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November 30, 2022

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,

Handwritten signature of Karl R. Hade in black ink.

Karl R. Hade

KRH: atp

Enclosure

cc: Division of Legislative Systems

Where Treatment and Accountability Meet Justice



## **Virginia Drug Treatment Court Dockets Fiscal Year 2022 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) requires 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 requires OES to annually provide the General Assembly with a report of these evaluations. This report reflects data prepared for the 2022 General Assembly.<sup>1</sup> The primary data reported here is Fiscal Year 2022 data. However, for the purposes of longitudinal perspective, years dating back to 2015 may be presented in certain tables or figures. For the section on criminal recidivism, the focus is on persons who exited an adult drug court docket in 2019, as is detailed in that section.

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<sup>1</sup> Virginia Code §18.2-254.2 requires 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 that requirement.

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## EXECUTIVE SUMMARY

Virginia's first drug treatment court docket was established in 1995 in the 23<sup>rd</sup> Judicial Circuit, which includes the Cities of Roanoke and Salem, and the County of Roanoke. During fiscal year (FY) 2022, there were fifty-six (56) approved drug treatment court dockets operating in Virginia. Approved operational dockets include: forty-seven (47) adult, three (3) juvenile, five (5) family, and one (1) regional driving under the influence (DUI) drug treatment court docket. Data from seven of these dockets are not included in this report due to their recent start date with limited available data.

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 continue to grow in the Commonwealth. Much of the recent growth is attributed to the opioid epidemic. Drug treatment courts continue to play an important role in the response to this epidemic, but they are not the only response. New evidence-based justice system approaches are needed to prevent overdose deaths, including medication-assisted treatment and individually designed set of services and supports provided to a participant and his/her family that includes treatment services, personal support services or any other support aftercare services necessary to achieve the desired outcome. These services, often referred to as wrap around services, are developed through a team approach. These dockets are working to connect at-risk individuals with more immediate treatment and supportive services using the evidence-based practices of drug treatment courts to enhance the justice system's cost-effective way to increase the percentage of substance using offenders who achieve sustained recovery, thereby improving public safety and reducing costs associated with re-arrest and additional incarceration. Drug treatment court dockets integrate treatment services with justice system case processing to promote public safety while protecting participants' due process rights and helping to slow the "revolving door" of criminal justice involvement while addressing the underlying problems that contribute to criminal behavior and seek to improve court outcomes for victims, litigants, and our communities. Drug treatment court dockets offer substance use and mental health treatment participants as an alternative to traditional case processing. They also often include alternatives to incarceration, case dismissal, reduction in charges, and reduction in supervision. According to the National Institute on Mental Health at the National Institutes of Health substance use disorders are a mental disorder that affects a person's brain and behavior, leading to a person's inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. But being a brain disease does not exclude substance use disorder from being a mental health condition, as well. These terms are synonymous, describing the way excessive drug use can affect and change the brain, and affect both thinking and behavior. Almost a quarter million adults in Virginia live with co-occurring mental health and substance use disorders.<sup>2</sup> About 70 - 80% of participants in a Drug Treatment Court Dockets are likely to have law enforcement involvement, which does not result in increased access to appropriate care but rather results in their over-

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<sup>2</sup> SAMHSA National Survey on Drug Use and Health (NSDUH), available at <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>.

representation within the criminal justice system. Drug treatment court dockets incorporate evidence-based strategies in a public health approach to accommodate offenders with specific problems and needs that are not or could not be adequately addressed in the traditional court setting, resulting in increased public safety by integrating the criminal justice system with treatment systems and community resources.

This report reviews the basic operations and outcomes of Virginia's drug treatment court dockets during FY 2022. The analyses provided in this report are based on data for participants who were enrolled in a drug treatment court docket program during the period of July 1, 2021, through June 30, 2022, regardless of the outcome of their participation.<sup>3</sup> The information provided includes measures of program participants including demographics, program entry offenses, length of program participation, graduation and termination, and rearrest/reconviction post program exit.

All data provided in this report are based on the following: 1) data extracted from the Virginia specialty dockets information database developed and maintained by OES; and 2) arrest data obtained from the Virginia State Police (VSP). On December 31, 2019, the Commission on Virginia Alcohol Safety Action Program (VASAP) required the local Alcohol Safety Action Programs (ASAPs) to enter data in their proprietary database system. VASAP updated their Inferno database system with Adystech system. Previously, the data in the Inferno database was routinely migrated into the specialty dockets database. OES has been collaborating with VASAP and the Adystech team to migrate DUI drug court data. At the time of this report, however, that migration has not produced reliable numbers to include in this evaluation.

The family and juvenile drug treatment court docket models served a limited number of participants during FY 2022. As a result, only basic data are included for these models.

Information provided in this report reviews several best practices in the drug treatment court dockets over the years, such as use of the Risk and Needs Triage (RANT®) tool. RANT® is a secure web-based decision support tool designed with criminal justice professionals in mind. The RANT® tool yields an immediate report that classifies potential drug court participants into one of four risk/needs quadrants with the tool indicating what level of supervision and treatment are best suited to the potential participants' criminogenic risks and clinical needs. This tool is required for all persons being screened as potential drug court participants.

## **Best Practice**

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

- 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

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<sup>3</sup> The primary data reported here is Fiscal Year 2022 data. However, for the purposes of longitudinal perspective, years dating back to 2015 may be presented in certain tables or figures. For the section on criminal recidivism, the focus is on persons who left an adult drug court docket in 2019, as is detailed in that section.

to encourage compliance and completion.

- Successful completion of the treatment program results in dismissal of the charges, reduced or set-aside sentences, lesser penalties, or a combination.
- Drug treatment court dockets rely upon the daily participation of judges, court personnel, probation, treatment providers, and providers of other social services.
- The problem of drugs and crime is much too broad for any single entity to tackle alone.<sup>4</sup>

NADCP released Volumes I and II of the Adult Drug Court Best Practice Standards, Text Revision, in 2019, completing the most comprehensive compilation of research-based, specific, practitioner-focused drug court guidance ever produced.<sup>5</sup> The Standards compile two decades of research on addiction, pharmacology, behavioral health and criminal justice, and include lessons that will not only improve drug court dockets, but will help improve the way the entire judicial system responds to offenders living with addiction or mental illness.

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

The Office of the Executive Secretary (OES) of the Supreme Court of Virginia facilitates the development, implementation, and monitoring of local adult, juvenile, family, and DUI drug treatment court dockets through the Specialty Dockets 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 dockets, best practices, and minimum standards for docket operations. The Committee also evaluates all proposals requesting to establish new drug treatment court dockets and offers recommendations to the Chief Justice.

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.”<sup>6</sup> “The Supreme Court of Virginia currently recognizes the following three types of specialty dockets: (i) drug treatment court dockets as provided for in the Drug Treatment Court Act, § 18.2-254.1, (ii) veterans dockets, and (iii) behavioral/mental health dockets. Drug treatment court dockets offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases.”<sup>7</sup>

Drug treatment court dockets have been operating in the Commonwealth for more than 20 years and their efficacy and effectiveness are well documented. The drug treatment court docket model offers state and local governments a cost-effective way for addicted offenders to increase sustained recovery thereby improving public safety and reducing costs associated with rearrest and additional incarceration.

