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December 1, 2020

The General Assembly of Virginia
900 East Main Street
The 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 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 drug treatment court dockets established in accordance with the Rules of Supreme Court of Virginia. 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

cc: Division of Legislative Systems

Where Treatment and Accountability Meet Justice



Office of the Executive Secretary, Supreme Court of Virginia

Virginia Drug Treatment Courts 2020 Annual Report

**Office of the Executive Secretary
Supreme Court of Virginia**

PREFACE

The Virginia Drug Treatment Court Act (Code of Virginia §18.2-254.1) directs the Office of the Executive Secretary of the Supreme Court of Virginia (OES), 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 OES to annually provide the General Assembly with a report of these evaluations (Code of Virginia §18.2-254.1. N). This report, as prepared for the 2020 General Assembly, reflects data for fiscal years 2014-2020.¹

¹ Code of Virginia §18.2-254.2 directs the Office of the Executive Secretary of the Supreme Court to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of Supreme Court of Virginia. The following Drug Treatment Court Annual Report also satisfies a component of the requirement.

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EXECUTIVE SUMMARY

During fiscal year (FY) 2020, there were fifty-eight (58) drug treatment court dockets approved to operate in Virginia. Approved programs included: forty-four (44) adult, seven (7) juvenile, four (4) family and three (3) regional driving under the influence (DUI) drug treatment court dockets. Data from some of these dockets are not included in this report due to their recent start date or non-operational status.

The goals of Virginia drug treatment court dockets are to:

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

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

“Notwithstanding the provisions of subsection O. of §18.2-254.1, Code of Virginia, any locality is authorized to establish a drug treatment court supported by existing state resources and by federal or local resources that may be available. This authorization is subject to the requirements and conditions regarding the establishment and operation of a local drug treatment court advisory committee as provided by §18.2-254.1 and the requirements and conditions established by the state Drug Treatment Court Advisory Committee. Any drug court treatment program established after July 1, 2012, shall limit participation in the program to offenders who have been determined, through the use of nationally recognized, validated assessment tool, to be addicted to or dependent on drugs. However, no such drug court treatment program shall limit its participation to first-time substance abuse offenders only; nor shall it exclude probation violators from participation.”²

This report reviews the basic operations and outcomes of Virginia’s drug treatment court dockets during FY 2020. The analyses provided in this report are based on data for participants who were enrolled in a drug treatment court docket program after July 1, 2013 and completed (successfully or unsuccessfully) a drug treatment court docket program on or before June 30, 2020. 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.

² Chapter 854 – 2020 Virginia Acts of Assembly – Item 39.H.2

All data provided in this report are based on the following: 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 the Inferno database, and the data is routinely migrated into the drug treatment court docket database. On December 31, 2019, Inferno was replaced.

The family and juvenile drug treatment court docket models served a limited number of participants during FY 2020. As a result, only basic data are included for these models.

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 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 drug court docket database for adult drug treatment court docket staff to use for each referral 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.*³

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-

³ <https://obamawhitehouse.archives.gov/ondcp/ondcp-fact-sheets/drug-courts-smart-approach-to-criminal-justice>

focused drug court guidance ever produced.⁴ 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

OES 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.⁵

Funding for Virginia's Drug Treatment Court Dockets

Virginia's drug treatment court dockets operate using a sustainability funding strategy approved by the Drug Treatment Court Advisory Committee. The goal was to formulate a plan to address the long-term funding for all drug treatment court dockets in Virginia in a way that would support currently funded, unfunded, and future drug treatment court dockets. The Advisory Committee employs a data-driven formula to ensure accuracy, fairness and transparency of resource allocation to standardize the funding of as many drug court programs as possible. Accuracy is measured by data entered in the specialty docket database. Fairness is designed to eventually provide some funding to all Virginia Drug Treatment Courts. Transparency will be upheld by measuring the data and applying the funding formula consistently to all programs. The Advisory Committee strives to ensure that jurisdictions that wish to create drug treatment dockets to address substance abuse are encouraged to do so within the national evidence-based criteria that ensures consistent and predictable outcomes.

The Drug Treatment Court Advisory Committee will continue to pursue additional funds for drug court dockets and a dedicated funding stream, so eventually there will be enough resources to fund all eligible Virginia Drug Treatment Court Dockets. Drug treatment court dockets demonstrate sufficient local support as a result state drug treatment court funds are not intended to be the program's sole source of funding.

⁴ <https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/>

⁵ http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/evaluationreports/prescription_study_report.pdf

All dockets receiving these funds must meet the following minimum compliance standards:

- ✓ Obtain approval from the Drug Court Advisory Committee to begin operation;
- ✓ Meet all Virginia Drug Treatment Court Standards;⁶
- ✓ Enter all required information and statistics into the specialty docket's database to track compliance;
- ✓ Complete and file quarterly grant reports;
- ✓ Identify and report retention and recidivist rates for all participants;⁷
- ✓ Match (cash or in-kind) of 25% is required based on the established formula utilized by the Bureau of Justice Assistance for Drug Court grants;
- ✓ Grant period of one-year funding cycle; may be continued based on availability of funds;
- ✓ Grants awarded based upon the number of active participants⁸ averaged for the three previous years.

Currently, state drug court funds are administered to thirty-one (31) 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 (CSB) or Behavioral Health Authorities. Participant supervision is provided by state probation and parole officers or local community corrections officers.

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

All Virginia drug court dockets expressed concern regarding 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

⁶ <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/home.html>

⁷ This requires tracking and accurately reporting the number of months each participant was in the program after entry into Phase 1 and whether and when a participant was convicted of a new criminal offense; this will be identified by VSP or Juvenile tracking number.

⁸ A participant is considered active upon receiving a program acceptance date and continues to be active while receiving services through the program graduation date. Participants are not active if they have absconded for more than 14 days, are incarcerated for more than 14 days (non-sanction) or have graduated from the program (even if they are receiving after care services).

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.⁹ 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 2020 saved local agencies and the Commonwealth of Virginia nearly \$12 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 2020 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 nearly \$12 million in taxpayer dollars.
- Increased the number of active participants.
- Served participants with severe substance use needs and criminogenic risk.

Figure 1. Drug Treatment Court Docket FY 2020 Summary Measures

⁹ <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/evaluationreports/virginiadtccostbenefit.pdf>

FY 2020 Summary Measures

- Virginia Adult Drug Court Dockets save \$19,234 per person as compared to traditional case processing. A total of 621 participants exited an adult drug treatment court program in FY 2020 compared to 558 in FY 2019.
 - FY 2020 yielded an estimated cost savings nearly \$12 million. This was an increase from the estimated \$10.7 million reported for FY 2019.
- Increased number of active adult participants by 8.4% when compared to FY 2019.
- 87.3% of accepted adult participants scored high risk/high need on the RANT.
- High levels of sobriety were measured by drug screens negative for alcohol & drugs for adult, juvenile, and family dockets at 89.8%, 87.0%, and 87.7% respectively.
- The number of referrals for participation in the juvenile drug treatment court dockets decreased by 7.7%.

FY 2020 Activity Summary

Active Participants: The number of adult active participants continued to increase every year with 1,689 active participants in FY 2020, compared to 1,557 reported in FY 2019. Active family participants increased from previous years, while active juvenile participants decreased from 82 in FY 2019 to 71 in FY 2020.

Graduates: A total of 669 participants exited an adult, family, or juvenile drug treatment court docket. Of the 669 departures, 282 successfully completed a program for an overall graduation rate of 42.2%.

Terminations: There were 387 participants terminated from an adult, family, or juvenile drug treatment court docket during FY 2020 which resulted in a 57.8% overall termination rate.

Referrals: The adult drug treatment court dockets had 1,295 referrals, which was a decrease from the 1,508 referrals reported in FY 2019. Thirty-six referrals were made to juvenile drug treatment court dockets, while 29 were made to family drug treatment court dockets.

New Admissions: Of the 1,295 referrals made to the adult drug treatment court docket programs, 526 referrals were accepted, resulting in a 40.6% acceptance rate. Twenty-six of the 36 referrals to the juvenile drug treatment court docket were accepted, resulting in an acceptance rate of 72.2%, while 22 of the 29 referrals to family drug treatment court dockets were accepted, resulting in an 75.9% 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. Since 2012 the Advisory Committee was authorized to approve new applications for drug treatment court dockets. 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 use 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 drug treatment court docket models and program descriptions are provided separately for adult, juvenile, and family drug treatment court dockets. The report is based on data from the drug court database developed and maintained by OES as well as arrest data from the VSP. DUI drug treatment court data is unavailable for inclusion in the FY 2020 Annual Report. 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, 2019 and June 30, 2020. Statistical information is also provided for participants who remain active.

Drug Treatment Court Dockets Approved to Operate

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

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

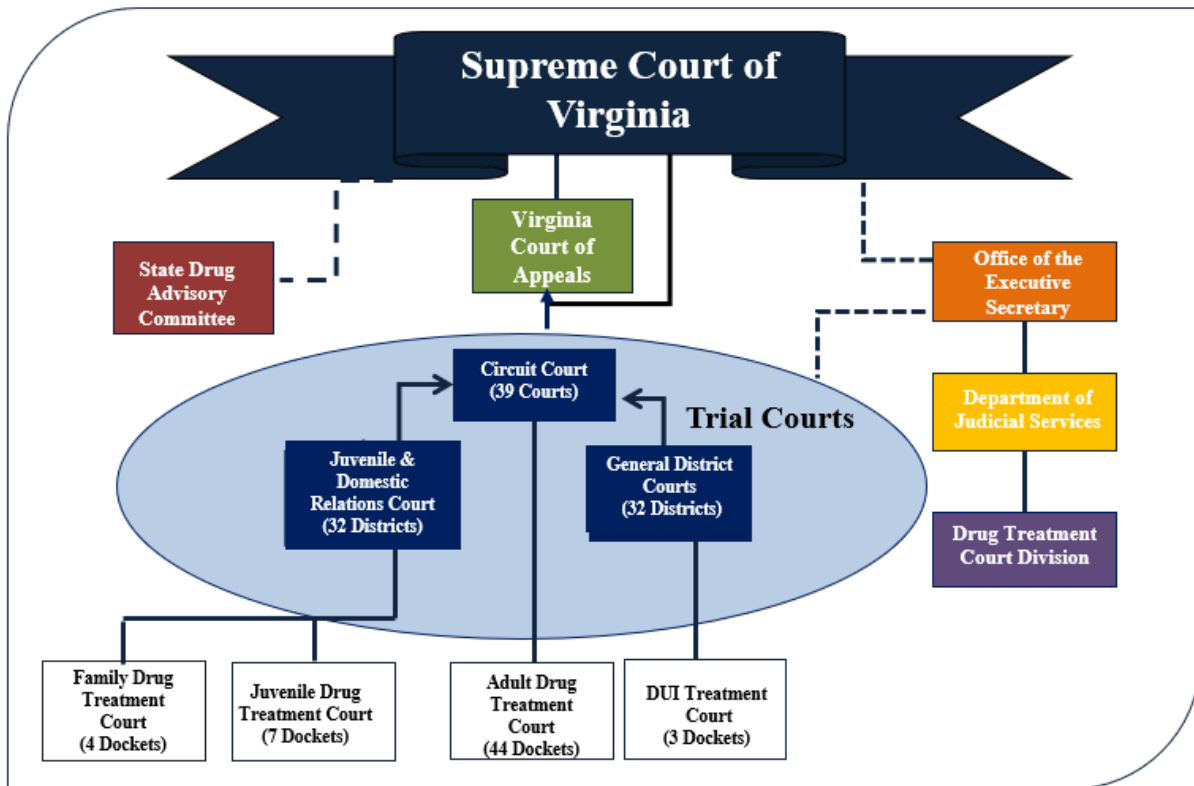


Figure 3. Types of Drug Treatment Court Dockets in Virginia

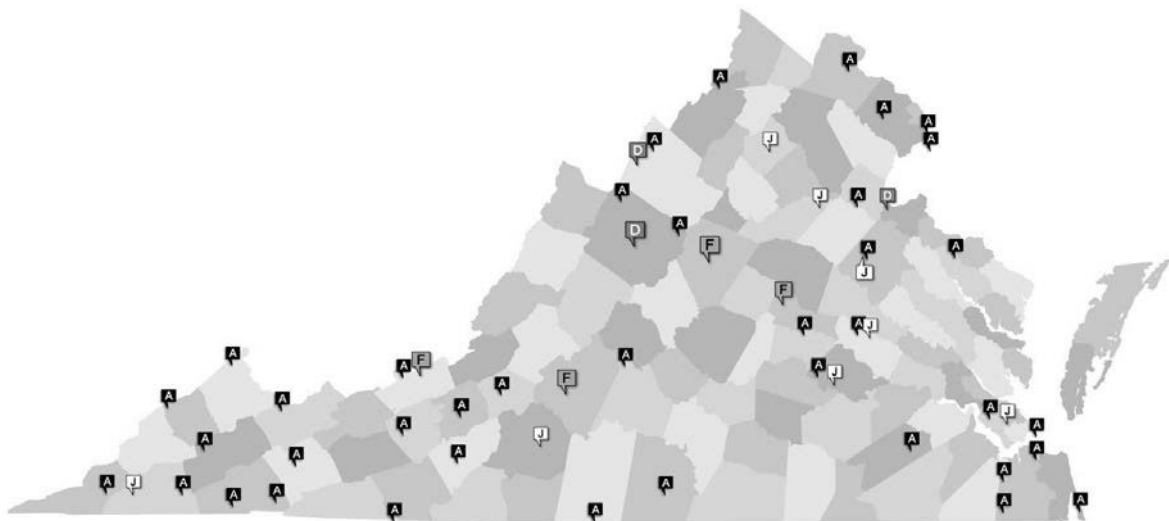
- **Adult** drug treatment court dockets in circuit courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.
- **Juvenile** drug treatment court dockets in juvenile and domestic relations district courts monitor adjudicated delinquents on supervised probation.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

