables 14 and 15 below).

*Referrals:* In FY 2019, 491 referrals were made to the Fredericksburg Area and Waynesboro Area DUI Drug Treatment Court Dockets.

*Active Participants:* DUI drug treatment court dockets served 1,163 participants during FY 2019.

*Race:* Seventy-five percent of participants (872) were Caucasian, while 23.4% (272) were African American. Additionally, 53 (4.7%) of the participants were of Hispanic ethnicity.

*Gender:* The majority of participants were male (847 or 72.8%), while 27.2% (316) were female.

*Age:* About 65% of participants, for whom data were available, were between the ages of 18-29 and 30-39 (40.4% and 24.3%, respectively). Roughly 16.3% (189) of participants were between the ages of 40-49, while about 19% were over the age of 50.

*Marital Status:* Nearly 56% of participants were single, while 19.6% were married, and 15.2% were divorced. Additionally, 7.6% were either separated or widowed.

*License Status:* Of the 1,163 DUI participants for whom licensure data were available, the

majority reported having a suspended license. See Figure 17.

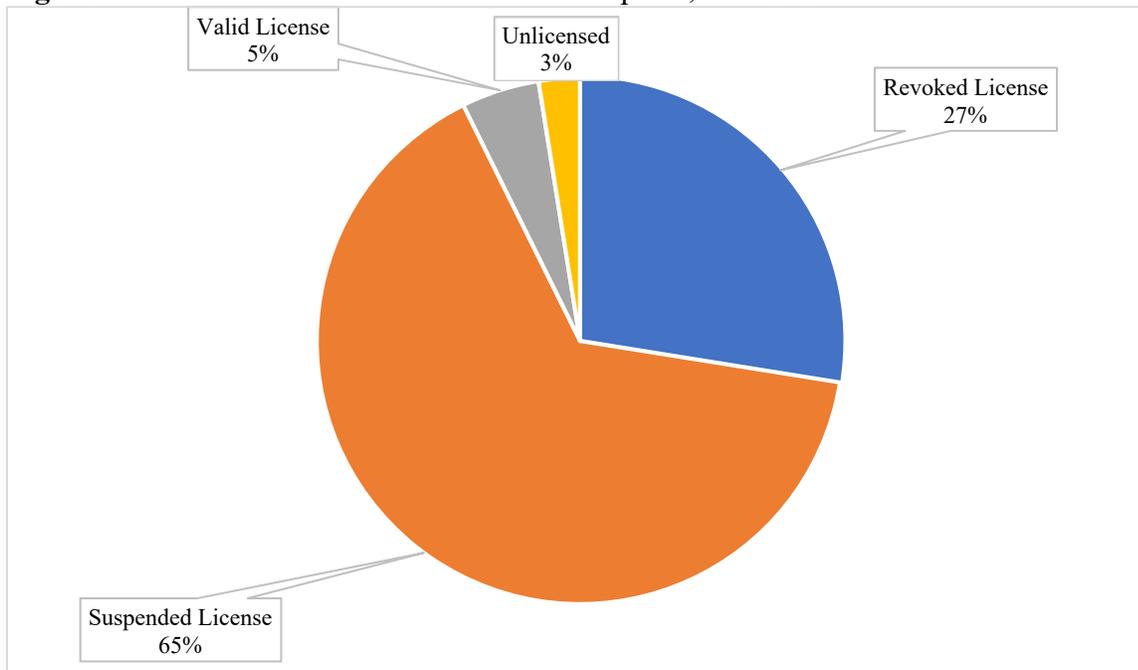
**Table 14.** Demographics of Active DUI Participants, FY 2019

| <b>Gender</b>                  |              |                |
|--------------------------------|--------------|----------------|
|                                | <b>Count</b> | <b>Percent</b> |
| <b>Male</b>                    | 847          | 72.8%          |
| <b>Female</b>                  | 316          | 27.2%          |
| <b>Total</b>                   | 1163         | 100.0%         |
| <b>Race</b>                    |              |                |
|                                | <b>Count</b> | <b>Percent</b> |
| <b>African American</b>        | 272          | 23.4%          |
| <b>Caucasian</b>               | 872          | 75.0%          |
| <b>Other</b>                   | 19           | 1.6%           |
| <b>Total</b>                   | 1163         | 100.0%         |
| <b>Ethnicity</b>               |              |                |
|                                | <b>Count</b> | <b>Percent</b> |
| <b>Hispanic</b>                | 53           | 4.6%           |
| <b>Non-Hispanic</b>            | 1110         | 95.4%          |
| <b>Total</b>                   | 1163         | 100.0%         |
| <b>Age at time of referral</b> |              |                |
|                                | <b>Count</b> | <b>Percent</b> |
| <b>18-29 years old</b>         | 470          | 40.4%          |
| <b>30-39 years old</b>         | 283          | 24.3%          |
| <b>40-49 years old</b>         | 189          | 16.3%          |
| <b>50-59 years old</b>         | 179          | 15.4%          |
| <b>60-69 years old</b>         | 36           | 3.1%           |
| <b>Above 70 years old</b>      | 6            | 0.5%           |
| <b>Total</b>                   | 1163         | 100.0%         |

**Table 15.** Social Characteristics of Active DUI Participants, FY 2019

| <b>Marital Status</b>                         |              |                |
|---|--------------|----------------|
|   | <b>Count</b> | <b>Percent</b> |
| <b>Divorced</b>                               | 177          | 15.2%          |
| <b>Married</b>                                | 228          | 19.6%          |
| <b>Single</b>                                 | 660          | 56.7%          |
| <b>Other (includes separated and widowed)</b> | 88           | 7.6%           |
| <b>No Data</b>                                | 10           | 0.9%           |
| <b>Total</b>                                  | 1163         | 100.0%         |

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



## Drug Screens

*Program Drug Screenings:* In FY 2019, 5,039 drug screens were conducted for 808 DUI drug treatment court docket participants for which data were available. Of the 5,287 total drug screens, 90.7% were negative (see Table 16).

**Table 16: DUI Drug Treatment Court Docket Drug Screens, FY 2019**

|   | Count | Percent |
|---|-------|---------|
| <b>Negative</b>                                     | 4,570 | 90.7%   |
| <b>Positive</b>                                     | 469   | 9.3%%   |
| <b>Total Screens</b>                                | 5,039 | 100.0%  |
| <b>Total Participants Tested</b>                    | 808   |         |
| <b>Average Number of Screenings per Participant</b> | 7     |         |

## Summary of Departures

*Graduation and Termination Rates:* Among the 1,163 DUI drug treatment court docket participants in FY 2019, 410 exited the program by either graduation or termination. The graduation rate was 74.4% (305 participants), which was an increase from the graduation rate of 68.1% reported in FY 2018. The termination rate was 25.6% (105 participants), which was a decrease from the 31.8% termination rate reported in FY 2018. Of the 105 participants who did not successfully complete the program, 36.2% were terminated for no contact or nonattendance, while 33.3% were terminated for drinking. Approximately 16.2% were

terminated for non-payment of fees, and 10.5% were terminated for other reasons, while 3.8% (4 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 17). Graduates had a mean length of stay of 511 days, while those terminated from the program had a mean length of stay of 577 days. The median length of stay for program graduates was 350 days, while the length of stay for those terminated from the program was 385 days.