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

Virginia’s drug treatment court dockets operate using a sustainability funding strategy approved by

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<sup>4</sup> <https://obamawhitehouse.archives.gov/ondcp/ondcp-fact-sheets/drug-courts-smart-approach-to-criminal-justice>

<sup>5</sup> <https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/>

<sup>6</sup> Virginia Rule 1:25

<sup>7</sup> *Id.*

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 and fairness of resource allocation to standardize the funding of as many drug court dockets as possible. Accuracy is measured using data entered in the specialty dockets database. Fairness is measured based on the distribution of funding to all Virginia Drug Treatment Court dockets. Transparency is achieved by clearly identifying the funding process and making the awarding procedures easily accessible for each drug treatment court docket. The Advisory Committee strives to ensure that jurisdictions that wish to create drug treatment court dockets to address substance misuse 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 treatment court dockets so eventually there will be enough resources to fund all eligible Virginia Drug Treatment Court Dockets. State drug treatment court funds are not intended to be the program's sole source of funding. As a result, drug treatment court dockets must demonstrate sufficient local support for sustainability.

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

- ✓ Obtain approval from the Drug Treatment Court Advisory Committee to begin operation;
- ✓ Meet all applicable Virginia Drug Treatment Court Standards;<sup>8</sup>
- ✓ Enter all required information and statistics into the Specialty Docket's database to track compliance;
- ✓ Complete and submit quarterly grant reports on time;
- ✓ Identify and report retention and recidivist rates for all participants;<sup>9</sup>
- ✓ Demonstrate a match (cash/in-kind) of 25% based on the established formula utilized by the Bureau of Justice Assistance for Drug Court grants;

Currently, state funds are administered to twenty-eight (28) adult drug treatment court dockets through a reimbursable grant process. Dockets 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

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<sup>8</sup> <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/home.html>

<sup>9</sup> This requires tracking and accurately reporting the number of months each participant was in the docket after entry into Phase 1, and whether and when a participant was convicted of a new criminal offense; this will be identified by VSP data or Juvenile tracking number.

the DUI drug treatment court docket operated by the local Alcohol Safety Action Program (ASAP) use offender fees to support the program.

All Virginia drug treatment court dockets find it challenging to secure and maintain adequate funding, especially to address issues specific to their unique participant populations. While all dockets support staff training, additional funding for topic specific training is needed: for example, training specific to using injectable naltrexone, naloxone, and other medications; relapse prevention warning signs, and cultural competency. These ongoing professional development increases staff skills and contributes to enhanced program quality.

As reported in the 2012 Virginia Drug Treatment Courts Cost Benefits Analysis, every adult participant accepted into a Virginia drug treatment court docket saves the Commonwealth \$19,234 compared to traditional case processing.<sup>10</sup> These savings are due to positive drug court docket participant outcomes including fewer arrests, fewer court docket cases, less probation time, less jail time, and less prison time relative to the comparison group. Overall, the number of adult drug court docket participants served in FY 2022 saved local agencies and the Commonwealth of Virginia over \$4.6 million.

## FY 2022 Summary Measures

**Figure 1.** Drug Treatment Court Docket FY 2022 Summary Measures

- Virginia Adult Drug Treatment Court Dockets save \$19,234 per person as compared to traditional case processing. A total of 240 participants successfully completed an adult drug treatment court program.
  - FY 2022 yielded an estimated cost savings of over **\$4.6 million**.
- The number of adult drug treatment court participants increased by 5.4% from the value reported in FY 2021.
- Almost 90% of accepted adult participants scored as high risk/high need on the RANT®.
- High levels of sobriety were measured by drug screens negative for alcohol and drugs for adult, juvenile, and family dockets at 82.3%, 81.1%, and 62.3% respectively.
- Juvenile dockets reported 30 active participants, a 31.8% decrease from FY 2021, while family treatment dockets reported 27 participants, a 38.6% decrease from FY 2021.
- A total of 531 participants exited an adult drug treatment court docket, a 9.5% decrease from the 587 departures reported in FY 2021.
- The 3-year reconviction rate for those who successfully completed an adult drug treatment court docket in FY 2019 was **22.7%**.

<sup>10</sup> <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/evaluationreports/virginiadtccostbenefit.pdf>

## **FY 2022 Activity Summary**

*Active Participants:* Adult drug treatment dockets reported 1,403 active participants in FY 2022, a 5.4% increase from the 1,331 reported in FY 2021. Juvenile drug treatment court dockets reported 30 active participants, a 31.8% decrease from the 44 reported in FY 2021, while family drug treatment court dockets reported 27 participants, a 38.6% decrease from the 44 reported in FY 2021.

*Graduates:* A total of 568 participants exited an adult, family, or juvenile drug treatment court docket. Of the 568 departures, 260 successfully completed a program for an overall graduation rate of 45.8%.

*Terminations:* There were 293 participants terminated from an adult, family, or juvenile drug treatment court docket which resulted in a 20.0 % overall termination rate.

*Referrals:* The adult drug treatment court dockets had 927 referrals, which was a 12.0% decrease from the 1,053 referrals reported in FY 2021. Fourteen referrals were made to juvenile drug treatment court dockets, while 23 were made to family drug treatment court dockets.

*New Admissions:* Of the 927 referrals made to the adult drug treatment court docket programs, 488 referrals were accepted, resulting in a 52.6% acceptance rate. Eight of the 14 referrals to the juvenile drug treatment court docket were accepted, resulting in an acceptance rate of 57.1%, while 13 referrals to a family drug treatment court docket were accepted for an acceptance rate of 56.5%.

## **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. Pursuant to the Act, the Supreme Court of Virginia provides administrative oversight of all drug treatment court dockets. In addition, the State Drug Treatment Court Advisory Committee, chaired by the Chief Justice, was established to provide guidance on the implementation and operation of local drug treatment court dockets and is authorized to approve new applications for drug treatment court dockets.

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 individuals with substance use disorders in drug cases and drug-related cases. Local officials must complete an application and training prior to establishing a drug treatment court docket in Virginia. Once implemented, drug treatment court dockets become an integral part of the court and community response to substance use disorder and misuse. As the number of treatment dockets grows and the number of Virginians served increases, the Commonwealth continues to experience savings compared to traditional case processing. Using evidence-based practices and collaboration, Virginia's drug treatment court dockets continue to see improved outcomes for adult offenders, DUI offenders, juvenile delinquents and parent respondents in abuse, neglect, and dependency cases.