The first Virginia drug treatment court docket was established in 1995 through the Circuit Court for the 23rd Judicial Circuit. Currently, Virginia has approved forty-four (44) 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 treatment 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







-  Adult Drug Treatment Court
-  Juvenile Drug Treatment Court
-  DUI Drug Treatment Court
-  Family Drug Treatment Court

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

Adult Drug Treatment Courts		
Albemarle/Charlottesville	Loudoun County	n = 44
Alexandria	Lynchburg	
Alleghany County*	Montgomery County	
Arlington County	Newport News	
Bristol	Norfolk	
Buchanan County	Northern Neck/Essex	
Chesapeake	Northwestern Regional (Winchester area)	
Chesterfield/Colonial Heights	Portsmouth	
Culpeper*	Pulaski County	
Danville*	Radford*	
Dickenson County	Rappahannock Regional	
Fairfax	Richmond City	
Fifth Judicial Circuit (Suffolk)*	Russell County	
Floyd County	Smyth County	
Fluvanna County	Staunton, Augusta County, and Waynesboro	
Giles County	Tazewell County	
Halifax County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)	
Hampton	Twenty-Third Judicial Circuit	
Hanover County*	Twin Counties and Galax	
Harrisonburg/Rockingham County	Virginia Beach Circuit	
Henrico County	Washington County	
Hopewell/Prince George County	Wythe County	
* Non-operational Adult Drug Treatment Courts		
Juvenile Drug Treatment Courts		
Chesterfield/Colonial Heights	Newport News	n = 7
Franklin County	Rappahannock Regional	
Hanover County	Thirtieth District (Lee, Scott & Wise Counties)	
Henrico County		
DUI Drug Treatment Court		
Fredericksburg Area	Waynesboro Area	n = 3
Harrisonburg/Rockingham*		
* Non-operational DUI Drug Treatment Courts		
Family Drug Treatment Courts		
Albemarle/Charlottesville	Giles	n = 4
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 use 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 use 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 use 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 reduce recidivism and substance abuse.¹⁰

Because 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

¹⁰ 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, to either drug treatment court docket entry or sentencing for the comparison group;
- Drug treatment court docket costs as determined above, \$17,900.82;
- Outcome costs, including all costs of involvement in the criminal justice system for a new offense, beginning either from drug treatment court docket entry (less the actual cost of drug treatment court docket) or sentences for the comparison group;
- Victimization costs resulting from recidivism for both property offenses and violence offenses.

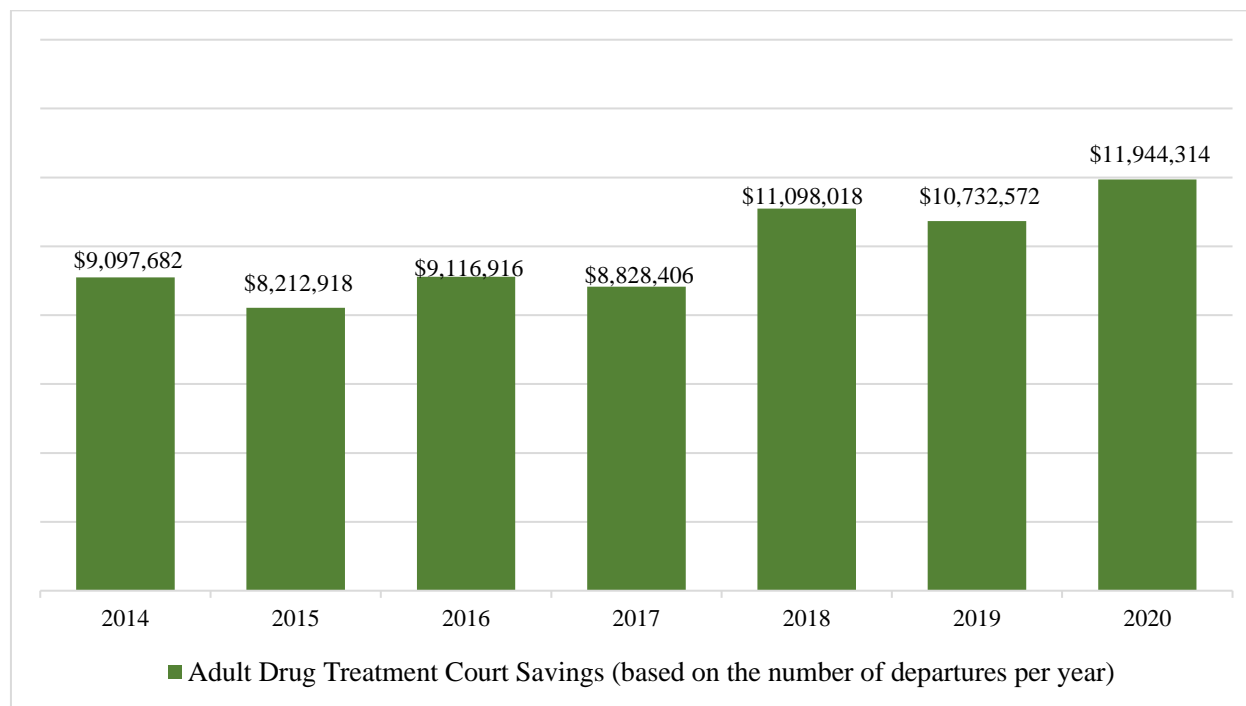
These lower costs within the criminal justice system and victimization costs, along with lower placement costs, result in average savings of \$19,234 per drug court departure, relative to the costs of traditional processing (see Table 2).¹¹

Table 2. Costs of Drug Court Compared to Traditional Costs

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

Increasing the number of drug treatment court dockets and the number of participants completing these programs increases the estimated savings generated to the Commonwealth compared to treating these offenders via traditional case processing (see Figure 5).

Figure 5. Estimated Adult Drug Treatment Court Docket Savings by fiscal year, 2014-2020



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

¹¹ <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/evaluationreports/virginiadtccostbenefit.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 use 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 use, crime and other misconduct. Examples of high needs factors include, but are not limited to, addiction to drugs or alcohol, psychiatric symptoms, chronic medical conditions and illiteracy. Importantly, this does not imply that high risk or high needs individuals should be denied opportunities to participate in rehabilitation or diversionary programs. Rather, more intensive and better skilled community- based programming is required to improve outcomes for such individuals.

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

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

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

Table 3. RANT Practice Implication or Alternative Tracks

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

Note. Table 3 was reprinted from the 2019 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 (87.3%) (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)¹².

Table 4. Adult Drug Treatment Court Docket RANT Distributions, FY 2020

RANT		High Risk	Low Risk
High Need	Total %	87.3%	5.3%
	Count	(<i>n</i> = 1474)	(<i>n</i> = 89)
Low Need	Total %	5.4%	2.0%
	Count	(<i>n</i> = 92)	(<i>n</i> = 34)

Note. Table 4 depicts the RANT distribution for all active adult drug treatment court docket participants for whom data is available during FY 2020.

¹² <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/evaluationreports/2019annualreport.pdf>

Table 5. Adult Drug Treatment Court Docket RANT Distributions by Race and Gender, FY 2020

	High Risk/High Need	High Risk/Low Need	Low Risk/High Need	Low Risk/Low Need
Race				
Black, African American	31.3% (<i>n</i> = 462)	44.6% (<i>n</i> = 41)	18.0% (<i>n</i> = 16)	31.3% (<i>n</i> = 9)
White	67.0% (<i>n</i> = 987)	55.4% (<i>n</i> = 51)	79.8% (<i>n</i> = 71)	73.5% (<i>n</i> = 25)
Other	1.7% (<i>n</i> = 25)	0.0% (<i>n</i> = 0)	2.2% (<i>n</i> = 2)	0.0% (<i>n</i> = 0)
Total	100% (<i>n</i> = 1474)	100% (<i>n</i> = 92)	100% (<i>n</i> = 89)	100% (<i>n</i> = 34)
Gender				
Female	41.2% (<i>n</i> = 608)	28.3% (<i>n</i> = 26)	41.6% (<i>n</i> = 37)	32.4% (<i>n</i> = 11)
Male	58.8% (<i>n</i> = 866)	71.7% (<i>n</i> = 66)	58.4 % (<i>n</i> = 52)	67.6% (<i>n</i> = 23)
Total	100% (<i>n</i> = 1474)	100% (<i>n</i> = 92)	100% (<i>n</i> = 89)	100% (<i>n</i> = 34)

Note. Table 5 depicts the RANT distribution for all active adult drug treatment court docket participants for whom data is available during FY 2020.

Adult Drug Treatment Court Dockets Approved

Of the 44 approved drug treatment court dockets, data from 38 dockets are included in the FY 2020 Annual Report. Alleghany County, Culpeper, Danville, Fifth Judicial Circuit, and Radford Adult Drug Treatment Court Dockets were approved during FY 2020; 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 2020

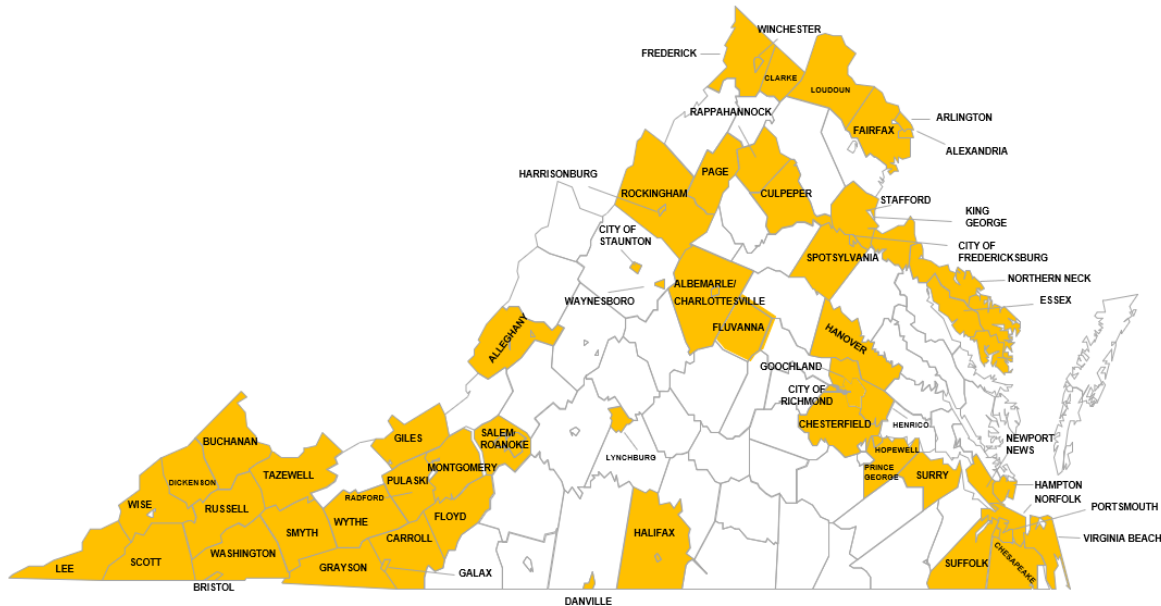


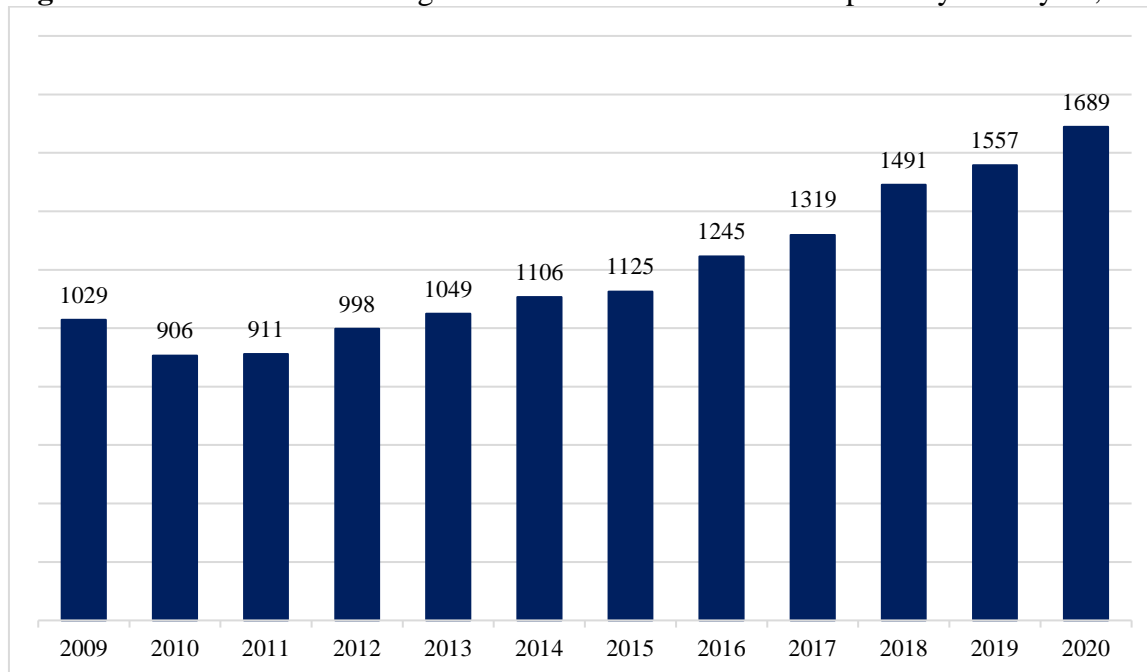
Table 6. Approved Adult Drug Treatment Court Dockets in Virginia, FY 2020