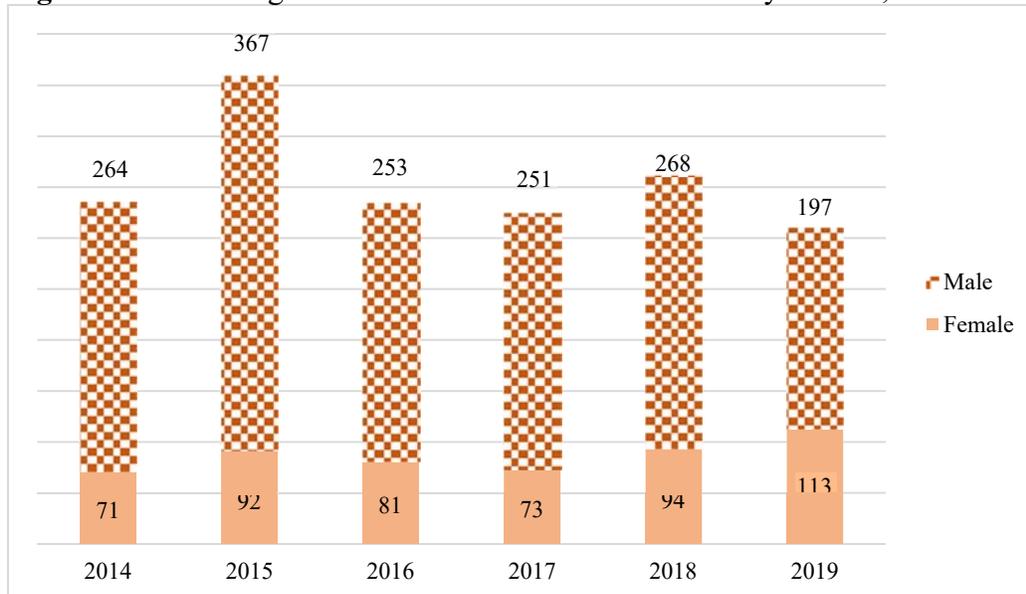
**Table 16:** DUI Drug Treatment Court Docket Length of Stay, Departures, in days

| Mean Length of Stay, <i>in days</i>   |     |
|---------------------------------------|-----|
| Graduates                             | 511 |
| Unsuccessful Completions              | 577 |
| Median Length of Stay, <i>in days</i> |     |
| Graduates                             | 350 |
| Unsuccessful Completions              | 385 |

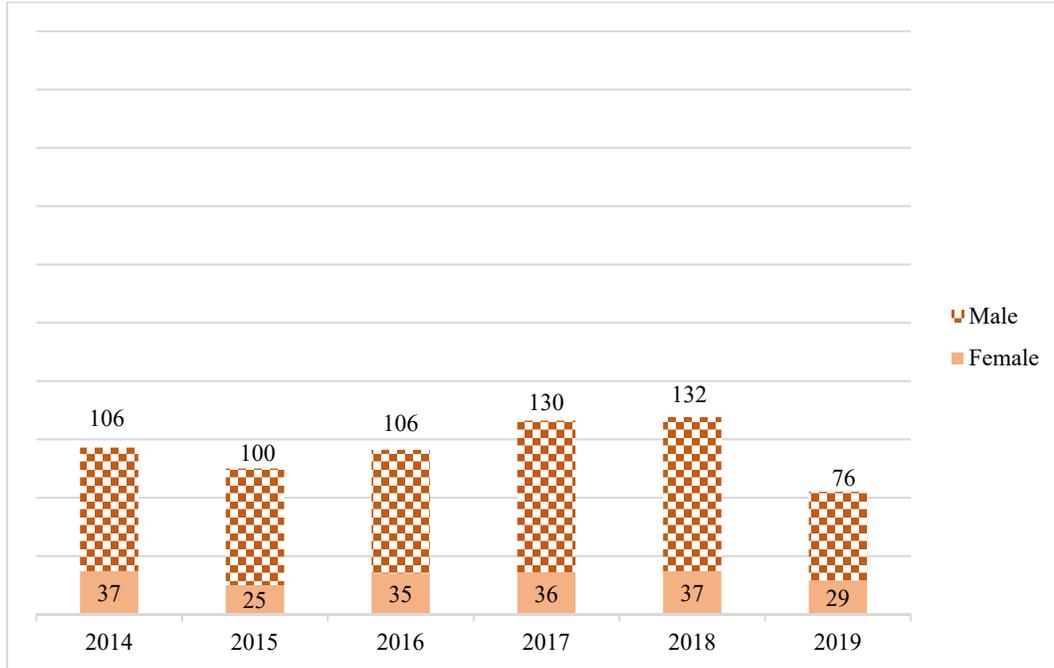
### Departures by Gender

Program departures show a great difference between males and females (see Figures 18 and 19). Of the 310 graduates, 197 (63.5%) were male, while 113 (36.5%) were female. Additionally, of the 105 who were terminated, 76 (72.4%) were male, and 29 (27.6%) were female.