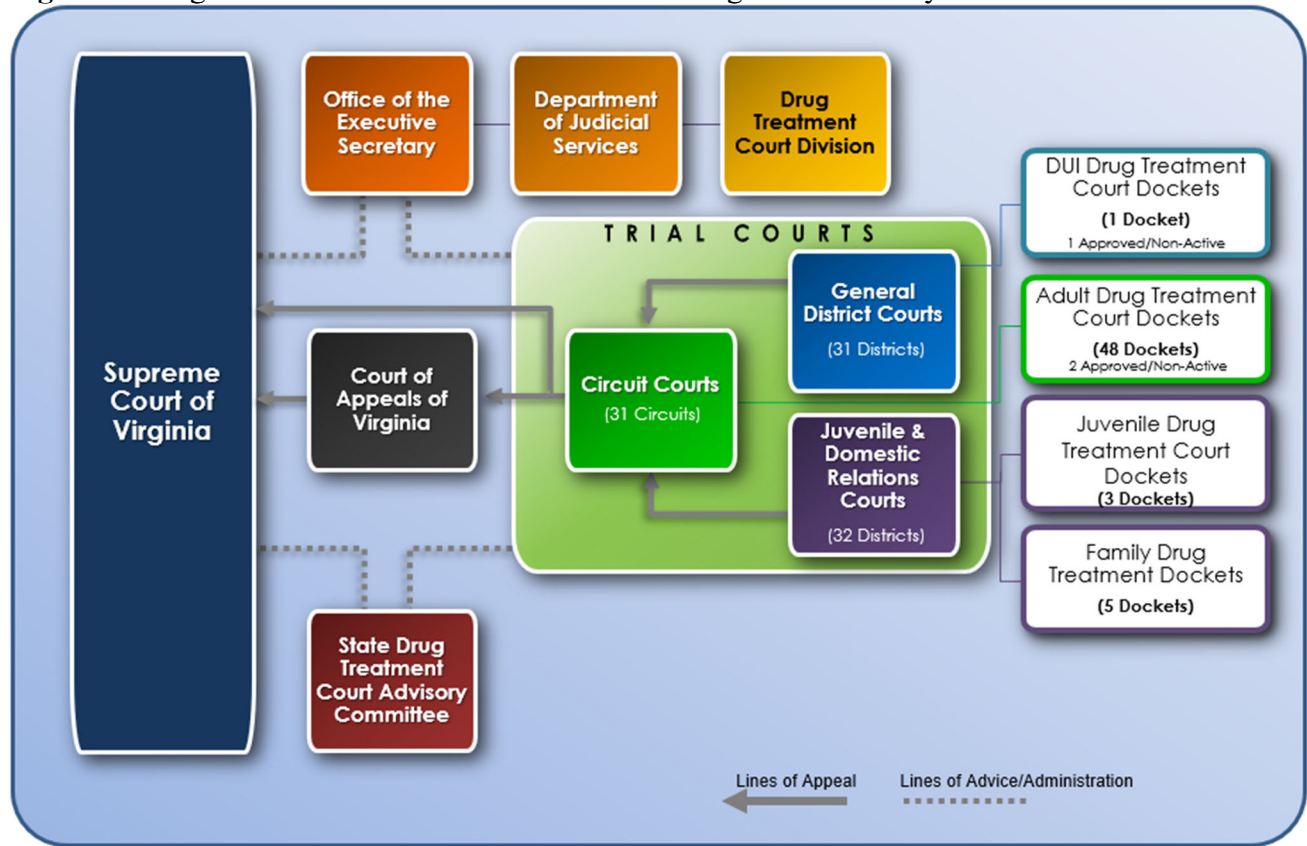
Data are provided for adult drug treatment court docket models, with program descriptions provided separately for adult, juvenile, and family drug treatment court dockets. Analyses provided in this

report were based on participants served at any point during FY 2022 (July 1, 2021 – June 30, 2022). DUI drug treatment court data is unavailable for inclusion in the FY 2022 Annual Report.

### 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 treatment 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 distinct from other treatment dockets because they involve civil (not criminal) cases and are referred from petitions filed by local Departments of Social Services.

**Figure 2: Drug Treatment Court Dockets within the Virginia Judicial System**



**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 aid in equipping parents with substance use treatment and parenting skills to promote long-term stabilized recovery, providing permanency for the child(ren), and enhancing the possibility of reuniting families within mandatory legal timeframes for child dependency cases.

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

The State Drug Treatment Court Advisory Committee, established pursuant to Virginia Code §18.2-254.1, makes recommendations to the Chief Justice regarding approval and funding for drug treatment court dockets, as well as best practices based on research and minimum standards for docket operations. It also evaluates all proposals for the establishment of new drug treatment 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 5 for a map of Virginia’s drug treatment court dockets. See Appendix C for a list of Virginia’s drug treatment court dockets.



## **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 having a substance use disorder. Instead of incarcerating offenders, the drug treatment court docket offers a voluntary, therapeutic program designed to break the cycle of substance use 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 participants 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 personnel, 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 Appendix B).

The drug treatment court docket process begins with a legal review of the participant's current and prior offenses and a clinical assessment of their substance use history. Offenders who meet eligibility criteria and are found to have a substance use disorder may volunteer to be placed in the drug treatment court docket and referred to ancillary service providers. A unique element of the drug treatment court docket is that the participants must appear in court regularly, even weekly, and report to the drug treatment court docket judge on their compliance with docket requirements. The intervention of the judge in participants' lives is a major factor in the success of these dockets. Criminal justice supervision and sanctions without involvement in treatment do not reduce recidivism among offenders with a substance use disorder. 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 use.<sup>11</sup>

Because of this multifaceted approach to crime and addiction, participants in drug treatment court dockets have a lower recidivism rate than drug-related offenders who are incarcerated in 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 involvement of the judge in the monitoring process. By closely monitoring

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<sup>11</sup> Prendegast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction Science and Clinical Practice* (April), 4-13.

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 treatment team maintains 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. An impact study measuring drug court dockets' effectiveness was required to be completed prior to the cost-benefit analysis study. The cost-benefit analysis report included twelve out of the sixteen adult drug treatment court dockets operating at the time (2012) in Virginia. There are 48 adult drug treatment court dockets operating currently.

The critical evaluation finding was that drug treatment court docket participants were significantly less likely to recidivate than the carefully matched traditional comparison group, and that this recidivism reduction had 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 violent offenses.

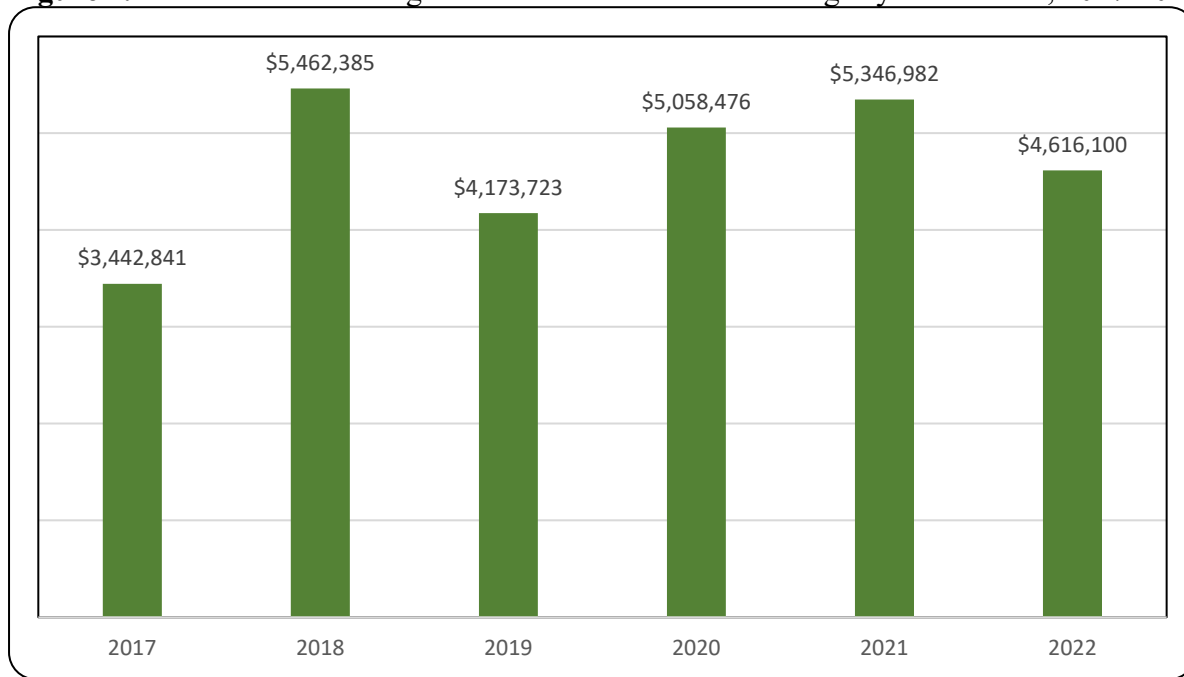
These lower costs within the criminal justice system, including lower placement costs and reduced victimization costs, result in average savings of \$19,234 per drug court departure, relative to the costs of traditional processing (see Table 1).