Adult Drug Treatment Court Dockets		
Albemarle/Charlottesville	Loudoun County	<i>n = 44</i>
Alexandria	Lynchburg	
Alleghany County*	Montgomery County	
Arlington County	Newport News	
Bristol	Norfolk	
Buchanan County	Northern Neck/Essex	
Chesapeake	Northwestern Regional (Winchester area)	
Chesterfield/Colonial	Portsmouth	
Culpeper*	Pulaski County	
Danville*	Radford*	
Dickenson County	Rappahannock Regional	
Fairfax	Richmond City	
Fifth Judicial Circuit	Russell County	
Floyd County	Smyth County	
Fluvanna County	Staunton, Augusta County, and Waynesboro	
Giles County	Tazewell County	
Halifax County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)	
Hampton	Twenty-Third Judicial Circuit (Roanoke County, Roanoke City, Salem City)	
Hanover County*	Twin Counties and Galax	
Harrisonburg/Rockingham	Virginia Beach Circuit	
Henrico County	Washington County	
Hopewell/Prince George	Wythe County	

* 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.^{13,14}

Figure 7. Number of Adult Drug Treatment Court Docket Participants by fiscal year, 2009-2020



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 1,689 active adult drug treatment court docket participants in FY 2020, the majority were White (68.2%), male (58.6%), single (48.6%), and unemployed (50.2%) (see Tables 7 and 8).⁷

Referrals: There were 1,295 referrals to adult drug treatment court docket program, a decrease from the 1,508 reported in FY 2019.

Admissions: Of the 1,295 referrals reported, 526 were accepted into an adult drug treatment court docket, resulting in a 40.6% acceptance rate.

Participants: The count of active participants continued to increase to 1,689, compared to 1,557 in FY

¹³ <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>

¹⁴ <https://www.nij.gov/topics/courts/drug-courts/Pages/welcome.aspx>

2019 and 1,491 in FY 2018.

Gender: The majority of participants were male (1,007 or 59.6%); 682 (40.4%) were female.

Race: The majority of participants were White (1,134 or 67.1%). There were 528 Black, African American participants (31.3%). Individuals of other racial backgrounds (i.e. Pacific Islander, American Indian, and Alaskan) comprised 1.6% of the participants.

Age: The majority of active participants were within the 19-29 years old and 30-39 years old age brackets (31.7% and 36.6% respectively). This is similar to the age distribution reported in FY 2019.

Marital Status: Among the active docket participants, 682 (40.4%) were single. Less than 8.0% reported that they were married. Similar to FY 2019, 7.5% reported being divorced. Lastly, 6.9% of active adult participants reported being separated, cohabitating or widowed.

Employment: The majority of participants were unemployed (725 or 42.9%), while 172 (10.2%) were employed full-time, and 118 (7.0%) were employed part-time. A slight number of participants (43 or 2.5%) were unemployed due to disability.

Education: Of the 1,689 active participants, 320 (18.9%) reported having less than a high school diploma or equivalent, while 442 (26.2%) reporting having a high school diploma or equivalent. Additionally, 236 (14.0%) reported completing at least some college or vocational training, while less than two percent reported obtaining at least a bachelors degree.

Table 7. Demographics of Active Adult Drug Treatment Court Docket Participants, FY 2020

Gender		
	Count	Percent
Female	682	40.4%
Male	1007	59.6%
Total	1689	100.0%
Race		
	Count	Percent
Black, African American	528	31.3%
White	1134	67.1%
Other	27	1.6%
Total	1689	100.0%
Ethnicity		
	Count	Percent
Hispanic	5	0.3%
Non-Hispanic	1684	99.7%
Total	1689	100.0%
Age at time of referral		
	Count	Percent
18-29 years old	535	31.7%
30-39 years old	618	36.6%
40-49 years old	336	19.9%
50-59 years old	175	10.4%
60 years and older	25	1.4%
Total	1689	100.0%

Table 8. Social Characteristics of Active Adult Drug Treatment Court Docket Participants, FY 2020

Marital Status		
	Count	Percent
Divorced	127	7.5%
Married	129	7.6%
Single	682	40.4%
Other (<i>includes separated, cohabitating, and widowed</i>)	117	6.9%
No Data	634	37.5%
Total	1689	100.0%

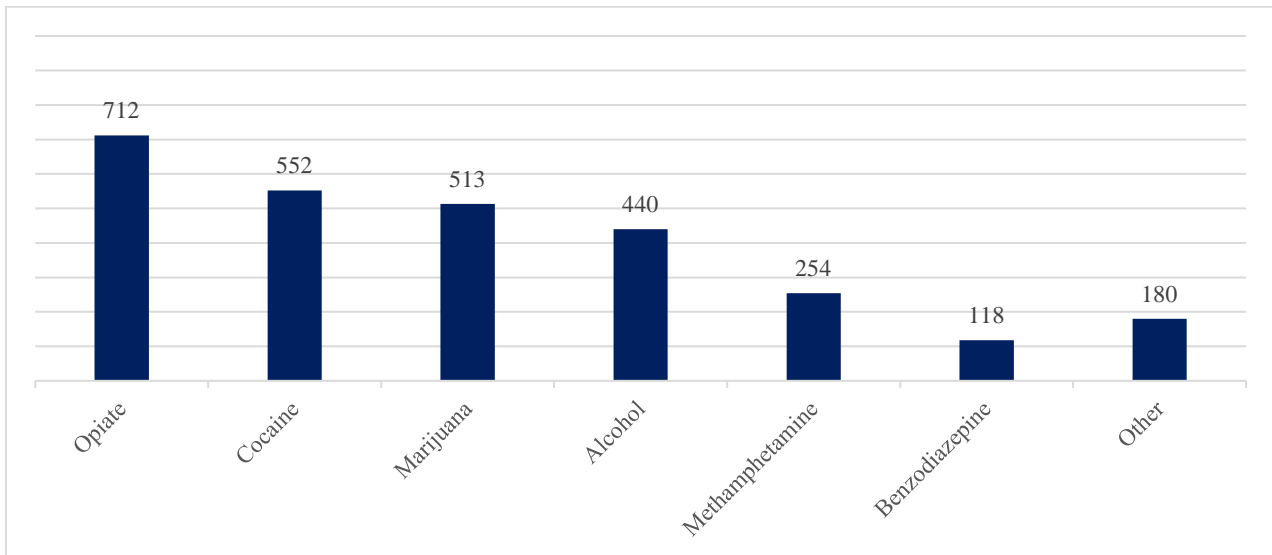
Employment		
	Count	Percent
Disabled	43	2.5%
Full-Time	172	10.2%
Part-Time (<i>less than 32 hours, per week</i>)	118	7.0%
Unemployed	725	42.9%
No Data	631	37.4%
Total	1689	100.0%

Educational Attainment		
	Count	Percent
Less than high school diploma or equivalent	320	18.9%
High school diploma or equivalent	442	26.2%
Some College or Vocational Training	236	14.0%
Bachelors	16	0.9%
Post-Bachelors	3	0.2%
No Data	672	39.8%
Total	1689	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 (721 participants), cocaine (552 participants), marijuana (513 participants), and alcohol (440 participants).

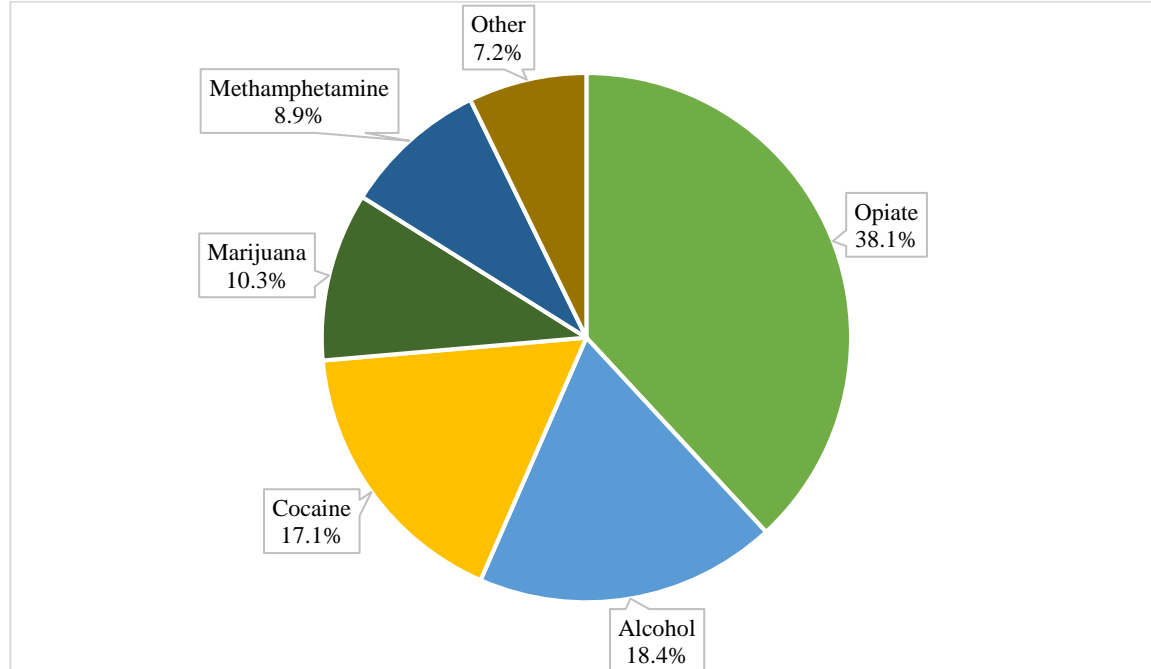
Figure 8. Drugs Most Frequently Used by Adult Drug Treatment Court Docket Participants, FY 2020



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.

Primary 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 (see Figure 9), the primary drug of choice for adult drug treatment court docket participants active in FY 2020 was opiates (38.1%) with alcohol (18.4%) coming in second. The results were similar to FY 2019.

Figure 9. Primary Drug of Choice among Adult Drug Treatment Court Docket Participants, FY 2020



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, 55,188 drug screens were conducted for the 1,304 participants for whom data were available. This resulted in an average of 42 drug screens per participant. Of the 55,188 drug screens, 49,532 (89.8%) were negative (see Table 9).