**Figure 18.** DUI Drug Treatment Court Docket Graduates by Gender, FY 2014-2019



**Figure 19. DUI Drug Treatment Court Docket Unsuccessful Departures by Gender, FY 2014-2019**



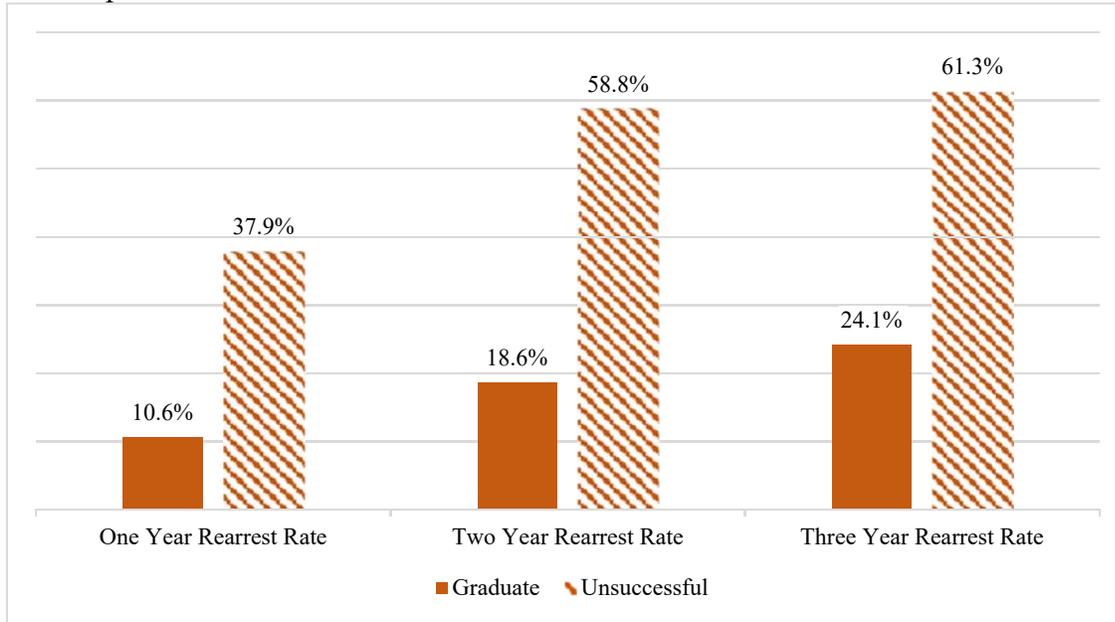
### **DUI Drug Treatment Court Docket Recidivism**

Criminal history records for all program departures occurring in FY 2016 were used to assess recidivism. For the purposes of this analysis, recidivism was defined as any felony or misdemeanor rearrest or reconviction denoted in the criminal record. Offenses marked as Good Behavior, Probation Violations, and Contempt of Court were excluded from the results. Per national standards, One, Two, and Three-Year recidivism rates were calculated. The One-Year recidivism rate includes participants whose first rearrest or reconviction occurred within 0-365 days of program exit. Two-Year recidivism rate includes those whose first rearrest or reconviction occurred within two years of program exit (0-730 days), while the Three-Year recidivism rate includes those with a first rearrest or reconviction with occurred within three years of program exit (0-1,095 days). Findings between graduates and unsuccessful departures were compared to assess if there were any differences. Criminal history records were requested from VSP.

#### ***FY 2016 Rearrest Rates***

The overall rearrest rate for unsuccessful completion was more than double that of graduates. (see Figure 20 and Table 18).

**Figure 20.** DUI Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2016



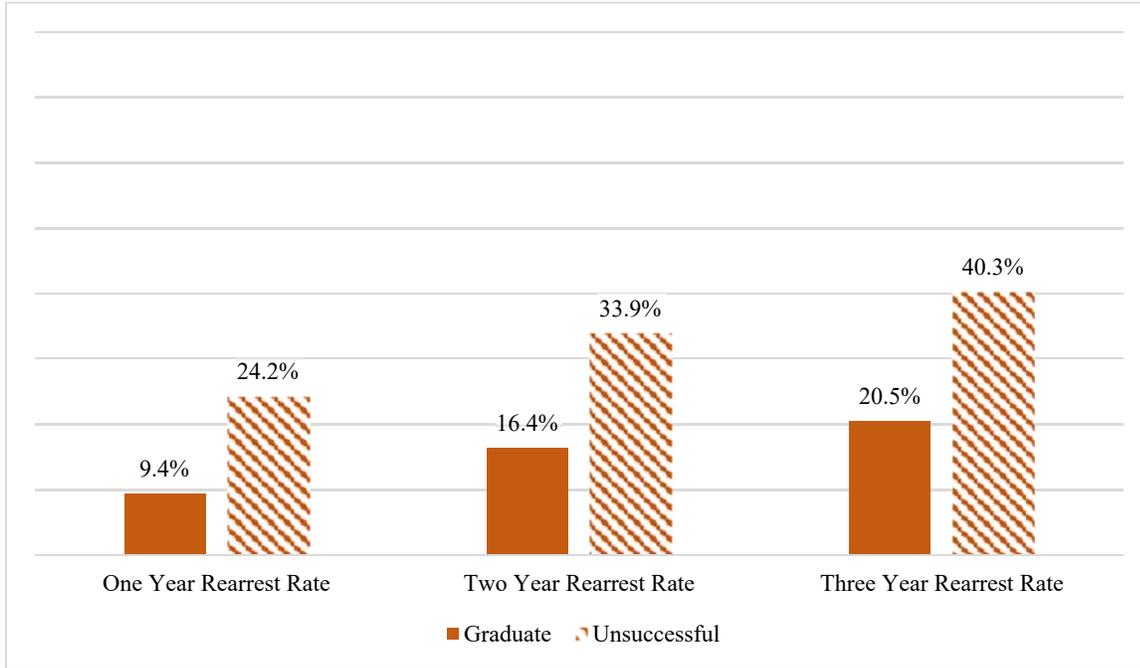
**Table 18.** DUI Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2016

|                            | <b>Graduates</b> | <b>Unsuccessful</b> | <b>Total</b> |
|----------------------------|------------------|---------------------|--------------|
| <b>Total Departures</b>    | <b>298</b>       | <b>124</b>          | <b>422</b>   |
| <b>Time Post Departure</b> |                  |                     |              |
| <b>One Year Count</b>      | 30               | 47                  | 77           |
| One Year Rearrest Rate     | 10.6%            | 37.9%               | 18.2%        |
| <b>Two Year Count</b>      | 55               | 68                  | 123          |
| Two Year Rearrest Rate     | 18.6%            | 58.8%               | 29.1%        |
| <b>Three Year Count</b>    | 72               | 76                  | 148          |
| Three Year Rearrest Rate   | 24.1%            | 61.3%               | 35.1%        |

***FY 2016 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 (see Table 19 and Figure 21).

**Figure 21.** DUI Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2016



**Table 19.** DUI Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2016

|                            | <b>Graduates</b> | <b>Unsuccessful</b> | <b>Total</b> |
|----------------------------|------------------|---------------------|--------------|
| <b>Total Departures</b>    | <b>298</b>       | <b>124</b>          | <b>422</b>   |
| <b>Time Post Departure</b> |                  |                     |              |
| <b>One Year Count</b>      | 28               | 30                  | 56           |
| One Year Reconviction Rate | 9.4%             | 24.2%               | 13.3%        |
| <b>Two Year Count</b>      | 49               | 42                  | 91           |
| Two Year Reconviction      | 16.4%            | 33.9%               | 21.6%        |
| <b>Three Year Count</b>    | 61               | 50                  | 111          |
| Three Year Reconviction    | 20.5%            | 40.3%               | 26.3%        |