**Table 1.** Costs of Adult Drug Court Compared to Traditional Costs

	<b>Adult Drug Court</b>	<b>Traditional</b>	<b>Total</b>
Placement	\$1,441.76	\$4,651.21	(\$3,209.45)
Drug Court	\$17,900.82	\$0.00	\$17,900.82
Outcome	\$10,913.55	\$36,753.96	(\$25,840.41)
Victimization	\$14,583.73	\$22,668.44	(\$8,084.71)
<b>Total</b>	<b>\$44,839.86</b>	<b>\$64,073.61</b>	<b>(\$19,233.75)</b>

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

**Figure 4.** Estimated Adult Drug Treatment Court Docket Savings by Fiscal Year, 2017-2022



### **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 increasing costs unnecessarily. This requires 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, “risk” refers to participants’ behaviors, past, and actions. Examples of high-risk factors as described by RANT® 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 psychosocial needs 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, the RANT® result 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. Table 2 below describes the various effective responses for those who score in the other than high risk high needs quadrant.

The Risk and Needs Triage (RANT®) is a simple but compelling tool for sentencing and dispositions. It is a web-based decision support tool designed for criminal justice professionals and offers instant, individual participant-level reporting.

All Virginia adult drug treatment court dockets are now required to complete the RANT® questionnaire in the specialty dockets 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 2), 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 for selecting suitable correctional dispositions and behavioral care treatment for individuals:

**Table 2. RANT® Practice Implication or Alternative Tracks**

	<b>High Risk</b>	<b>Low Risk</b>
<b>High Needs (dependent)</b>	• Status calendar	• Noncompliance calendar
	• Treatment	• Treatment (separate milieu)
	• Prosocial & adaptive habilitation	• Adaptive habilitation
	• Abstinence is distal	• Positive reinforcement
	• Positive reinforcement	• Self-help/alumni groups
	• Self-help/alumni groups	• ~12-18 months
	• ~18-24 months	
	<i>Drug Court Track</i>	<i>Treatment Track</i>
<b>Low Needs (abuse)</b>	• Status calendar	• Noncompliance calendar
	• Prosocial habilitation	• Psycho-education
	• Abstinence is proximal	• Abstinence is proximal
	• Negative reinforcement	• Individualized/stratified groups
	• ~12-18 months	• Self-help/alumni groups
		• ~3-6 months
	<i>Supervision Track</i>	<i>Diversion Track</i>

Based on available data, the RANT® trends for adult drug treatment court dockets fall in line with best practices, with many participants falling into the high risk/high needs categories (89.3%) (see Table 3). 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 Table 4).

**Table 3. Adult Drug Treatment Court Docket RANT® Distributions, FY 2022**

	<b>RANT®</b>	<b>High Risk</b>	<b>Low Risk</b>
<b>High Need</b>	%	89.3%	4.8%
	#	598	32
<b>Low Need</b>	%	4.9%	1.0%
	#	33	7

**Table 4. Adult Drug Treatment Court Docket RANT® Distributions by Race and Gender, FY 2022**

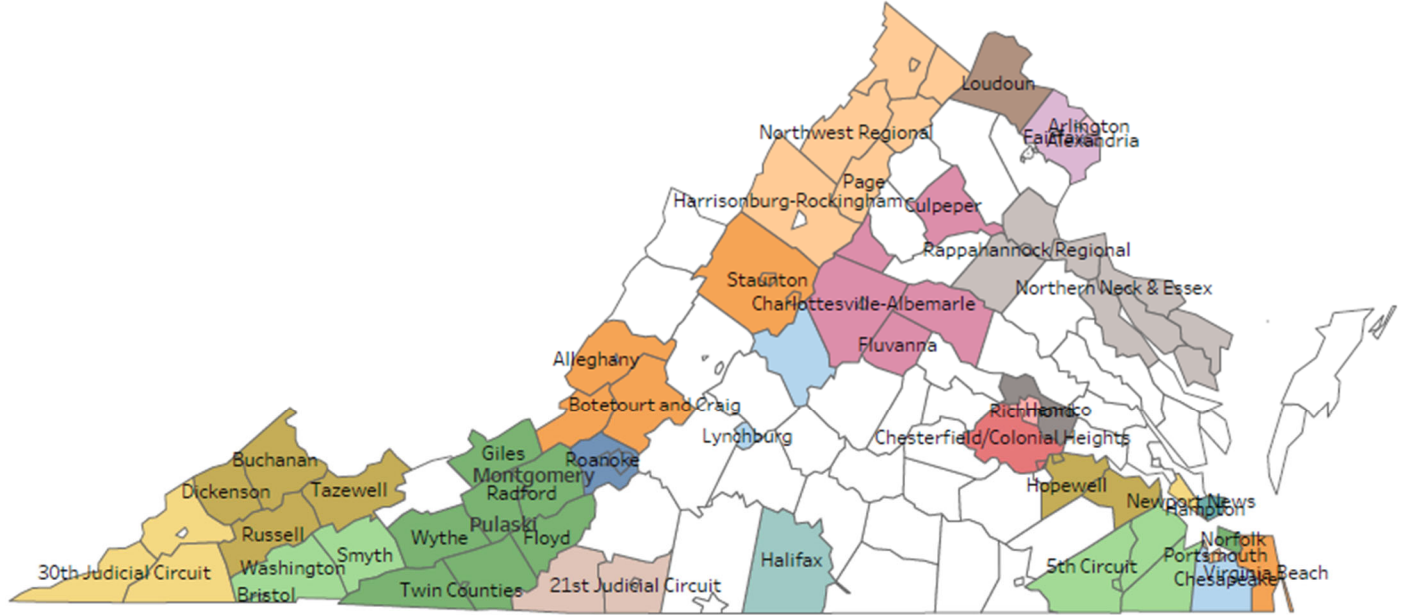
	<b>High Risk/High Need</b>	<b>High Risk/Low Need</b>	<b>Low Risk/ High Need</b>	<b>Low Risk/Low Need</b>
<b>Race</b>				
White	76.8% (n = 459)	57.6% (n = 19)	87.5% (n = 28)	57.1% (n = 4)
Black/African American	20.6% (n = 123)	30.3% (n = 10)	6.3% (n = 2)	42.9% (n = 3)
Asian/Pacific Islander	0.3% (n = 2)	0.0% (n = 0)	3.1% (n = 1)	0.0% (n = 0)
American Indian or Alaska Native	0.2% (n = 1)	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)
Other/Unknown	2.2% (n = 13)	12.1% (n = 4)	3.1% (n = 1)	0.0% (n = 0)
<b>Gender</b>				
Male	58.9% (n = 352)	75.8% (n = 25)	37.5% (n = 12)	57.1% (n = 4)
Female	41.0% (n = 245)	24.2% (n = 8)	62.5% (n = 20)	42.9% (n = 3)
Unknown	0.2% (n = 1)	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)
<b>Total</b>	<b>100.0%</b> <b>(n = 598)</b>	<b>100.0%</b> <b>(n = 33)</b>	<b>100.0%</b> <b>(n = 32)</b>	<b>100.0%</b> <b>(n = 7)</b>