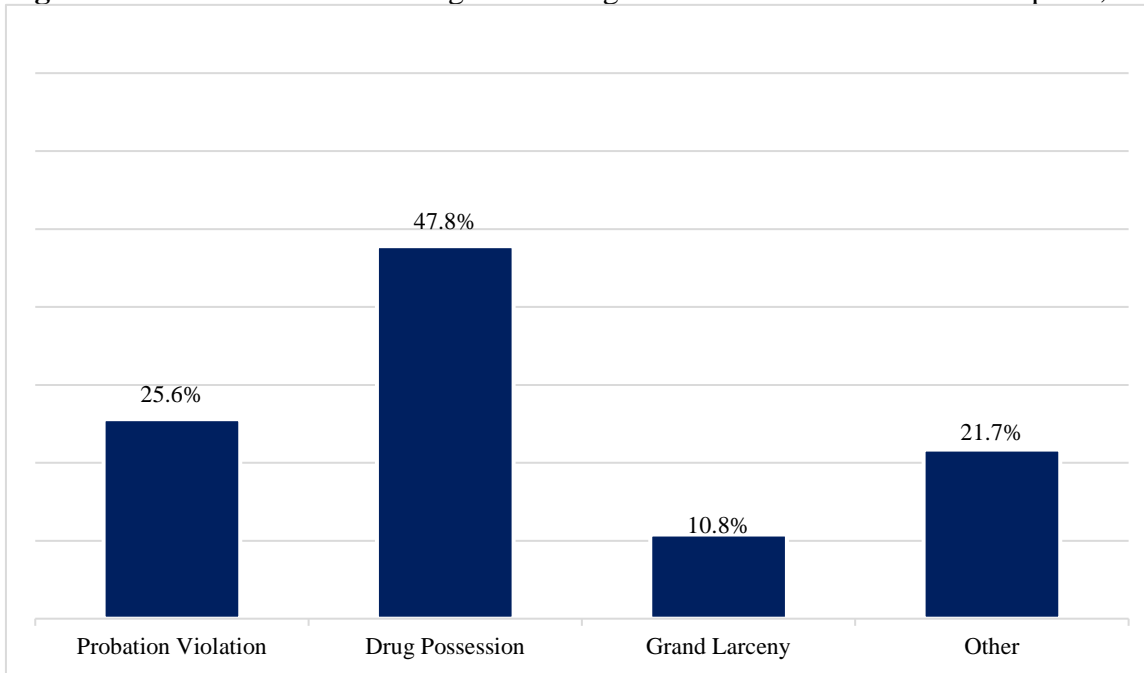
Table 9. Adult Drug Treatment Court Docket Drug Screens, FY 2020

	Count	Percent
Negative	49,532	89.8%
Positive	5,336	9.7%
Total Screens	55,188	100.0%
Total Participants Tested	1,304	
Average Number of Screenings per Participant	43	

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 47.8% of adult participants had at least one drug possession offense, while 25.6% had at least one probation violation, and 10.8% had at least one grand larceny offense.

Figure 10. Instant Offenses among Adult Drug Treatment Court Docket Participants, FY 2020



Summary of Departures

Graduation and Termination Rates: Among the 1,689 active adult drug treatment court docket participants, 621 exited the program by graduation or termination/withdrawal. The graduation rate was 41.5% (258 participants), which was a slight decrease from the 46.6% reported in FY 2019. The termination rate was 58.5% (363 participants), which was an increase from the 53.4% termination rate reported in FY 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 or withdrawal). The mean length of stay for graduates was 651 days compared to a mean length of stay of 303 days for those who were terminated/withdrawn (see Table 10). The median length of stay for adult program graduates in FY 2020 was 568 days, compared to a median length of stay 238 for terminated/withdrawn participants.

Table 10. Adult Drug Treatment Court Docket Length of Stay, Departures, FY 2020

Mean Length of Stay, <i>in days</i>	
Graduates	651
Unsuccessful Completions	303
Median Length of Stay, <i>in days</i>	
Graduates	568
Unsuccessful Completions	238

Departures by Gender

While the number of female graduates decreased by six (6), the number of male graduates increased by four (4) (see Figure 11). Additionally, female terminations increased by 12, and the number of male terminations increased by 53 (see Figure 12).

Figure 11: Adult Drug Treatment Court Docket Graduates by Gender, FY 2014-2020

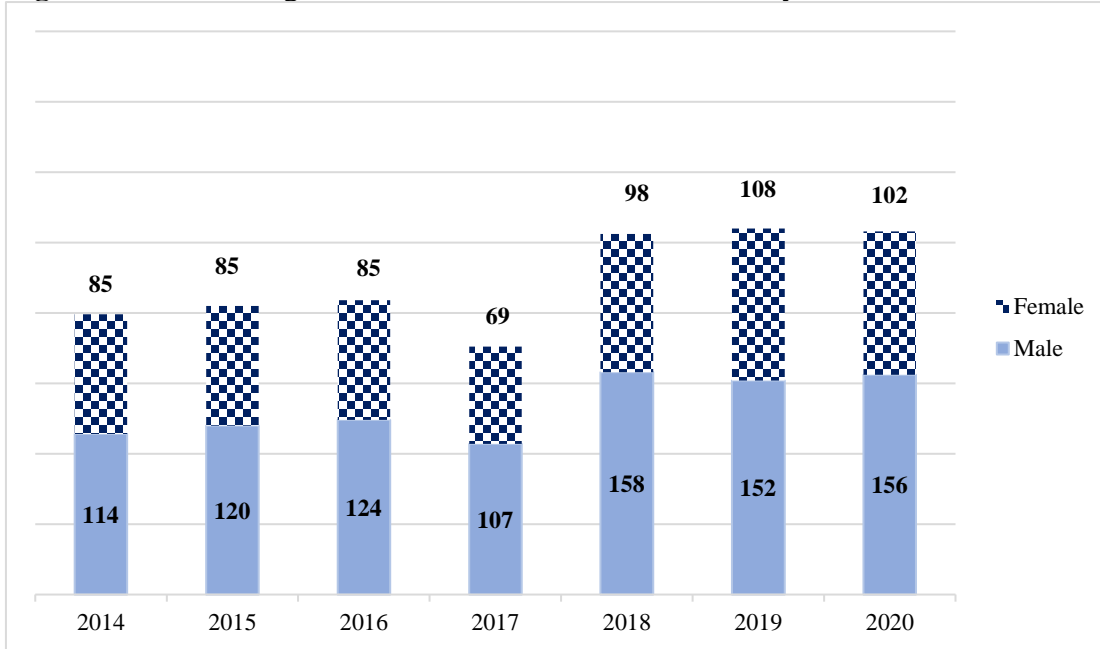
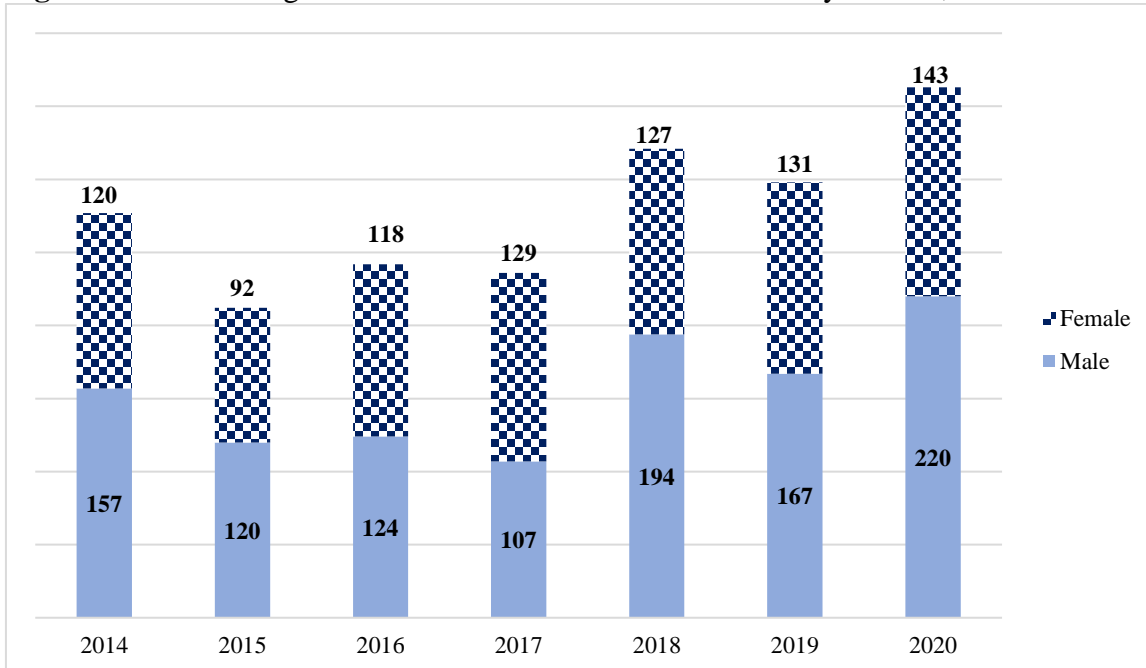


Figure 12: Adult Drug Treatment Court Docket Terminations by Gender, FY 2014-2020



Adult Drug Treatment Court Docket Recidivism

Criminal history records for all program departures occurring in FY 2017 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 2017 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 2017

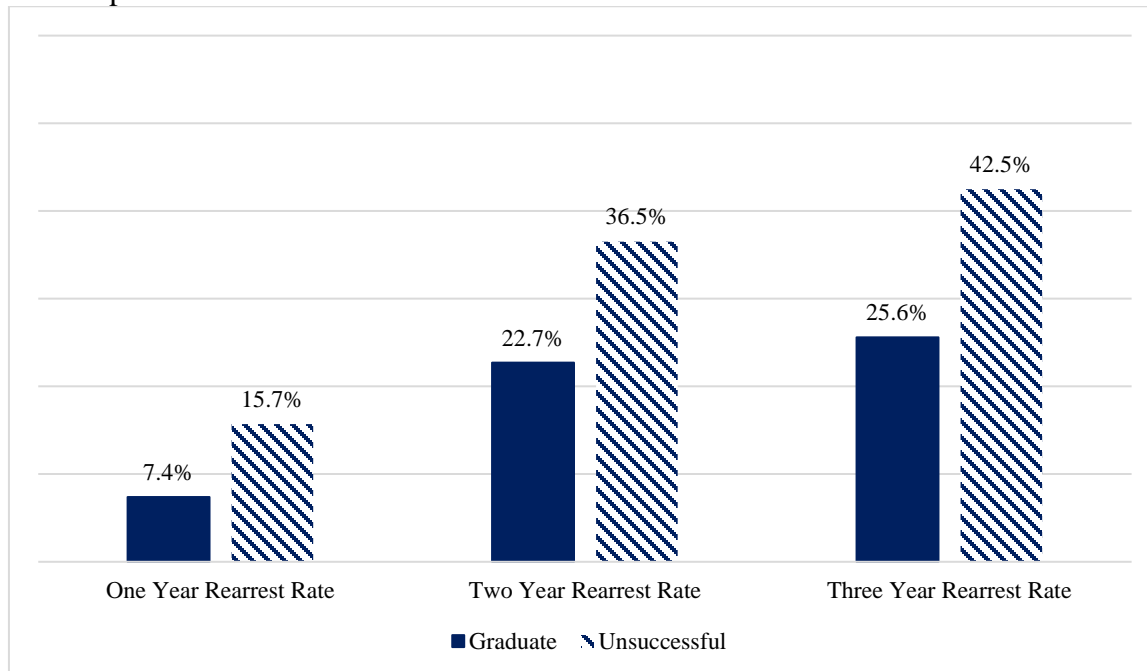


Table 11. Adult Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2017

	Graduates	Unsuccessful	Total
Total Departures	176	299	475
Time Post Departure			
One Year Count	13	47	60
One Year Rearrest Rate	7.4%	15.7%	12.6%
Two Year Count	40	109	149
Two Year Rearrest Rate	22.7%	36.5%	31.4%
Three Year Count	45	127	172
Three Year Rearrest Rate	25.6%	42.5%	36.2%

FY 2017 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 higher than that of graduates (see Figure 14 and Table 12).