## 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 difficulties. 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 offenders.<sup>14</sup>

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 and 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

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

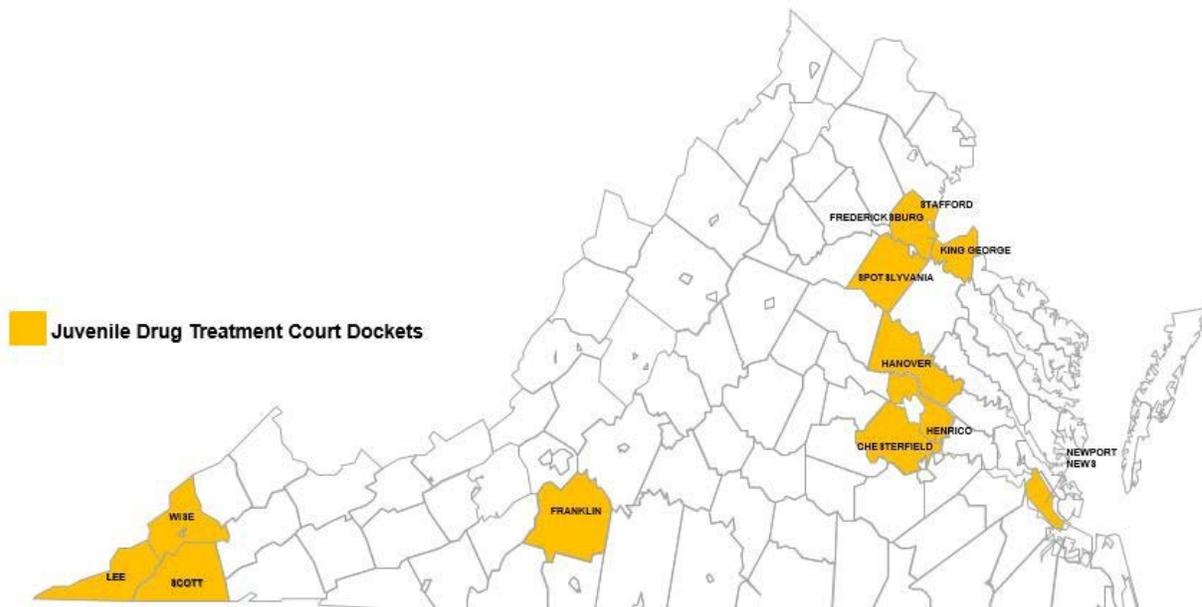
these practices are requiring parents or guardians to attend status hearings, holding status hearings in court in front of a judge, avoiding over-reliance on costly detention sanctions, reducing youths' associations with drug-using and delinquent peers, enhancing parents' or guardians' supervision of 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 FY 2019. 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 specialty docket information technology 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 specialty docket information technology 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 2019, there were seven operational Juvenile Drug Treatment Courts throughout Virginia (see Figure 22 and Table 20). 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 2019

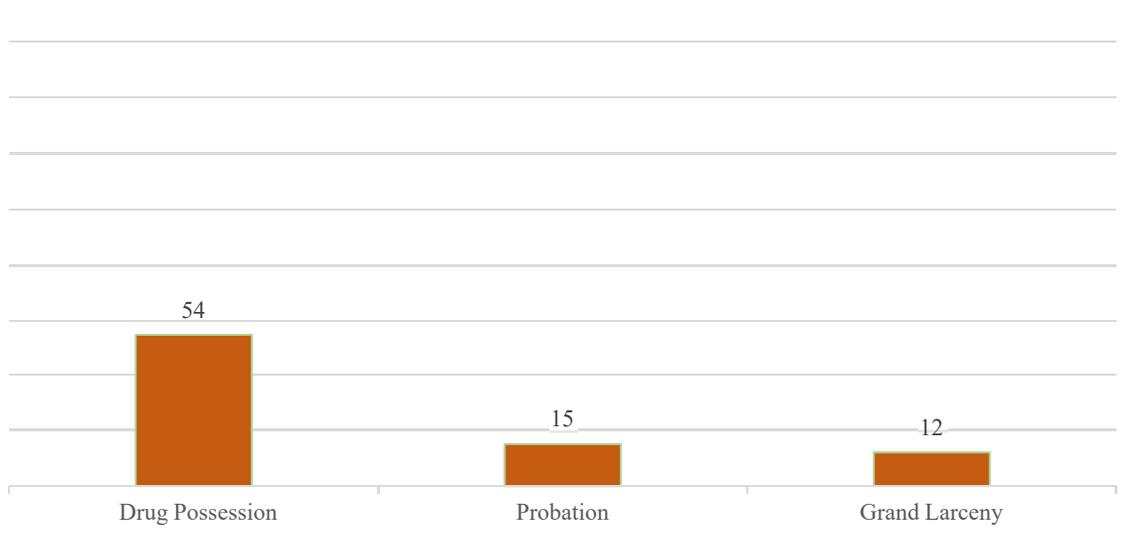


**Table 20.** Approved Juvenile Drug Treatment Court Dockets in Virginia, FY 2019

| 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). Fifty-four participants (66.7%) had at least one drug possession charge, and 15 had at least one probation charge (18.5%), while 12 had at least one grand larceny charge (14.8%).

**Figure 23.** Instant Offense among Active Juvenile Participants, FY 2019

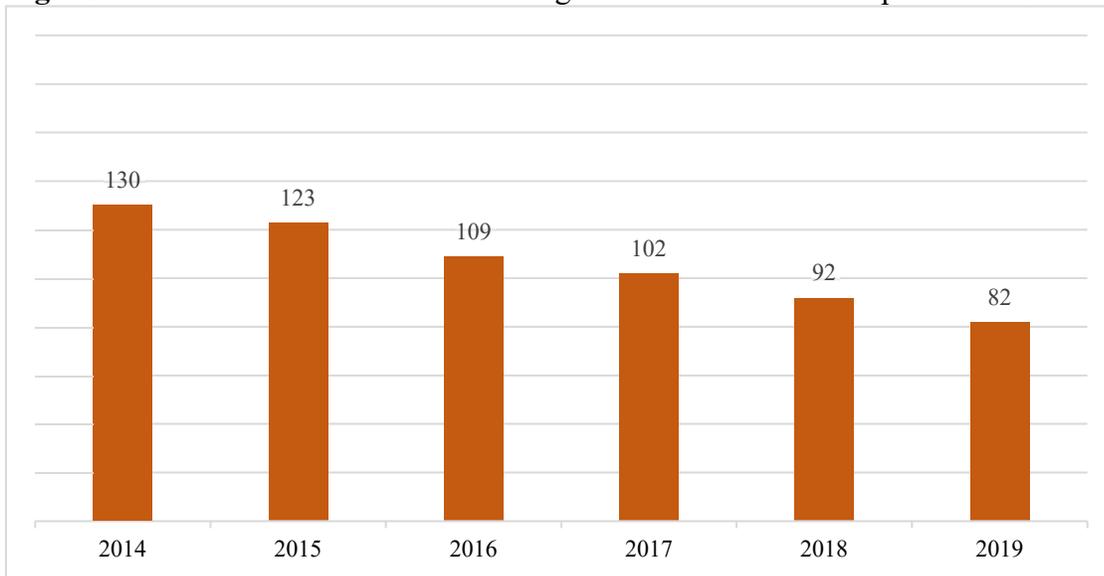


As shown in Figure 24 below, the number of active juvenile drug treatment court participants has been on a decline. The Office of Juvenile Justice and Delinquency suggests the national declines may result from the decline in the overall arrest rates for juveniles and the increase in community-based programs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