Note. Table 4 depicts the RANT® distribution for all active adult drug treatment court docket participants for whom data are available during FY 2022.

### Adult Drug Treatment Court Dockets Approved

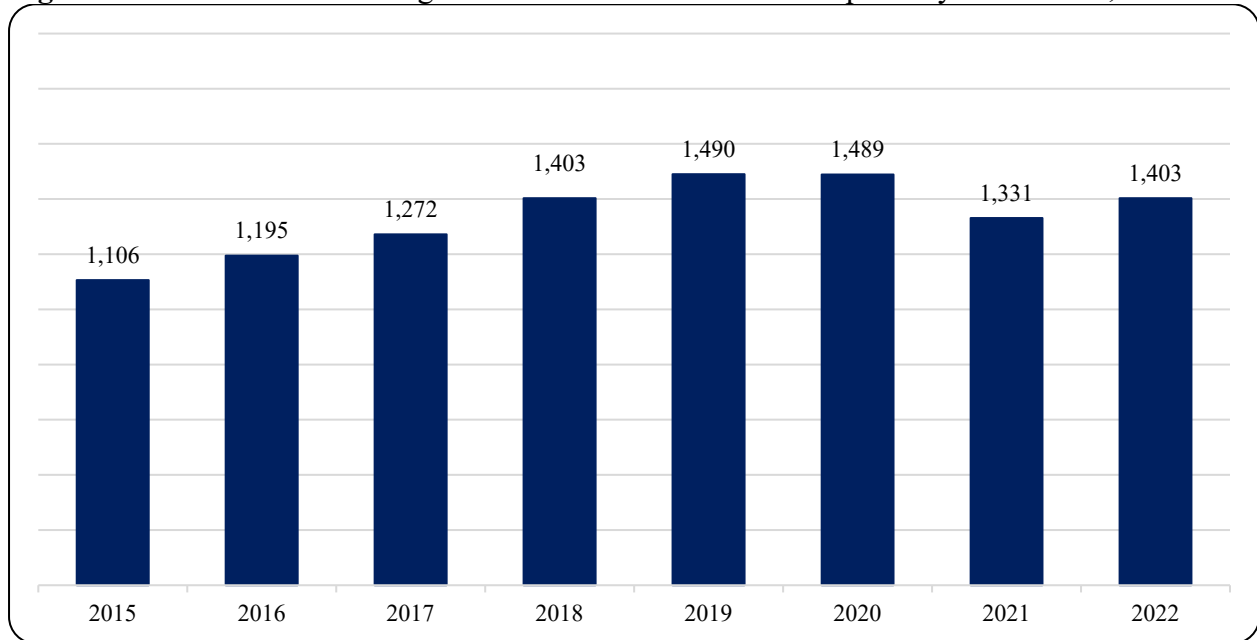
Data from 45 dockets are included in this report on FY 2022 data. Some dockets that began in FY 2022 started too late to create data for this report (see Figure 6).

**Figure 5. Approved Adult Drug Treatment Court Dockets in Virginia, FY 2022**



As displayed in Figure 6 below, the number of adult drug treatment court docket participants followed a general trend upward until FY 2021, when there was a decrease from the number of active cases reported from FY 2020; however, that number rose again in FY 2022. (This is most likely the result of the pandemic and fewer referrals were made and accepted. However, there is no cause generated from the data).

**Figure 6. Number of Adult Drug Treatment Court Docket Participants by Fiscal Year, 2015-2022**



## Summary of Adult Drug Treatment Court Docket Activity

The number of active participants increased from FY 2021, while the number of referrals, accepted participants, terminations, and graduates decreased from the dockets reported in FY 2021. The information listed as unknown below is a result of no data entered for the item listed.

Of the 1,403 active adult drug treatment court docket participants in FY 2022, the majority were White (68.6%), male (61.2%), single (45.6%), and unemployed (44.0%) (see Tables 5 and 6).<sup>7</sup>

*Referrals:* Programs reported a total of 927 referrals in FY 2022, a 12.0% decrease from the 1,053 reported in FY 2021.

*Admissions:* Of the 927 referrals reported, 488 were accepted into an adult drug treatment court docket, resulting in a 52.6 % acceptance rate.

*Participants:* Programs reported 1,403 active participants in FY 2022, a 5.4% increase from the 1,331 reported for FY 2021.

*Gender:* Most participants identified as male 858 (61.2%), while 545 (38.8%) identified as female.

*Race:* Most participants identified as White (963 or 68.6%), and 394 self-identified as Black/African American (28.1%).

*Age:* The most common starting age group for active participants was ages 30-39 (553 or 39.4%). The median age of a participant was 35-years old.

*Marital Status:* Among active participants, 640 (45.6%) were single, while 119 (8.5%) were married at the time of referral.

*Employment:* Participants were most commonly unemployed at the time of referral (618 or 44.0%), while 181 (12.9%) were employed 32+ hours a week but not employed full-time.

*Education:* Of the 1,403 active participants, 421 (35.0%) reported having a high school diploma or equivalent at the time of referral, while 352 (25.1%) reported having less than a high school diploma or equivalent.



**Table 5.** Demographics of Adult Drug Treatment Court Docket Participants, FY 2022

<b>Gender</b>	<b>#</b>	<b>%</b>
Male	858	61.2
Female	545	38.8
<b>Race</b>		
White	963	68.6
Black/African American	394	28.1
Asian/Pacific Islander	7	0.5
Native American	2	0.1
Other	27	1.9
Unknown	10	0.7
<b>Ethnicity</b>		
Hispanic	20	1.4
Non-Hispanic	1,116	79.5
Unknown	267	19.0
<b>Age at Start of Program</b>		
18-29 years old	350	24.9
30-39 years old	553	39.4
40-49 years old	311	22.2
50-59 years old	139	9.9
60 years and older	39	2.8
Unknown	11	0.8
<b>Total</b>	<b>1,403</b>	<b>100.0</b>

*Note:* Data reflect self-reported demographics at the time of referral.