Figure 14. Adult Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2017

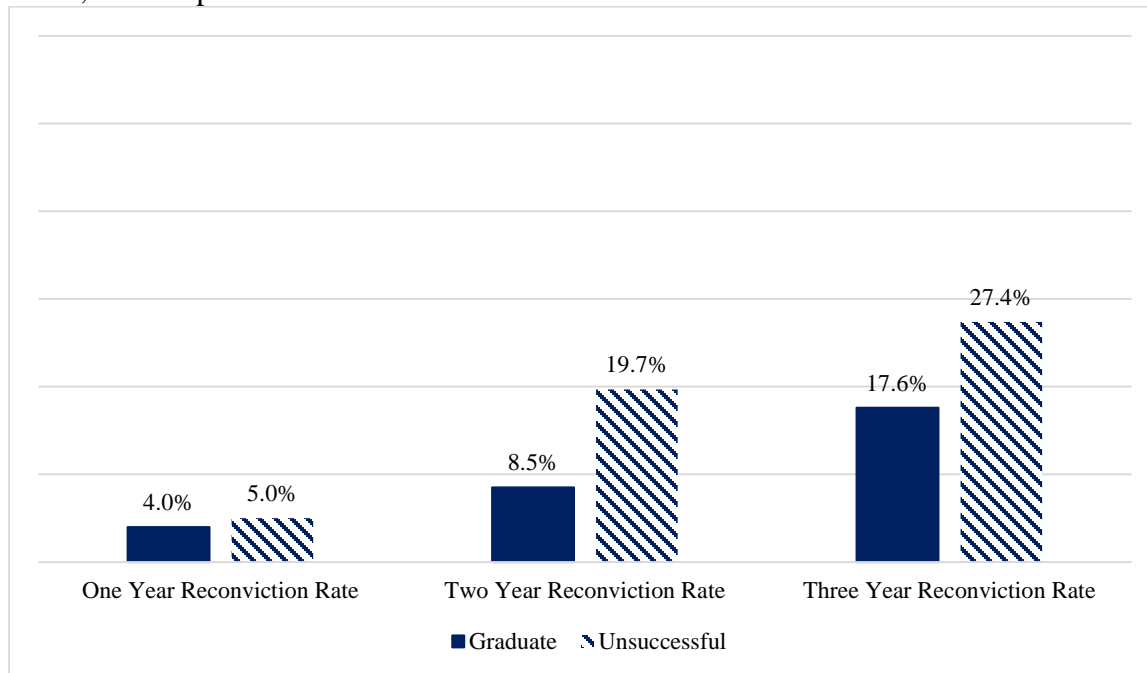


Table 12. Adult Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2017

	Graduates	Unsuccessful	Total
Total Departures	176	299	475
Time Post Departure			
One Year Count	7	15	22
One Year Reconviction Rate	4.0%	5.0%	4.6%
Two Year Count	15	59	74
Two Year Reconviction	8.5%	19.7%	15.6%
Three Year Count	31	82	113
Three Year Reconviction	17.6%	27.4%	23.8%

Adult Drug Treatment Court Equity and Inclusion

In 2010, the Board of Directors of the National Association of Drug Court Professionals (NADCP) passed a resolution to direct drug courts to examine and consistently monitor whether unfair disparities among gender, racial, and ethnic minorities exist in their programs and to take steps to actively reduce or mitigate these disparities. As adult drug treatment courts progress, the OES aims to monitor the distribution of key demographics in the referral, acceptance, and successful or unsuccessful completion stages to ensure equitable access to adult drug treatment court and ensure equivalent retention exists among ethnic, racial, and gender groups. The OES tool is an adaptation of the Equity and Inclusion Tool developed by NADCP and NCSC.¹⁵

The preliminary equity and inclusion tool tracks a referral cohort as its members progress through the various stages of their respective adult drug treatment court programs. The 2017 cohort includes individuals referred to an active adult drug treatment court program during FY 2017. Specific attention is allotted to progression from referral to admission and successful or unsuccessful completion. The information contained in Figures 15 and 16 may be helpful in assessing fairness in the referral process and access to participation by comparing the acceptance rate among demographic groups. To examine the equivalence of retention, the figures below compare successful completion among demographic groups.

¹⁵ <http://www.ndci.org/wp-content/uploads/2020/07/EIAT-guide-fnl-w-grant.pdf>

Figure 15. Adult Drug Treatment Court 2017 Cohort, Admission and Graduation Rates, Race and Ethnicity

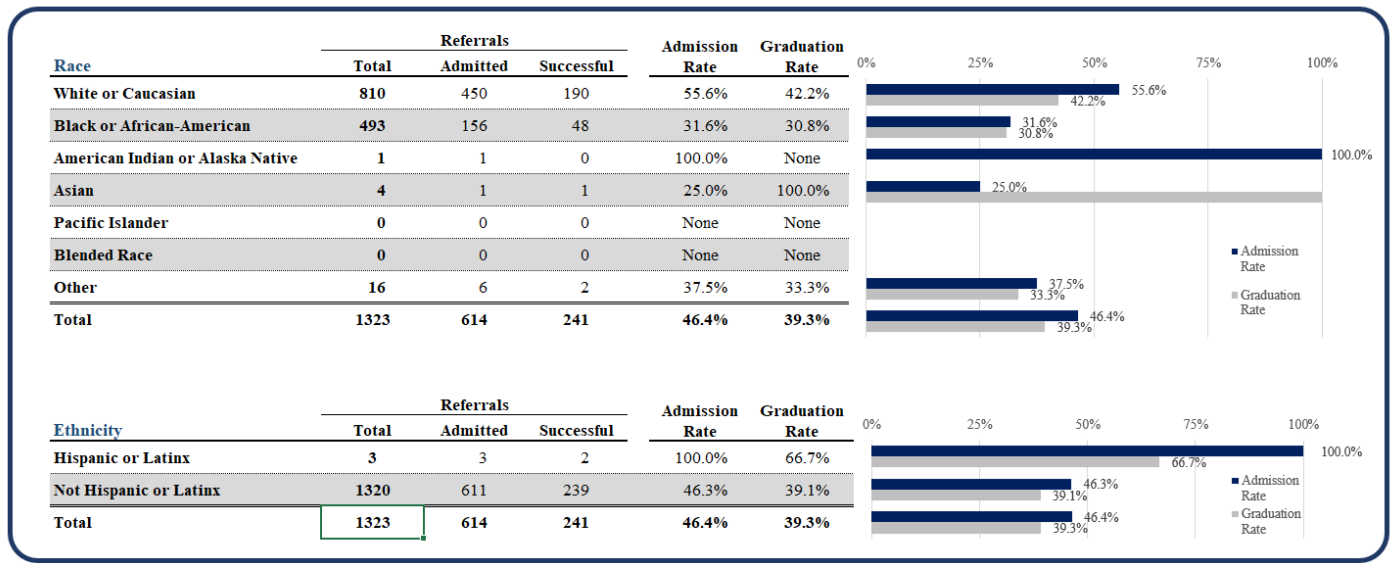
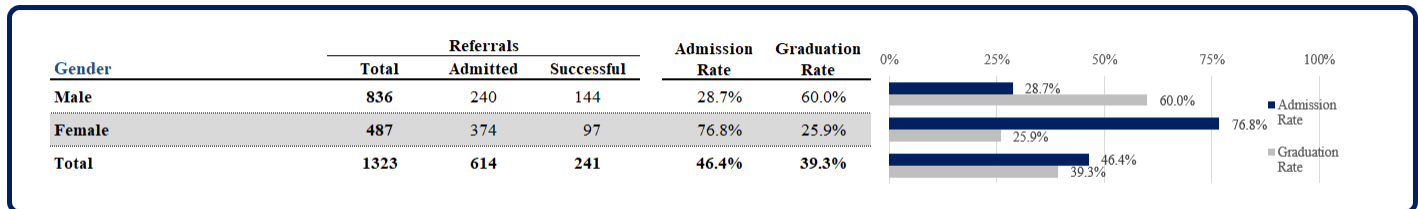


Figure 16. Adult Drug Treatment Court 2017 Cohort, Admission and Graduation Rates, Gender



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 use. 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 NADCP and the National Drug Court Institute (NDCI). 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 use treatment and compliance monitoring before a DUI drug treatment court judge. The judicial response is 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 with the Department of Motor Vehicles and the Commission on VASAP, the agencies responsible for driver's license restoration, the state legislature and state and local non-governmental organizations.

First offenders, who are before the court for failure to comply and were not ordered into the DUI drug treatment court docket at the time of conviction, are potential candidates for the DUI drug treatment court docket. These offenders may be ordered to participate by the court. Other potential candidates include multiple offenders who were arrested with a Blood Alcohol Content (BAC) in excess of .20, a failed breath test for alcohol, a positive Ethyl Glucuronide (EtG) urine test for alcohol, a failed drug test after entering ASAP or those who were arrested for non-compliance with ignition interlock.¹⁶

¹⁶ Note: Ethyl Glucuronide (EtG) is a direct metabolite of alcohol (ethanol). The presence of EtG in urine is an indicator that ethanol was ingested.

Participants will not have their charges reduced or dismissed upon the successful completion of the DUI drug treatment court docket program. The 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 2020, 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, 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 17 and Table 13). The Harrisonburg/Rockingham DUI Drug Treatment Court Docket was non-operational and had no data to report. VASAP implemented an upgraded database, and as a result the DUI Drug Court data was not available for this report. We anticipate having this restored for next year's report.

Figure 17. Approved DUI Drug Treatment Court Dockets in Virginia, FY 2020

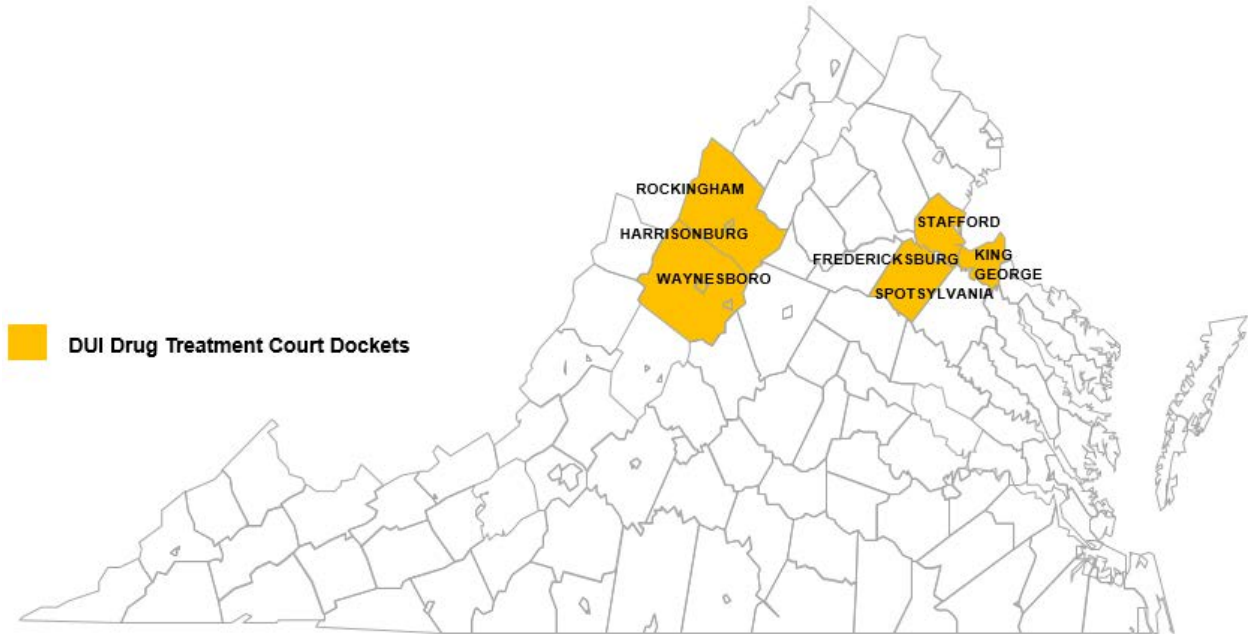


Table 13. Approved DUI Drug Treatment Court Dockets in Virginia, FY 2020

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

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 use. The situations that are bringing many juveniles under the court's jurisdiction are often closely linked with substance use 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 use 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.¹⁷

During the past several years, several jurisdictions used the experiences of adult drug treatment court dockets to determine how juvenile court dockets might incorporate a similar therapeutic approach to deal more effectively with the increasing population of substance-abusing juveniles. Development of juvenile drug treatment court dockets is proving to be a much more complex task than development of the adult drug treatment court dockets. For example, juvenile drug treatment court dockets require the involvement of more agencies and community representatives. Most programs characterize the extent of drug use among the participating juveniles as increasingly more severe. Although earlier use is being detected, most programs also report the age at first use among participants to be between 10 and 14 years. During 1995-1996, when the first juvenile drug treatment court dockets began, the primary drugs used by juvenile participants were reported to be alcohol and marijuana.