<sup>15</sup> [https://www.ojjdp.gov/ojstatbb/crime/JAR\\_Display.asp?ID=qa05201](https://www.ojjdp.gov/ojstatbb/crime/JAR_Display.asp?ID=qa05201)

<sup>16</sup> [https://www.urban.org/sites/default/files/publication/91566/data\\_snapshot\\_of\\_youth\\_incarceration\\_in\\_virginia\\_0.pdf](https://www.urban.org/sites/default/files/publication/91566/data_snapshot_of_youth_incarceration_in_virginia_0.pdf)

**Figure 24.** Number of Active Juvenile Drug Treatment Court Participants FY 2014-2019



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

Of active juvenile participants within FY 2019, the majority of participants were Caucasian (74.4%), male (75.6%) and either 16 or 17 years old (32.9% and 29.3% respectively), as shown in Table 21 below.

*Referrals:* There were 36 referrals to the juvenile drug treatment court dockets in FY 2019, which was a slight decrease from the 39 reported in FY 2018.

*Admissions:* There were 26 newly admitted program participants, which was a decrease from the 34 reported in FY 2018. The FY 2019 admission rate was 72.2%, compared to the 87.1% admission rate reported in FY 2018.

*Participants:* The number of active program participants decreased from 92 to 82.

*Gender:* More than 75% of participants identified as male, and 24.4% identified as female.

*Race and Ethnicity:* The majority of program participants were Caucasian (74.4%), followed by 19.5% who identified as African-American. Less than 10.0% of participants identified as Hispanic.

*Age:* Juvenile drug treatment court dockets participants ranged in age. Most program participants were either 16 years old (32.9%) or 17 years old (29.3%) at the time of program entry. See Table 23.

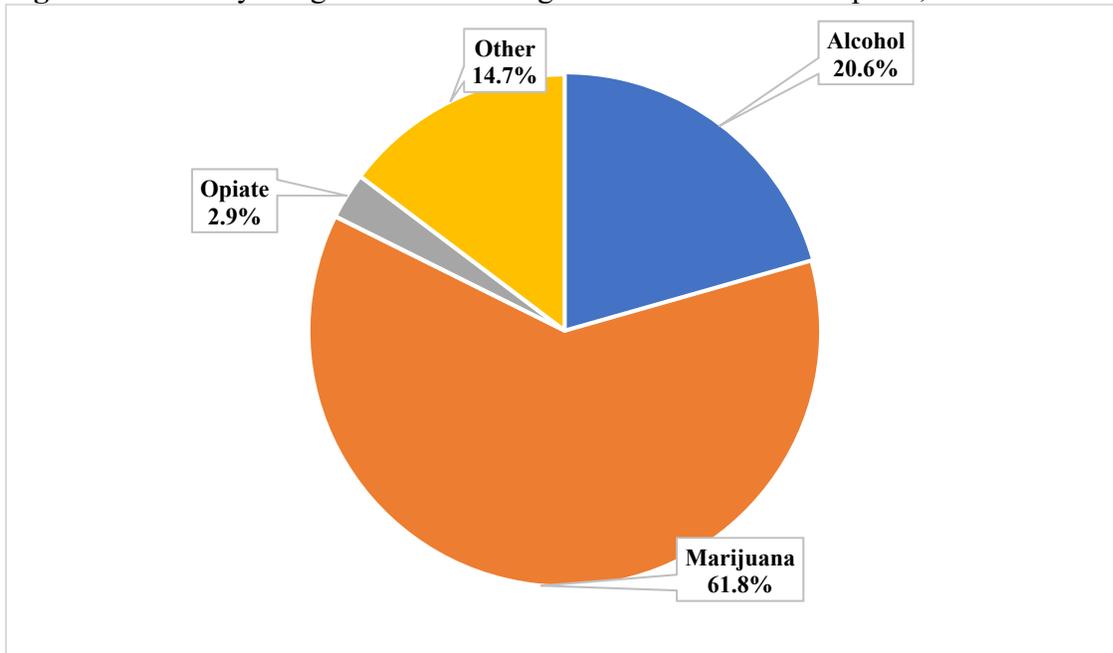
**Table 21. Demographics of Active Juvenile Participants, FY 2019**

| <b>Gender</b>                  |              |                |
|--------------------------------|--------------|----------------|
|                                | <b>Count</b> | <b>Percent</b> |
| <b>Male</b>                    | 62           | 75.6%          |
| <b>Female</b>                  | 20           | 24.4%          |
| <b>Total</b>                   | 82           | 100.0%         |
| <b>Race</b>                    |              |                |
|                                | <b>Count</b> | <b>Percent</b> |
| <b>African-American</b>        | 16           | 19.5%          |
| <b>Caucasian</b>               | 61           | 74.4%          |
| <b>Other</b>                   | 5            | 6.1%           |
| <b>Total</b>                   | 82           | 98.8%          |
| <b>Ethnicity</b>               |              |                |
|                                | <b>Count</b> | <b>Percent</b> |
| <b>Hispanic</b>                | 8            | 9.8%           |
| <b>Non-Hispanic</b>            | 75           | 91.5%          |
| <b>Total</b>                   | 82           | 100.0%         |
| <b>Age at time of referral</b> |              |                |
|                                | <b>Count</b> | <b>Percent</b> |
| <b>Less than 15 years old</b>  | 7            | 8.5%           |
| <b>15 years old</b>            | 19           | 23.2%          |
| <b>16 years old</b>            | 27           | 32.9%          |
| <b>17 years old</b>            | 24           | 29.3%          |
| <b>18+ years old</b>           | 5            | 6.1%           |
| <b>Total</b>                   | 82           | 100.0%         |

**Drugs of Choice and Drug Screens**

*Drugs of Choice:* When admitted into a drug treatment court docket, participants were asked to disclose their primary drug of choice. 61.8% of juvenile participants reported marijuana as their drug of choice. Alcohol was second with 20.6% of juvenile participants preferring it.