**Table 6. Social Characteristics of Adult Drug Treatment Court Docket Participants, FY 2022**

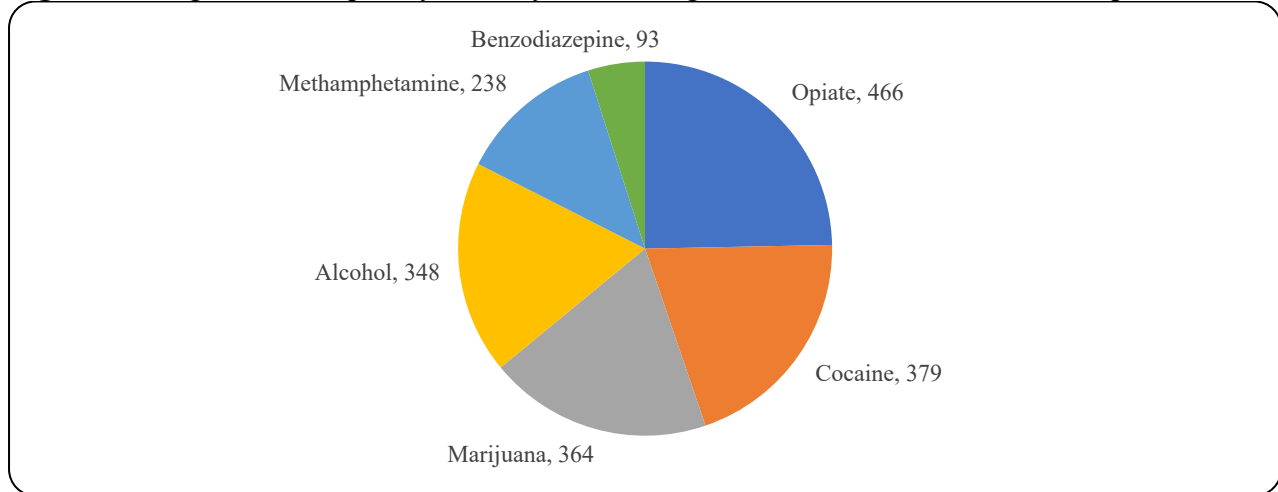
<b>Marital Status</b>	<b>#</b>	<b>%</b>
Single	640	45.6
Married	119	8.5
Divorced	113	8.1
Separated	95	6.8
Cohabiting	28	2.0
Widowed	9	0.6
Other	11	0.8
Unknown	388	27.7
<b>Employment</b>		
Unemployed	618	44.0
32+ hours/week	181	12.9
Less than 32+ hours/week	112	8.0
Disabled	52	3.7
Full-Time w/Benefits	48	3.4
Seasonal Employment	7	0.5
Unknown	385	27.4
<b>Education</b>		
High School/GED	421	30.0
Less than High School	352	25.1
Some College	139	9.9
Vocational Training	18	1.3
Associates Degree	18	1.3
Bachelor's Degree	13	0.9
Post-Bachelor's	4	0.3
Unknown	438	31.2
<b>Total</b>	<b>1,403</b>	<b>100.0</b>

*Note:* Data reflect self-reported characteristics at the time of referral.

## Drug History and Drug Screens

*Drug History:* When referred to a drug treatment court docket, participants are asked to disclose previously used drugs. Participants may have used multiple drugs. The data confirm that participants used a variety of drugs prior to referral (see Figure 8). The most frequently reported drugs used were opiates (466 participants, 61.1%), followed by cocaine (379 participants, 49.7%), and marijuana (364 participants, 47.7%).

**Figure 7.** Drugs Most Frequently Used by Adult Drug Treatment Court Docket Participants, FY 2022



*Note:* Figure 7 should be interpreted with caution. Data are based on self-reported drug use. Participants may report using more than one substance or may choose to not disclose previous drug use.

*Program Drug Screenings:* In adult drug treatment court dockets, 44,619 drug screens were conducted for the 1,037 participants for whom data were available. This resulted in an average of 43 drug screens per participant. The administrative positive numbers below are those who did not appear to provide a sample for drug testing that is recorded as administrative positive in the absence of a sample to test. Of the 44,619 drug screens, 36,704 (82.3%) were negative (see Table 7).

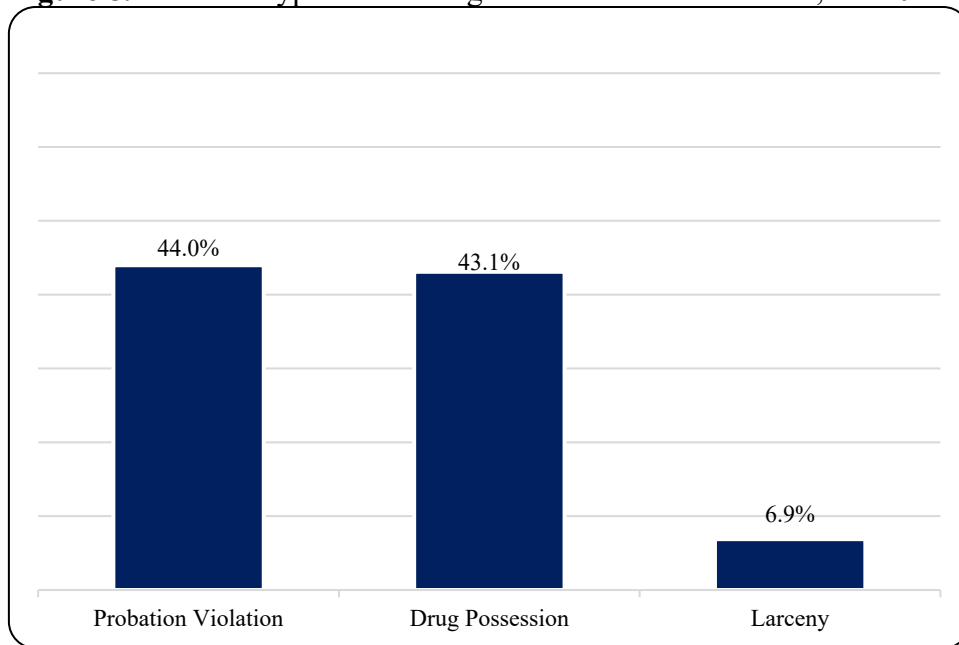
**Table 7.** Adult Drug Treatment Court Docket Drug Screens, FY 2022

	#	%
Negative	36,704	82.3
Positive	5,355	12.0
Positive: Allowed Substance	1,932	4.3
Administrative Positive	628	1.4
<b>Total Screens</b>	<b>44,619</b>	<b>100.0</b>

## Offenses

Analyses of types of offenses that lead to docket referral for adult drug treatment court docket show three major areas: probation violation, drug possession, and larceny (see Figure 9). Of all listed offense for adult drug court docket participants, 44.0% were probation violations, 43.1% were drug possession charges, and 6.9% were larceny charges.

**Figure 8.** Offense Types: Ault Drug Treatment Court Dockets, FY 2022



## Departures

*Graduation and Termination Rates:* Among the 1,403 FY 2022 adult drug treatment court docket participants, 531 exited the program by graduation, termination, or voluntary withdrawal. The graduation rate was 17.3% (243 participants), which was a 12.6% decrease from FY 2021. The termination rate was 19.8% (278 participants), which was a 5.1% decrease from FY 2021.