Research on juvenile drug treatment court dockets has lagged 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 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

¹⁷ <https://www.samhsa.gov/homelessness-programs-resources/hpr-resources/juvenile-drug-courts-help-youth>

court dockets in FY 2020. Over the past few years there has been a decreasing number of participants statewide in the juvenile drug treatment court dockets. OES and local juvenile drug treatment court docket teams will continue to monitor this trend. Information is provided in this report on program participants, including demographics, program entry offenses, program length and program completion or termination. This information is based on data from the drug court docket database established and maintained by OES. Juvenile drug treatment court docket staff in local programs entered data on drug treatment court docket participants into the OES drug court database. Due to the small number of participants in each juvenile drug treatment court docket, these results should be considered with caution. In some cases, there were too few cases to extract conclusions. As a result of the limited number of participants, recidivism data for this model was not generated. 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 2020, there were seven operational Juvenile Drug Treatment Courts throughout Virginia (see Figure 18 and Table 14). 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 18. Approved Juvenile Drug Treatment Court Dockets in Virginia, FY 2020

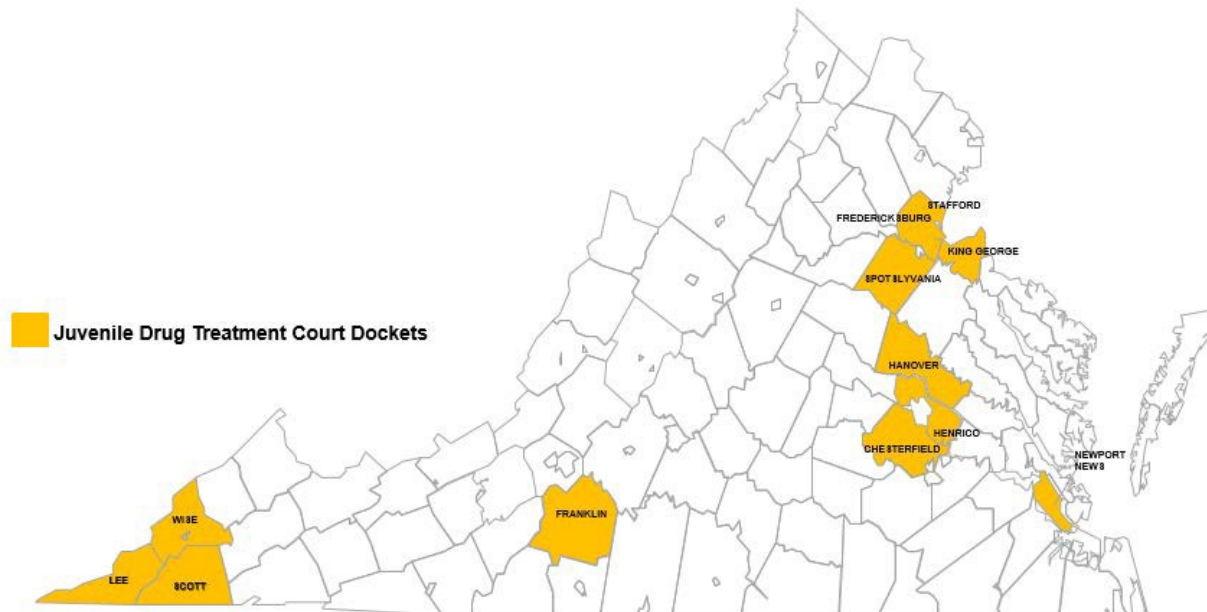
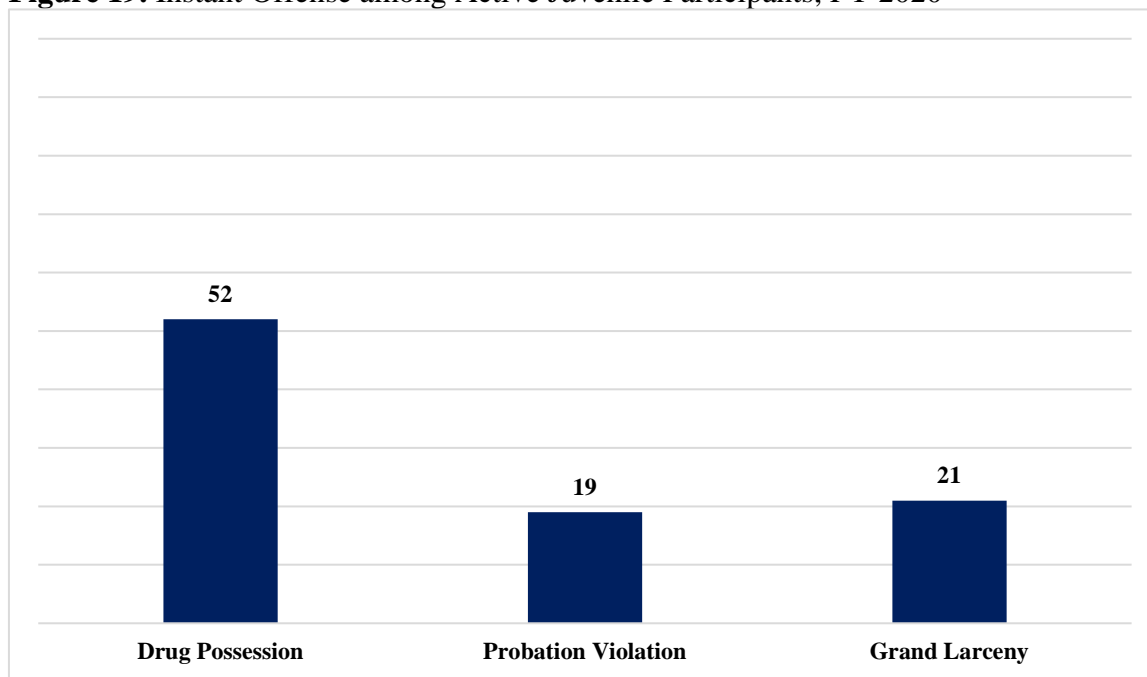


Table 14. Approved Juvenile Drug Treatment Court Dockets in Virginia, FY 2020

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		

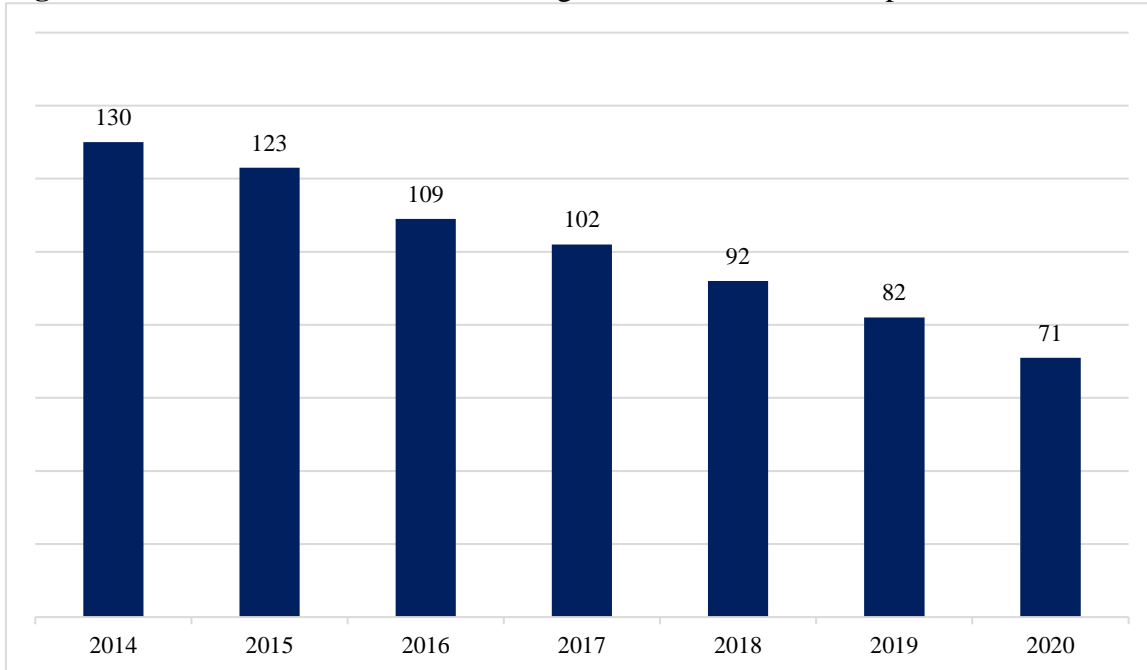
There were 71 active participants in the juvenile drug treatment court docket programs during FY 2020. The most common instant offenses committed by active juvenile participants included drug possession, probation violation, and grand larceny (Figure 17). Fifty-two participants (73.2%) had at least one drug possession charge, and 19 had at least one probation charge (26.8%), while 21 had at least one grand larceny charge (29.6%).

Figure 19. Instant Offense among Active Juvenile Participants, FY 2020

As shown in Figure 20 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.¹⁸

¹⁸ https://www.urban.org/sites/default/files/publication/91566/data_snapshot_of_youth_incarceration_in_virginia_0.pdf

Figure 20. Number of Active Juvenile Drug Treatment Court Participants FY 2014-2020



Summary of Juvenile Drug Treatment Court Docket Activity

In 2020, the majority of participants were Caucasian (73.2%), male (78.9%) and either 16 or 17 years old (25.4% and 25.4% respectively), as shown in Table 15 below.

Referrals: There were 36 referrals to the juvenile drug treatment court dockets in FY 2020, which was a slight decrease from the 39 reported in FY 2019.

Admissions: There were 26 newly admitted program participants, which was a decrease from the 34 reported in FY 2019. The FY 2020 admission rate was 72.2%, compared to the 87.1% admission rate reported in FY 2019.

Participants: The number of active program participants decreased from 82 to 71.

Gender: Nearly 78% of participants identified as male, and 21.1% identified as female.

Race and Ethnicity: The majority of program participants were White (73.2%), followed by 21.1% 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 or 17 years old (64.8%) at the time of program entry.

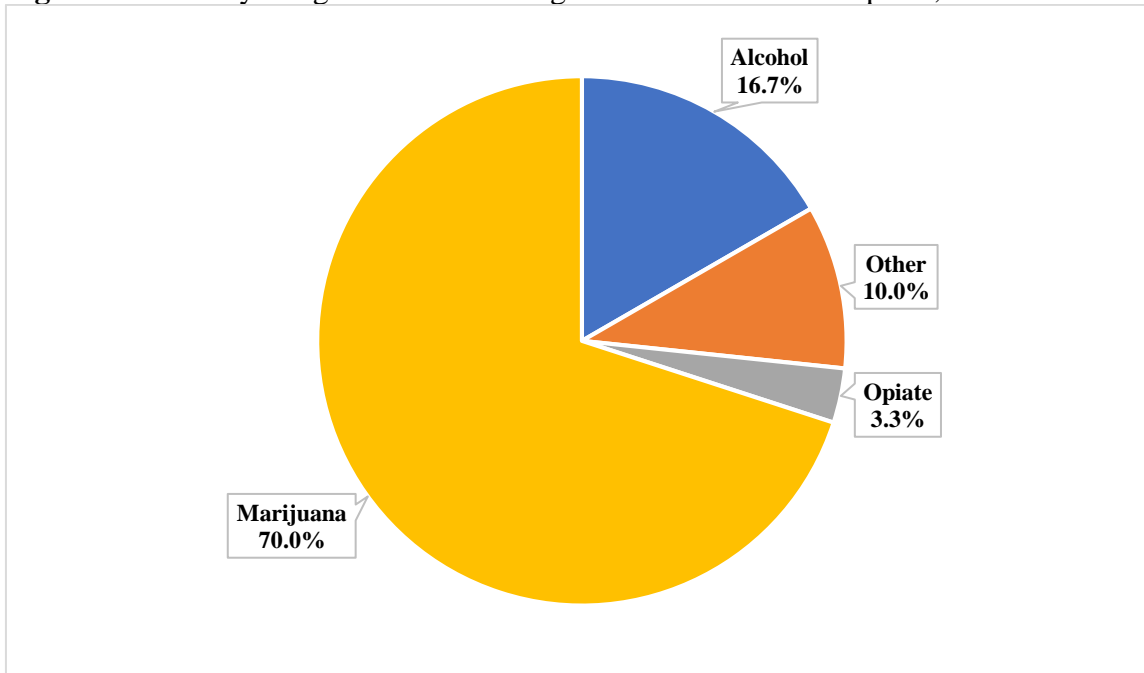
Table 15. Demographics of Active Juvenile Participants, FY 2020

Gender		
	Count	Percent
Male	56	78.9%
Female	15	21.1%
Total	71	
Race		
	Count	Percent
Black, African American	15	21.1%
White	52	73.2%
Other	4	5.6%
Total	71	100.0%
Ethnicity		
	Count	Percent
Hispanic	5	9.8%
Non-Hispanic	66	91.5%
Total	71	100.0%
Age at time of referral		
	Count	Percent
Less than 15 years old	6	8.5%
15 years old	22	31.0%
16 years old	23	25.4%
17 years old	18	25.4%
18+ years old	2	2.8%
Total	71	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 70.0% of juvenile participants reported marijuana as their drug of choice. Alcohol was second with 16.7% of juvenile participants preferring it (see Figure 21).

Figure 21. Primary Drug of Choice Among Active Juvenile Participants, FY 2020



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 2020, there were 1,958 drug screenings conducted for the 53 participants for whom data were available, an average of 37 screenings per participant for the year. Of the 1,958 total screenings, 1,704 (87.0%) were negative (see Table 16).