**Figure 25.** Primary Drug of Choice among Active Juvenile Participants, FY 2019



*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 FY 2019, there were 2,016 drug screenings conducted for the 51 participants for whom data were available, an average of 40 screenings per participant for the year. Of the 2,016 total screenings, 1,806 (89.6%) were negative (see Table 22).

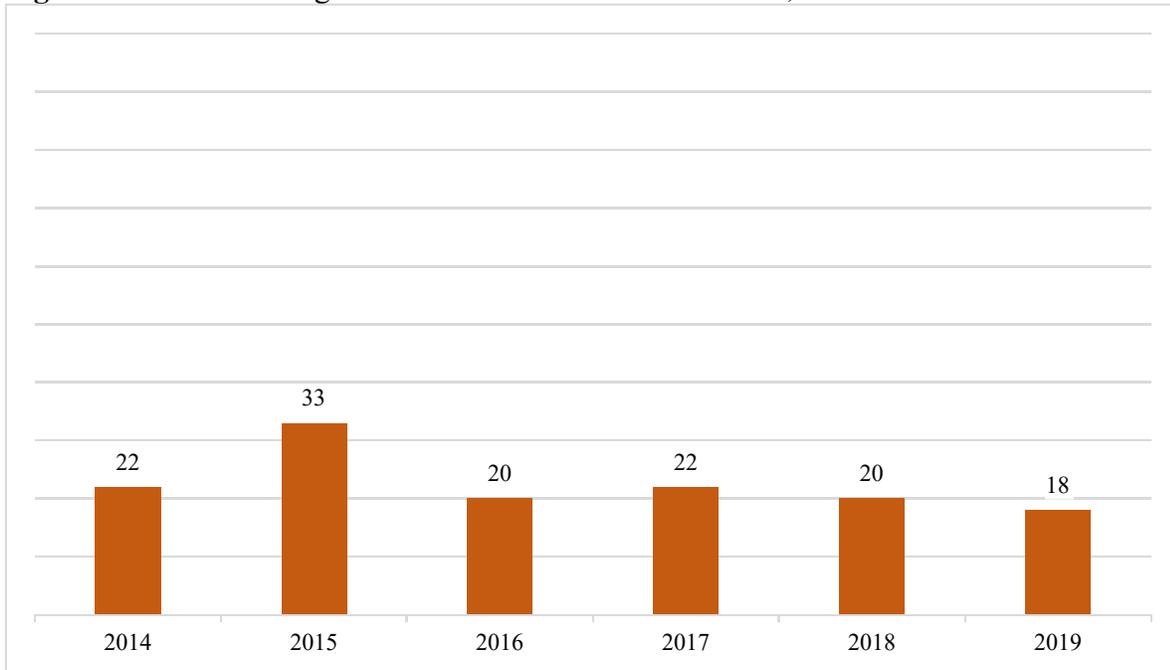
**Table 22.** Juvenile Drug Treatment Court Docket Drug Screens, FY 2019

|   | Count | Percent |
|---|-------|---------|
| <b>Negative</b>                           | 1,806 | 89.6%   |
| <b>Positive</b>                           | 210   | 10.4%   |
| <b>Total Screens</b>                      | 2,016 | 100%    |
| <b>Total Participants Tested</b>          | 51    |         |
| <b>Average Screenings per Participant</b> | 40    |         |

### Summary of Departures

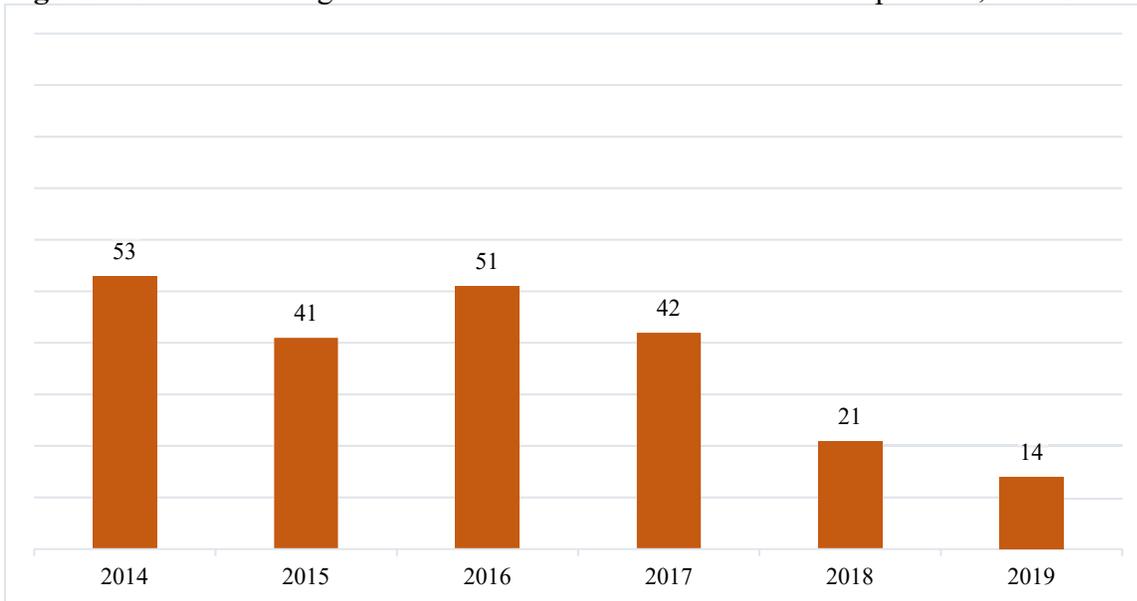
*Graduation Rates:* Among the 82 active juvenile drug treatment court docket participants in FY 2019, 32 participants exited the program by either graduation or termination (see Figure 26). Of the 32 departures, 18 graduated. The graduation rate was 56.4%.

**Figure 26. Juvenile Drug Treatment Court Docket Graduates, FY 2014-2019**



*Terminations:* Fourteen juvenile participants were terminated from the program in FY 2019 (see Figure 27). The termination rate was 43.8%. More than 71% of terminations were due to participants receiving a new criminal offense or having unsatisfactory performance.

**Figure 27: Juvenile Drug Treatment Court Docket Unsuccessful Departures, FY 2014-2019**



*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 23). Graduates had a mean length of stay of 381, while those terminated from the program had a mean length of stay of 369. The median length of stay for juvenile graduates was 400 days, compared to a median length of stay of 396 days for terminated participants.