*Length of Stay:* Length of stay was calculated as the number of days from program entry to departure (graduation, termination, or withdrawal). The mean length of stay for graduates was 670 days compared to a mean length of stay of 418 days for those who were terminated or and 520 days for those who withdrew (see Table 8).

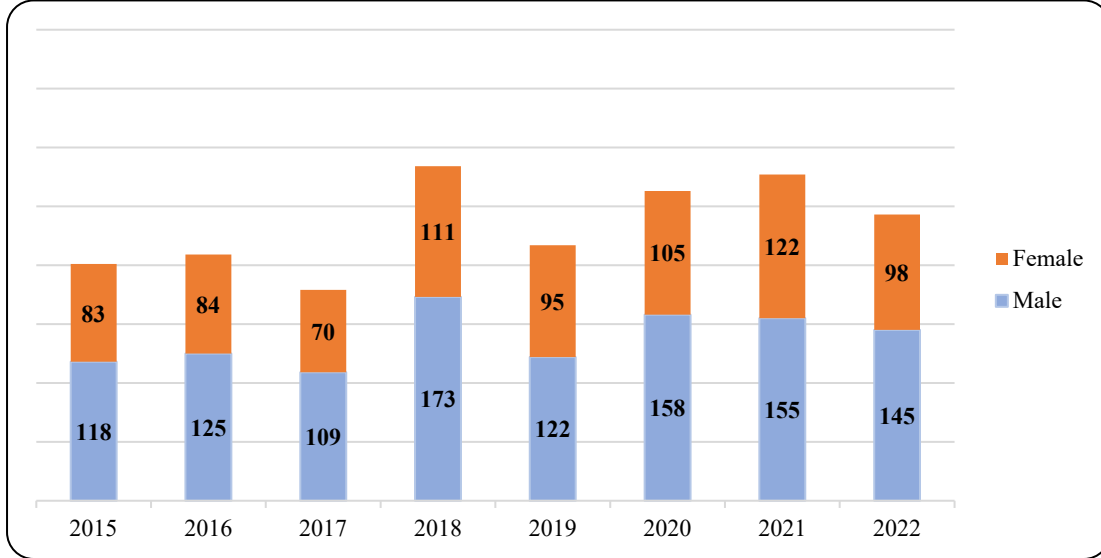
**Table 8.** Adult Drug Treatment Court Docket Length of Stay, Departures, FY 2022

Mean Length of Stay (Days)	
Graduates	670
Terminations	418
Withdrawals	520

## Departures by Gender

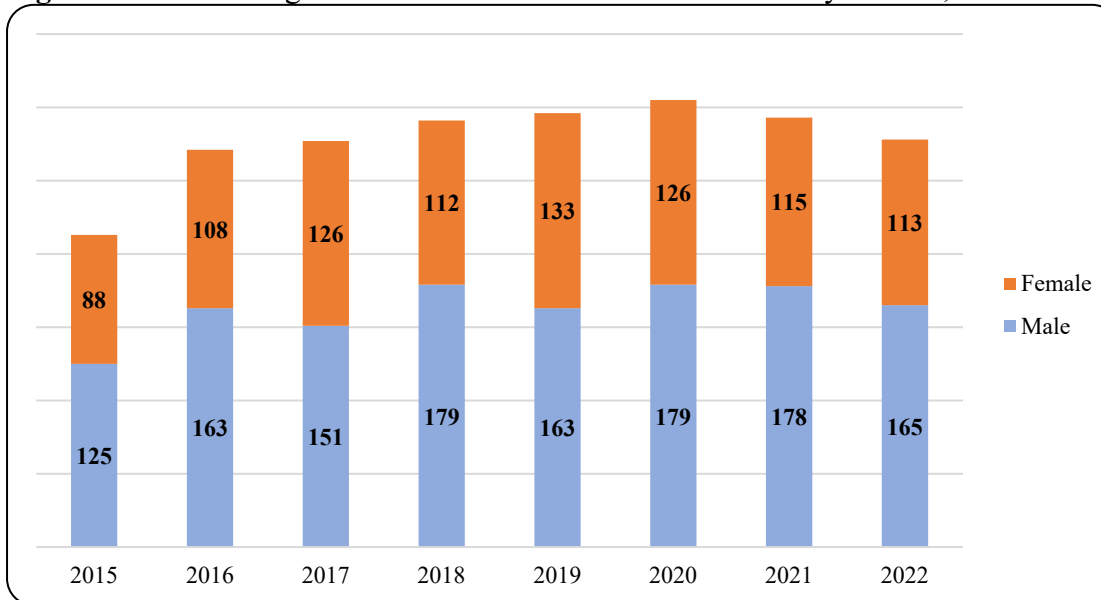
*Graduations:* Ninety-eight female participants graduated, a 19.7% decrease from the 122 female graduates reported in FY 2021, and 145 male participants graduated, a 6.5% decrease from the 155 reported in FY 2021 (see Figure 9).

**Figure 9: Adult Drug Treatment Court Docket Graduates by Gender, FY 2015-2022**



*Terminations:* Female and male terminations decreased from the counts reported in FY 2021. Specifically, 113 female participants were terminated in FY 2022, a 1.7% decrease from the 115 reported in FY 2021, and 165 male participants were terminated, a 7.3% decrease from the 178 reported in FY 2021 (see Figure 10).

**Figure 10: Adult Drug Treatment Court Docket Terminations by Gender, FY 2015-2022**



### Adult Drug Treatment Court Docket Recidivism

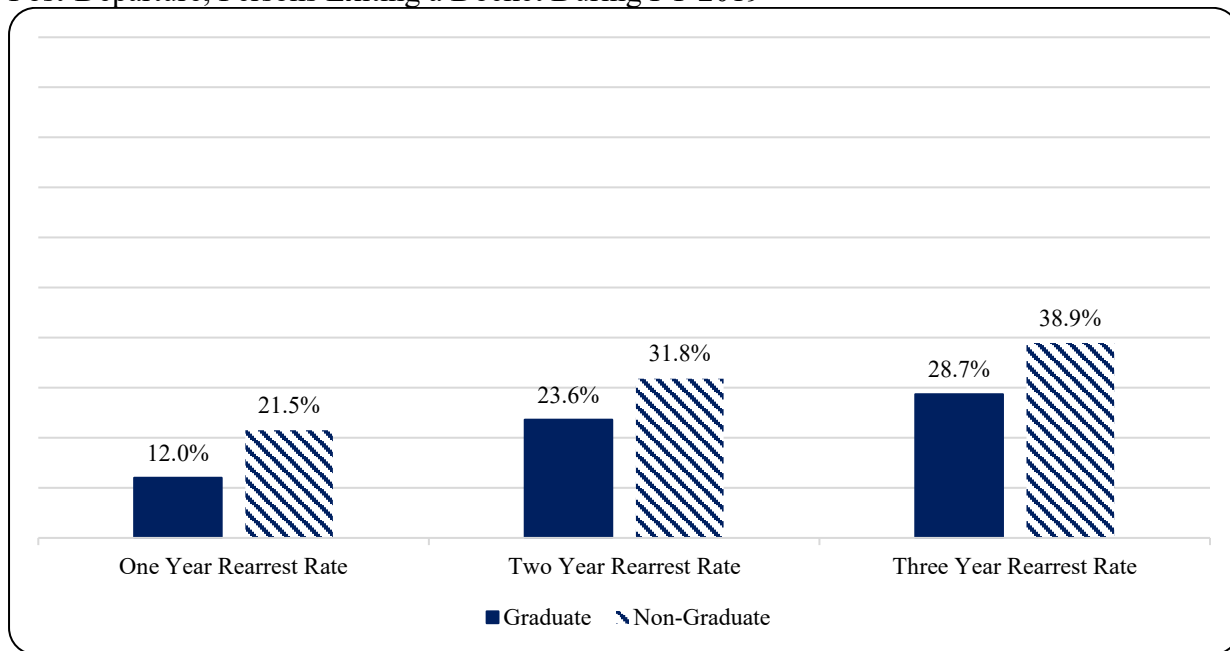
Criminal history records obtained from the Virginia State Police for all program departures occurring in FY 2019 were used to assess recidivism. Recidivism is defined as any rearrest or reconviction. Offenses marked as Good Behavior, Probation Violations, and Contempt of Court were excluded. Per national standards, one, two, and three-year recidivism rates were calculated. The one-year recidivism