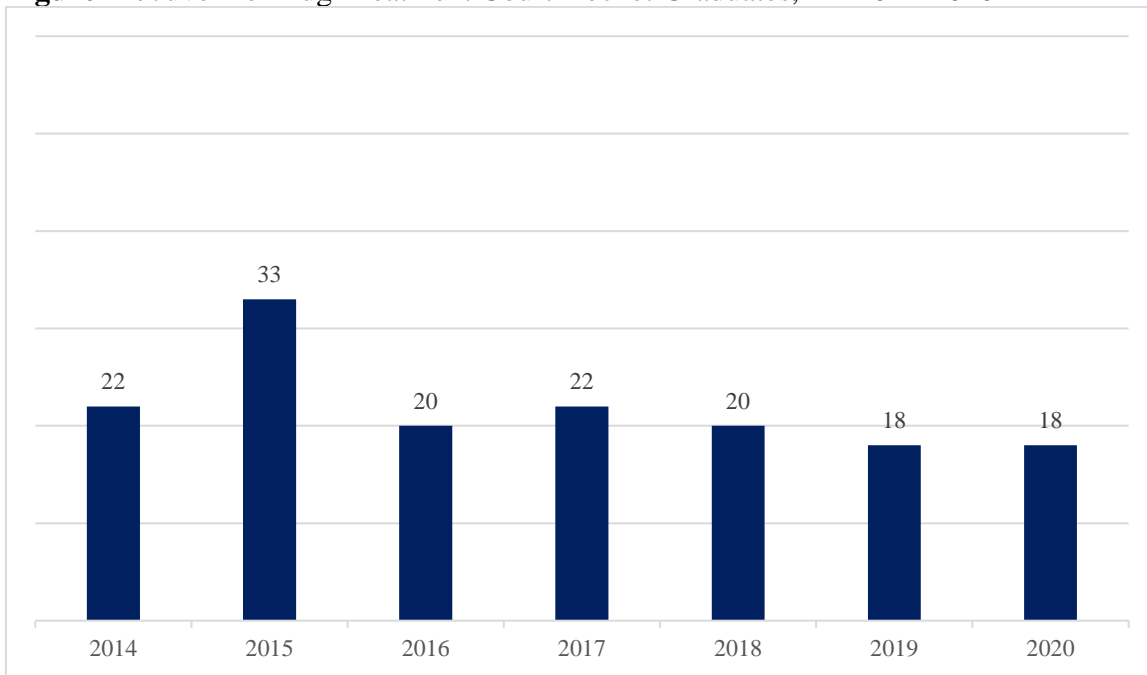
Table 16. Juvenile Drug Treatment Court Docket Drug Screens, FY 2020

	Count	Percent
Negative	1,704	87.0%
Positive	254	13.0%
Total Screens	1,958	100%
Total Participants Tested	53	
Average Screenings per Participant	37	

Summary of Departures

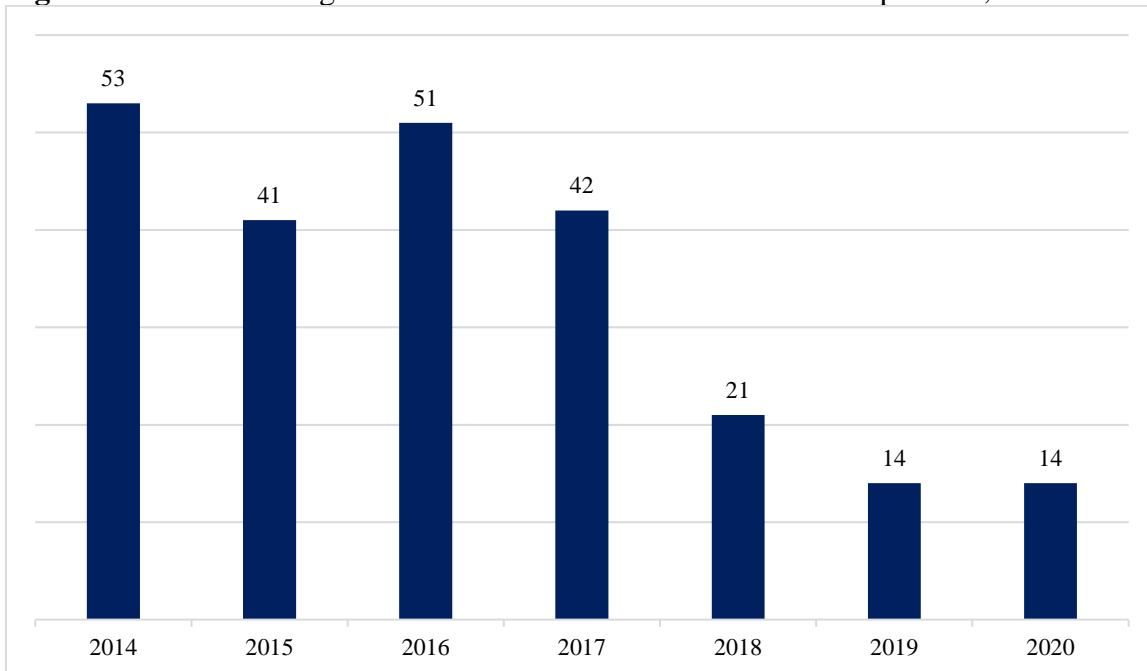
Graduation Rates: Among the 71 active juvenile drug treatment court docket participants in FY 2020, 32 participants exited the program by either graduation or termination (see Figure 22). Of the 32 departures, 18 graduated. The graduation rate was 56.3%.

Figure 22. Juvenile Drug Treatment Court Docket Graduates, FY 2014-2020



Terminations: Fourteen juvenile participants were terminated from the program in FY 2020 (see Figure 23). The termination rate was 43.8%. More than 71.1% of terminations were due to participants receiving a new criminal offense or having unsatisfactory performance.

Figure 23: Juvenile Drug Treatment Court Docket Unsuccessful Departures, FY 2014-2020



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 436 days, while those terminated from the program had a mean length of stay of 493 days. The median length of stay for juvenile graduates was 409 days, compared to a median length of stay of 442 days for terminated participants.

Table 17: Juvenile Drug Treatment Court Dockets Length of Stay, Departures, FY 2020

Mean Length of Stay, <i>in days</i>	
Graduates	436
Unsuccessful Completions	493
Median Length of Stay, <i>in days</i>	
Graduates	409
Unsuccessful Completions	442

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 use 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 use and other co-morbidity 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.¹⁹

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 use is determined to be a factor that contributed to the substantiation of neglect, abuse or dependency. The major incentive for addicted parents to adhere to the rigorous recovery program is the potential of their children's return to their custody. Instead of probation officers providing supervision services, as they do in adult drug treatment court docket programs, social services professionals provide case management and supervision and fill other roles in family drug treatment court docket programs.

Family drug treatment court dockets have adapted the adult criminal drug court docket model, but with important variations in response to the different needs of families affected by substance use disorders. Key adjustments include an emphasis on immediate access to alcohol and drug services coupled with intensive judicial monitoring to support reunification of families affected by substance use disorders. The focus, structure, purpose and scope of a family drug treatment court dockets, differ significantly from the adult criminal or juvenile delinquency drug treatment court docket models.

Family drug treatment court dockets draw on best practices from both the drug court docket model and dependency court practice to effectively manage cases within Adoption and Safe Families Act (ASFA) mandates.²⁰ By doing so, they ensure the best interests of children while providing

¹⁹ 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.

²⁰ <https://www.gpo.gov/fdsys/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf>

coordinated substance use 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 use 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.²¹ 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 2004.²² 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 2020, four family drug treatment court dockets were approved to operate in Virginia. They are located in Charlottesville/Albemarle County, Bedford County, Giles, and Goochland County (see Figure 24 and Table 18). These family drug treatment court dockets operate in the juvenile and domestic relations district courts.

²¹ http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/admin/family_standards.pdf

²² 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 24: Approved Family Drug Treatment Court Dockets in Virginia, FY 2020

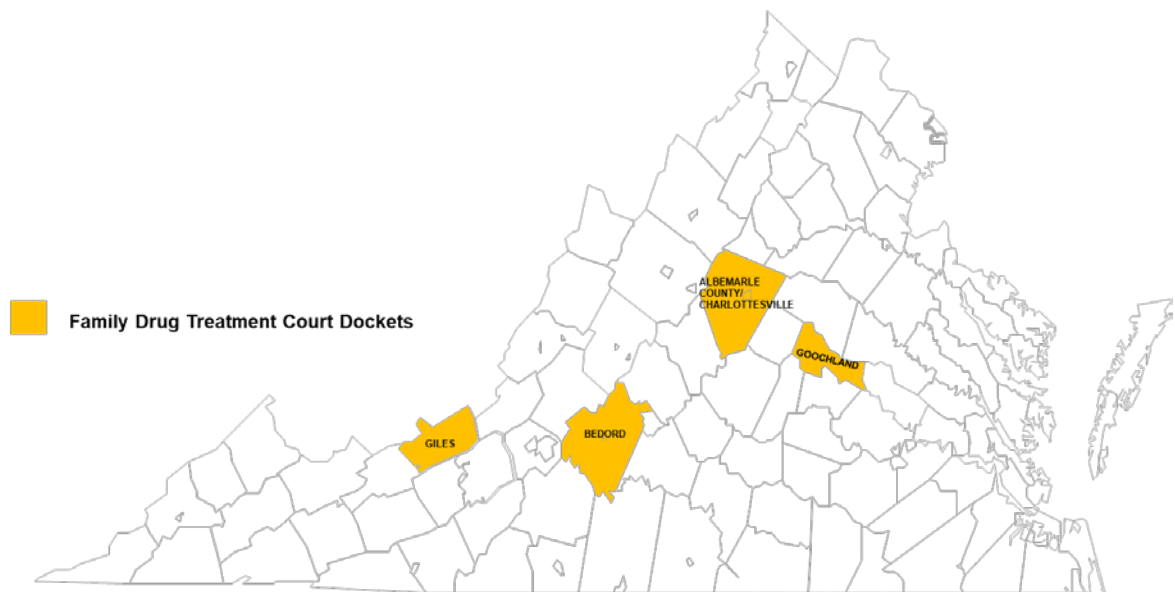


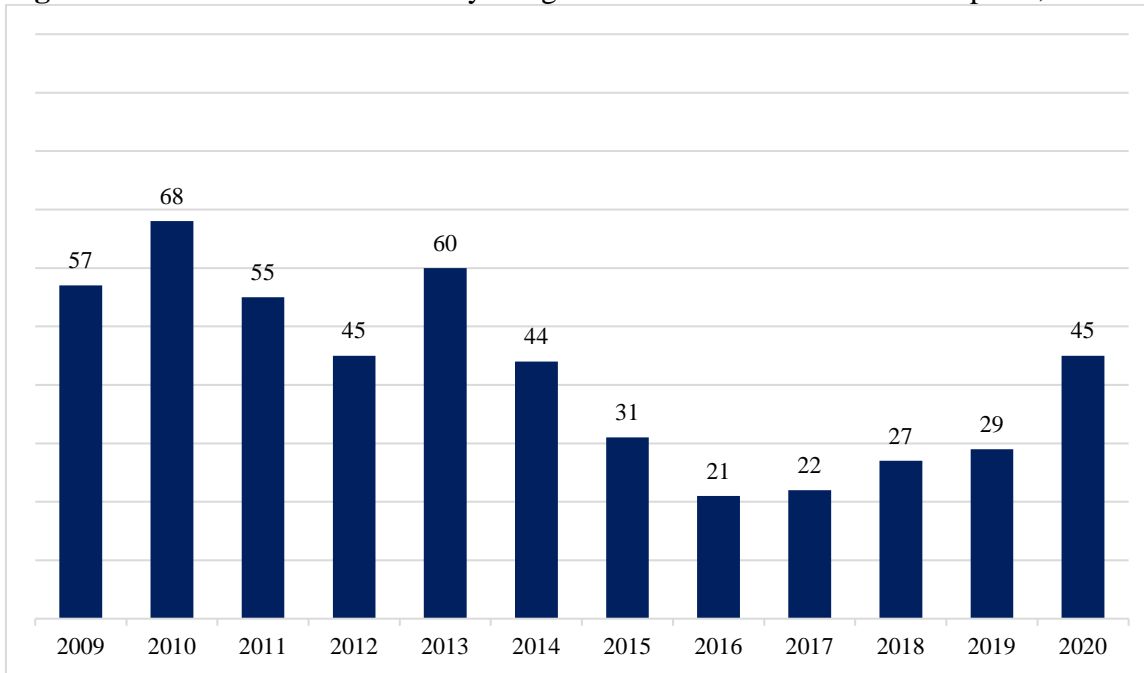
Table 18: Approved Family Drug Treatment Court Dockets in Virginia, FY 2020

Bedford	Giles	<i>n</i> = 4
Charlottesville/Albemarle County	Goochland County	

Summary of Family Drug Treatment Court Docket Activity

As shown in Figure 25, the number of active family drug treatment court docket participants has varied. The number of active participants ranged from 21 to 68 over FY 2009-2020, with the greatest number of active participants occurring in 2010. See Tables 19 and 20 for socio-demographic specific information.

Figure 25. Number of Active Family Drug Treatment Court Docket Participants, FY 2009- 2020



Referrals: Family drug treatment court dockets had 29 referrals.

Admissions: Of the 29 referrals to family drug treatment court docket, 22 were accepted resulting in a 75.9% acceptance rate.