**Table 23:** Juvenile Drug Treatment Court Dockets Length of Stay, Departures, FY 2019

| <b>Mean Length of Stay, <i>in days</i></b>   |     |
|--|-----|
| <b>Graduates</b>                             | 381 |
| <b>Unsuccessful Completions</b>              | 369 |
| <b>Median Length of Stay, <i>in days</i></b> |     |
| <b>Graduates</b>                             | 400 |
| <b>Unsuccessful Completions</b>              | 396 |

## 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.<sup>17</sup>

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 for 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

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<sup>17</sup> Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model Monograph. Washington, DC: US Department of Justice.

Families Act (ASFA) mandates.<sup>18</sup> 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 Standards.<sup>19</sup> 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.<sup>20</sup> They have been modified for use within the Commonwealth of Virginia.

There are and will continue to be differences among individual drug treatment court 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 2019, 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 24). These family drug treatment court dockets operate in the juvenile and domestic relations district courts.

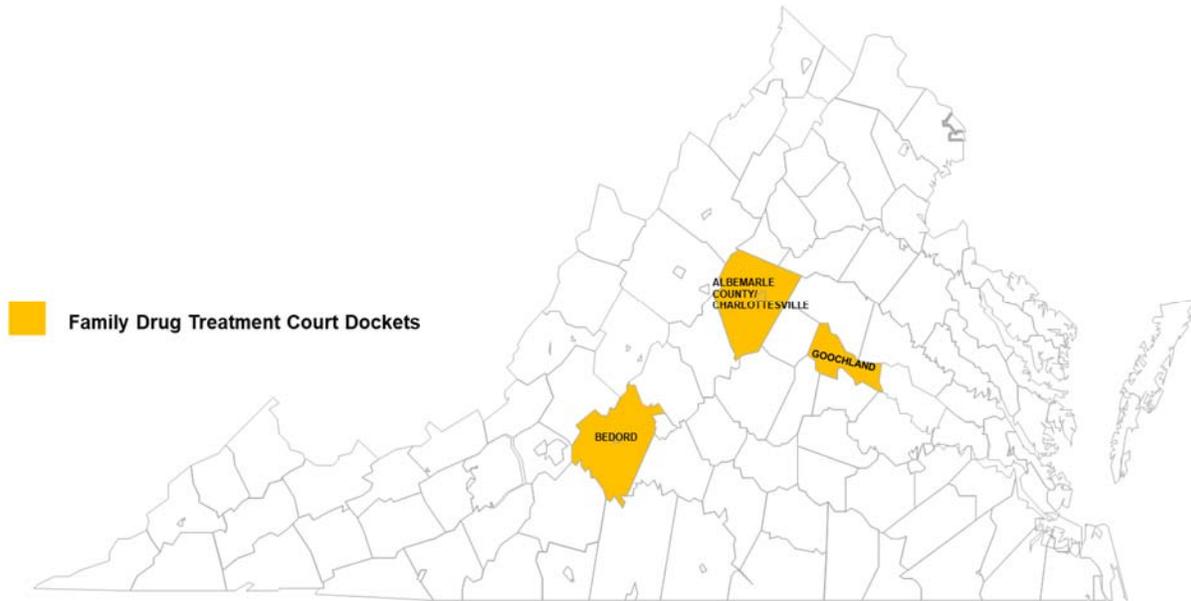
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<sup>18</sup> <https://www.gpo.gov/fdsys/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf>

<sup>19</sup> [http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/admin/family\\_standards.pdf](http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/admin/family_standards.pdf)

<sup>20</sup> Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model Monograph. Washington, DC: US Department of Justice.

**Figure 28:** Approved Family Drug Treatment Court Dockets in Virginia, FY 2019



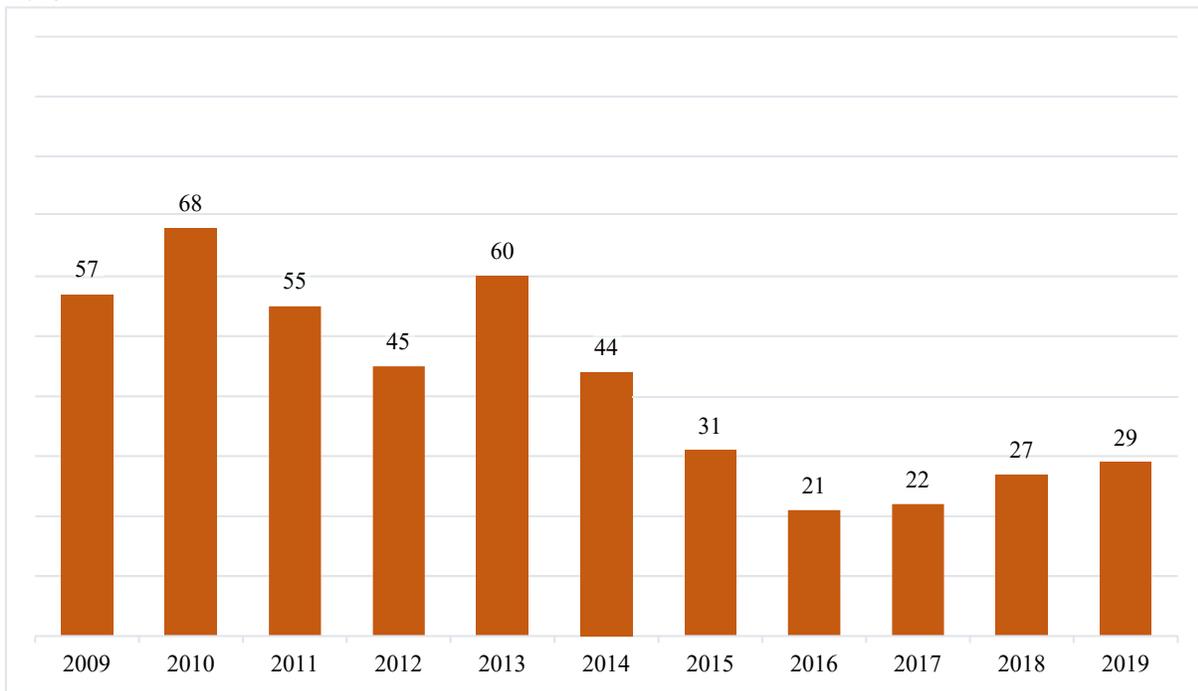
**Table 24:** Approved Family Drug Treatment Court Dockets in Virginia, FY 2019

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

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

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 2009-2019, with the greatest number of active participants occurring in 2010. See Tables 25 and 26 for socio-demographic specific information.

**Figure 29.** Number of Active Family Drug Treatment Court Docket Participants, FY 2009-2019



*Referrals:* The family drug treatment court docket had 15 referrals.

*Admissions:* Of the 15 referrals to family drug treatment court docket, 12 were accepted garnering an 80.0% acceptance rate for the family drug treatment court docket program.

*Race:* Over half of the participants were Caucasian; 37.9% (11) were African American.

*Gender:* The majority of active participants were female (72.4%) and eight (27.6%) were male.

*Age:* Over 85% 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, 15 (51.7%) were single. Only 10.3% the active participants reported that they were divorced, and 27.5% reported being married.

*Education:* Almost half of participants had obtained less than a high school diploma or its equivalent. Nearly 21% obtained a high school diploma or its equivalent, while 20% (combined 17.2% + 3.4%) had obtained at least some post-baccalaureate education.

**Table 25.** Demographics of Active Family Participants, FY 2019

| <b>Gender</b> |              |                |
|---------------|--------------|----------------|
|               | <b>Count</b> | <b>Percent</b> |
| <b>Male</b>   | 8            | 27.6%          |
| <b>Female</b> | 21           | 72.4%          |
| <b>Total</b>  | 29           | 100.0%         |

| <b>Race</b>             |              |                |
|-------------------------|--------------|----------------|
|                         | <b>Count</b> | <b>Percent</b> |
| <b>African American</b> | 11           | 37.9%          |
| <b>Caucasian</b>        | 15           | 51.7%          |
| <b>Other</b>            | 3            | 10.3%          |
| <b>Total</b>            | 29           | 100.0%         |

| <b>Ethnicity</b>    |              |                |
|---------------------|--------------|----------------|
|                     | <b>Count</b> | <b>Percent</b> |
| <b>Hispanic</b>     | 1            | 3.4%           |
| <b>Non-Hispanic</b> | 28           | 96.6%          |
| <b>Total</b>        | 29           | 100.0%         |

| <b>Age at time of referral</b> |              |                |
|--------------------------------|--------------|----------------|
|                                | <b>Count</b> | <b>Percent</b> |
| <b>18-29 years old</b>         | 12           | 41.4%          |
| <b>30-39 years old</b>         | 13           | 44.8%          |
| <b>40-49 years old</b>         | 4            | 13.8%          |
| <b>50-59 years old</b>         | 0            | 0.0%           |
| <b>60-69 years old</b>         | 0            | 0.0%           |
| <b>Total</b>                   | 29           | 100.0%         |

**Table 26.** Social Characteristics of Active Family Participants, FY 2019

| <b>Marital Status</b>  |              |                |
|--|--------------|----------------|
|  | <b>Count</b> | <b>Percent</b> |
| <b>Divorced</b>  | 3            | 10.3%          |
| <b>Married</b>   | 8            | 27.6%          |
| <b>Single</b>  | 15           | 51.7%          |
| <b>Other (includes separated, cohabitating, and widowed)</b> | 2            | 6.9%           |
| <b>No Data</b>   | 1            | 3.4%           |
| <b>Total</b>   | 29           | 100.0%         |
| <b>Employment</b>  |              |                |
|  | <b>Count</b> | <b>Percent</b> |
| <b>Disabled</b>  | 2            | 6.9%           |
| <b>Full-Time</b>   | 2            | 6.9%           |
| <b>Part-Time (less than 32 hours, per week)</b>              | 5            | 17.2%          |
| <b>Unemployed</b>  | 20           | 69.0%          |
| <b>Total</b>   | 29           | 100.0%         |
| <b>Educational Attainment</b>                                |              |                |
|  | <b>Count</b> | <b>Percent</b> |
| <b>Less than high school diploma or equivalency</b>          | 14           | 48.3%          |
| <b>High school diploma or equivalency</b>                    | 6            | 20.7%          |
| <b>Some College or Vocational Training</b>                   | 5            | 17.2%          |
| <b>Post-Bachelor's</b>                                       | 1            | 3.4%           |
| <b>No Data</b>   | 3            | 10.3%          |
| <b>Total</b>   | 29           | 100.0%         |

## Drug Screens

*Program Drug Screenings:* In family drug treatment court dockets in FY 2019, 649 drug screens were conducted for 17 family drug treatment court participants for which data were available. This resulted in an average of 35 drug screens per participant. Of the 649 total drug screens, 88.3% were negative (see Table 27).

**Table 27.** Family Drug Treatment Court Docket Drug Screens, FY 2019

|   | <b>Count</b> | <b>Percent</b> |
|---|--------------|----------------|
| <b>Negative</b>                                     | 573          | 88.3%          |
| <b>Positive</b>                                     | 76           | 11.7%          |
| <b>Total Screens</b>                                | 649          | 100.0%         |
| <b>Total Participants Tested</b>                    | 17           |                |
| <b>Average Number of Screenings per Participant</b> | 39           |                |

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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

| <b>Approved Virginia Drug Treatment Court Dockets, FY 2019</b>   |                  |                                  |                              |
|--|------------------|----------------------------------|------------------------------|
| 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,<br>J&DR | Adult felony (4)<br>Juvenile (5) | October 1998<br>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.<br>District | DUI (8)                          | May 1999<br>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.<br>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 <sup>th</sup> 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 ( <i>Not operating</i> )                        | Circuit      | Adult felony (49) | October 2017 |
| Bedford County  | J & DR       | Family (50)       | May 2018     |
| Alexandria  | Circuit      | Adult felony (51) | October 2018 |
| Giles County  | J & DR       | Family (52)       | October 2018 |
| Loudoun County  | Circuit      | Adult felony (53) | October 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. Frederick G. Rockwell, III, Judge  
Chesterfield Circuit Court

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

Hon. Gary A. Hicks, Judge  
Henrico Circuit Court

Hon. Junius Fulton, Judge\*  
Norfolk Circuit Court

Hon. David B. Carson, Judge  
Roanoke Circuit Court

Hon. Louise DiMatteo, Judge\*  
Arlington Circuit Court

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

Susan Morrow, President\*  
Virginia Association of Drug Court  
Professionals

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

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

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

Hon. Karl Leonard, Sheriff  
Virginia Sheriff's Association

Maria Jankowski, Deputy Director  
Virginia Indigent Defense Commission

Hon. Llezelle Dugger, Clerk  
Charlottesville Circuit Court

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

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

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

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

Cheryl Robinette, Coordinator  
Tazewell Adult Drug Court

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

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

Hon. Eric Olsen, Commonwealth's Attorney  
Stafford County  
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

Elisa Fulton  
Drug Court Training Coordinator  
Judicial Services Department

Courtney Stewart, Ed.D.  
Drug Court Grants Management Analyst  
Department of Judicial Services

**\*EXECUTIVE COMMITTEE**