Race: Nearly three-quarters of the participants were White, 20.0% (9 participants) were Black, African American.

Gender: The majority of active participants were female (80.0%) and eight (20.0%) were male.

Age: Nearly 89% 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, 21 (51.1%) were single. Only 11.1% the active participants reported that they were divorced, and 24.4% reported being married.

Education: Nearly 36% had obtained less than a high school diploma or its equivalent, while 37.8% obtained a high school diploma or its equivalent. Nearly 16% had obtained at least some post-baccalaureate education.

Table 19. Demographics of Active Family Participants, FY 2020

Gender		
	Count	Percent
Male	9	20.0%
Female	36	80.0%
<i>Total</i>	45	100.0%
Race		
	Count	Percent
Black, African American	9	20.0%
White	33	73.3%
Other	3	6.7%
<i>Total</i>	45	100.0%
Ethnicity		
	Count	Percent
Hispanic	1	2.2%
Non-Hispanic	44	97.8%
<i>Total</i>	45	100.0%
<i>Age at time of referral</i>		
	Count	Percent
18-29 years old	20	44.4%
30-39 years old	20	44.4%
40-49 years old	3	6.7%
50-59 years old	2	4.4%
60-69 years old	0	0.0%
<i>Total</i>	45	100.0%

Table 20. Social Characteristics of Active Family Participants, FY 2020

Marital Status		
	Count	Percent
Divorced	5	11.1%
Married	11	24.4%
Single	23	51.1%
Other (includes separated, cohabitating, and widowed)	3	6.7%
No Data	3	6.7%
Total	45	100.0%
Employment		
	Count	Percent
Disabled	0	0.0%
Full-Time	7	15.6%
Part-Time (less than 32 hours, per week)	7	15.6%
Unemployed	31	68.9%
Total	45	100.0%
Educational Attainment		
	Count	Percent
Less than high school diploma or equivalent	16	35.6%
High school diploma or equivalent	17	37.8%
Some College or Vocational Training	5	11.1%
Bachelors	2	4.4%
No Data	5	11.1%
Total	45	100.0%

Drug Screens

Program Drug Screenings: In family drug treatment court dockets in FY 2020, 829 drug screens were conducted for 29 family drug treatment court participants for which data were available. This resulted in an average of 29 drug screens per participant. Of the 829 total drug screens, 87.7% were negative (see Table 21).

Table 21. Family Drug Treatment Court Docket Drug Screens, FY 2020

	Count	Percent
Negative	727	87.7%
Positive	102	12.3%
Total Screens	829	100.0%
Total Participants Tested	29	
Average Number of Screenings per Participant	29	

Summary of Departures

Graduation and Termination Rates: Among the 45 active family drug treatment court docket participants, 16 exited the program by graduation or termination/withdrawal. The graduation rate was 37.5% (6 participants). The termination rate was 62.5% (10 participants).

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APPENDICES

Appendix A
§ 18.2-254.1. Drug Treatment Court Act.

A. This section shall be known and may be cited as the "Drug Treatment Court Act."

B. The General Assembly recognizes that there is a critical need in the Commonwealth for effective treatment programs that reduce the incidence of drug use, drug addiction, family separation due to parental substance abuse, and drug-related crimes. It is the intent of the General Assembly by this section to enhance public safety by facilitating the creation of drug treatment courts as means by which to accomplish this purpose.

C. The goals of drug treatment courts include: (i) reducing drug addiction and drug dependency among offenders; (ii) reducing recidivism; (iii) reducing drug-related court workloads; (iv) increasing personal, familial and societal accountability among offenders; and, (v) promoting effective planning and use of resources among the criminal justice system and community agencies.

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

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

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

G. Each jurisdiction or combination of jurisdictions that intend to establish a drug treatment court or continue the operation of an existing one shall establish a local drug treatment court advisory committee. Jurisdictions that establish separate adult and juvenile drug treatment courts may establish an advisory committee for each such court. Each advisory committee shall ensure

quality, efficiency, and fairness in the planning, implementation, and operation of the drug treatment court or courts that serve the jurisdiction or combination of jurisdictions. Advisory committee membership shall include, but shall not be limited to the following people or their designees: (i) the drug treatment court judge; (ii) the attorney for the Commonwealth, or, where applicable, the city or county attorney who has responsibility for the prosecution of misdemeanor offenses; (iii) the public defender or a member of the local criminal defense bar in jurisdictions in which there is no public defender; (iv) the clerk of the court in which the drug treatment court is located; (v) a representative of the Virginia Department of Corrections, or the Department of Juvenile Justice, or both, from the local office which serves the jurisdiction or combination of jurisdictions; (vi) a representative of a local community-based probation and pretrial services agency; (vii) a local law-enforcement officer; (viii) a representative of the Department of Behavioral Health and Developmental Services or a representative of local drug treatment providers; (ix) the drug court administrator; (x) a representative of the Department of Social Services; (xi) county administrator or city manager; and (xii) any other people selected by the drug treatment court advisory committee.

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

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

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

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

L. Each offender shall contribute to the cost of the substance abuse treatment he receives

while participating in a drug treatment court pursuant to guidelines developed by the drug treatment court advisory committee. Nothing contained in this section shall confer a right or an expectation of a right to treatment for an offender or be construed as requiring a local drug treatment court advisory committee to accept for participation every offender.

M. The Office of the Executive Secretary shall, with the assistance of the state drug treatment court advisory committee, develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. A report of these evaluations shall be submitted to the General Assembly by December 1 of each year. Each local drug treatment court advisory committee shall submit evaluative reports to the Office of the Executive Secretary as requested.

N. Notwithstanding any other provision of this section, no drug treatment court shall be established subsequent to March 1, 2004, unless the jurisdiction or jurisdictions intending or proposing to establish such court have been specifically granted permission under the Code of Virginia to establish such court. The provisions of this subsection shall not apply to any drug treatment court established on or before March 1, 2004, and operational as of July 1, 2004.

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

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

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

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

Appendix B
Diagram of Virginia Adult Drug Treatment Court Docket Stakeholders



Appendix C

Approved Virginia Drug Treatment Court Dockets, FY 2020			
Locality	Court	Court Type	Operational Date
Roanoke City, Salem City, Roanoke County	Circuit	Adult felony (1)	September 1995
Charlottesville/Albemarle County	Circuit	Adult felony (2)	July 1997
Richmond City	Circuit	Adult felony (3)	March 1998
Rappahannock Regional Programs: Fredericksburg, King George County, Spotsylvania County, Stafford County	Circuit, J&DR	Adult felony (4) Juvenile (5)	October 1998 October 1998
Norfolk	Circuit	Adult felony (6)	November 1998
Newport News	Circuit	Adult felony (7)	November 1998
Fredericksburg Area Programs: Fredericksburg, Spotsylvania County, Stafford County, King George County	Gen. District	DUI (8)	May 1999 October 2011
Richmond City (<i>Redesigned 2016</i>)	J&DR	Juvenile	July 1999
Chesterfield County, Colonial Heights	Circuit	Adult felony (9)	September 2000
Portsmouth	Circuit	Adult felony (10)	January 2001
Alexandria (<i>CLOSED 2-14-12</i>)	J&DR	Family	September 2001
Newport News	J&DR	Juvenile (11)	March 2002
Charlottesville and Albemarle County	J&DR	Family (12)	July 2002
Staunton	Circuit	Adult felony (13)	July 2002
Hopewell, Prince George County & Surry County	Circuit	Adult felony (14)	September 2002
Lee/Scott/Wise Counties	J&DR	Juvenile (15)	September 2002
Chesterfield County/Colonial Heights	J&DR	Juvenile (16)	January 2003
Henrico County	Circuit	Adult felony (17)	January 2003
Hampton	Circuit	Adult felony (18)	February 2003
Hanover County	J&DR	Juvenile (19)	May 2003
Suffolk (<i>CLOSED 12-31-08</i>)	Circuit	Adult felony	May 2004
Fairfax County (<i>CLOSED 5/31/11</i>)	J&DR	Juvenile	May 2003
Prince William County (<i>CLOSED 6-30-15</i>)	J&DR	Juvenile	May 2004
Loudoun County (<i>CLOSED 6-2012</i>)	Circuit	Adult felony	May 2004
Chesapeake	Circuit	Adult felony (20)	August 2005
Newport News (<i>CLOSED</i>)	J&DR	Family	July 2006
Tazewell County	Circuit	Adult felony (21)	March 2009
Franklin County	J&DR	Juvenile (22)	July 2009
Bristol	Circuit	Adult felony (23)	March 2010
Waynesboro Area: Augusta County, Staunton & Waynesboro (Approved May 2010)	Gen. District	DUI (24)	2002
Buchanan County	Circuit	Adult felony (25)	July 2012
Dickenson County	Circuit	Adult felony (26)	July 2012
Russell County	Circuit	Adult felony (27)	July 2012
30 th Judicial Circuit (Lee, Scott & Wise Counties)	Circuit	Adult felony (28)	July 2012
Washington County	Circuit	Adult felony (29)	July 2012
Montgomery County (<i>CLOSED</i>)	J&DR	Family	July 2012
Goochland County	J&DR	Family (30)	July 2012
Danville (<i>Not operating</i>)	Circuit	Adult felony (31)	July 2012
Arlington County	Circuit	Adult felony (32)	October 2012
Pulaski County	Circuit	Adult felony (33)	October 2014
Halifax County	Circuit	Adult felony (34)	April 2015
Floyd County	Circuit	Adult felony (35)	October 2015
Giles County	Circuit	Adult felony (36)	October 2015
Northwest Regional: Winchester, Clarke, Page and Frederick Counties	Circuit	Adult felony (37)	April 2016

Smyth County	Circuit	Adult felony (38)	April 2016
Virginia Beach Circuit	Circuit	Adult felony (39)	April 2016
Harrisonburg/Rockingham County (<i>non-operational</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 (<i>non-operational</i>)	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>non-operational</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
Fluvanna County	Circuit	Adult felony (54)	October 2019
Culpeper County (<i>non-operational</i>)	Circuit	Adult felony (55)	October 2019
Wythe County (<i>non-operational</i>)	Circuit	Adult felony (56)	May 2020
Alleghany County/Covington (<i>non-operational</i>)	Circuit	Adult felony (57)	May 2020
Fifth Judicial Circuit-Suffolk (<i>non-operational</i>)	Circuit	Adult felony (58)	May 2020

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
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:

Suzanna “Anna” Burton, SA Program Manager
Department of Corrections

Nikki Clarke Callaghan Program Manager
Legislation, Regulations & Guidance
Virginia Dept. of Social Services

Hon. David Carson, Judge Twenty-Third
Judicial Circuit At Large Member

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

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

Hon. Louise DiMatteo, Judge
Arlington Circuit Court

Hon. Llezelle Dugger, Clerk Charlottesville
Circuit Court Circuit Court Clerks Association

Karl Hade, Executive Secretary
Office of the Executive Secretary

Vivian Henderson, Vice-President
Virginia Association of Drug Court
Professionals (VADCP)

Maria Jankowski, Deputy Director
Virginia Indigent Defense Commission

Hon. LaBravia Jenkins Fredericksburg
Commonwealth’s Attorney
Commonwealth’s Attorney Association

Hon. Karl Leonard, Sheriff Chesterfield County
Virginia Sheriff’s Association

Marla Newby
President, Virginia Association of Drug Court
Professionals (VADCP)

Hon. Eric Olsen Commonwealth’s Attorney
Stafford County Virginia

Cheryl Robinette, Coordinator
Tazewell Adult Drug Court
At Large Member

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

Hon. Charles S. Sharp, Judge, (retired)
Stafford Circuit Court
At Large Member

Hon. Deborah S. Tinsley, Judge
Louisa Juvenile and Domestic Relations District
Court
Family Drug Treatment Court Representative

Julie Truitt, Program Manager Dept. of
Behavioral Health & Developmental

Services/Office of Substance Abuse Services

Hon. Joseph A. Vance, Judge Fredericksburg
Juvenile & Domestic Relations District Court
Juvenile Drug Treatment Court Representative

Virginia Association of Chiefs of Police *

Virginia Department of Criminal Justices
Services*

Virginia Department of Juvenile Justice *

*Membership Pending for representatives from
the above agencies

Staff:

Paul DeLosh, Director
Department of Judicial Services
Office of the Executive Secretary

Anna T. Powers, Specialty Docket Coordinator
Department of Judicial Services
Office of the Executive Secretary

Bre'Auna Beasley, Specialty Docket
Analyst
Department of Judicial Services
Office of the Executive Secretary

Elisa Fulton, Specialty Docket Training
Coordinator Department of Judicial Services
Office of the Executive Secretary

Lori Hogan, Specialty Docket Administrative
Assistant
Department of Judicial Services
Office of the Executive Secretary

Courtney Stewart, Specialty Docket Grants
Analyst
Department of Judicial Services
Office of the Executive Secretary