rate includes participants whose first rearrest occurred within 0-365 days of program departure. Two-year recidivism rate includes those whose first rearrest occurred within two years of program departure (0-730 days), while the three-year recidivism rate includes those with a first rearrest occurred within three years of program departure (0-1,095 days). Findings between graduates and unsuccessful departures were compared to assess if there were any differences. Exercise caution when comparing recidivism rates for adult drug treatment docket exits and any recidivism provided by the Virginia Department of Corrections, as varying methodologies are used.

### FY 2019 Rearrest Rates

The overall rearrest rate for non-graduates was 1.4 times that of graduates (see Figure 11 and Table 9).<sup>12</sup>

**Figure 11.** Adult Drug Treatment Court Graduate and Non-Graduate Departures Rearrest Rates, Post-Departure, Persons Exiting a Docket During FY 2019



There is also some preliminary evidence that recidivism rates can also be reduced by duration in the docket: those who did not graduate but stayed in the docket for a shorter period of time (< 177 days) had an overall re-arrest rate that was 1.3 times the rate of those who stayed in the docket for a longer period. The overall re-arrest rate for graduates (28.7%) was closer to the overall re-arrest rate for non-graduates with a longer duration (33.0%) than for non-graduates with a shorter duration (41.8%). These data suggest that not graduating from a docket increases risk for recidivism, but that being involved with the docket for a longer period of time may also have a protective factor, even if graduation is not achieved.

<sup>12</sup> The one, two, and three-year rearrest rates are cumulative.

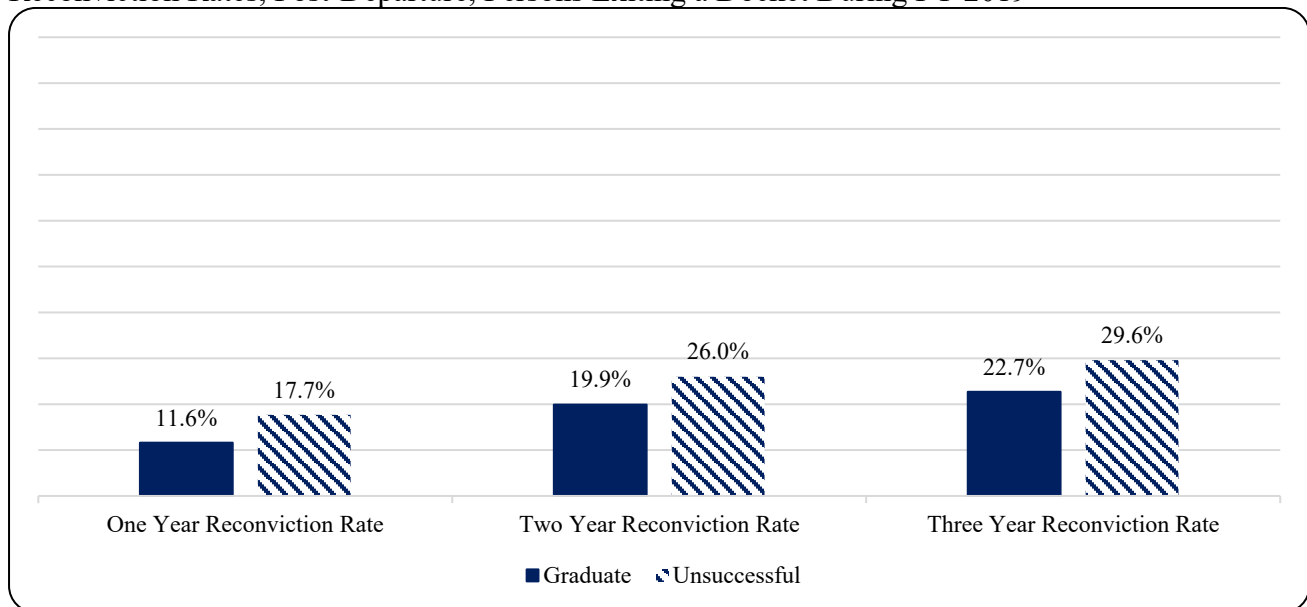
**Table 9.** Adult Drug Treatment Court Graduate and Non-Graduate Departures Rearrest Rates, Post-Departure, Persons Exiting a Docket During FY 2019

Time Post Departure	Graduates	Non-Graduates	Total
<b>One Year Count</b>	26	67	93
One Year Rearrest Rate	12.0%	21.5%	17.6%
<b>Two Year Count</b>	51	99	150
Two Year Rearrest Rate	23.6%	31.8%	28.5%
<b>Three Year Count</b>	62	121	183
Three Year Rearrest Rate	28.7%	38.9%	34.7%
<b>Total Departures</b>	<b>216</b>	<b>311</b>	<b>527</b>

**FY 2019 Reconviction Rates**

The data follow previous annual report trends, with graduates showing a lower reconviction rate than their non-graduate counterparts. The overall reconviction rate for unsuccessful completion was higher than that of graduates (see Table 10 and Figure 12).<sup>13</sup>

**Figure 12.** Adult Drug Treatment Court Graduate and Non-Graduate Departures Completions Reconviction Rates, Post-Departure, Persons Exiting a Docket During FY 2019



<sup>13</sup> The one, two, and three year reconviction rates are cumulative.

**Table 10.** Adult Drug Treatment Court Graduate and Non-Graduate Departures Reconviction Rates, Post-Departure, Persons Exiting a Docket During FY 2019

	<b>Graduates</b>	<b>Non-Graduates</b>	<b>Total</b>
<b>One Year Count</b>	25	55	80
One Year Reconviction Rate	11.6%	17.7%	15.2%
<b>Two Year Count</b>	43	81	124
Two Year Reconviction	19.9%	26.0%	23.5%
<b>Three Year Count</b>	49	92	141
Three Year Reconviction	22.7%	29.6%	26.8%
<b>Total Departures</b>	<b>216</b>	<b>311</b>	<b>527</b>

### **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 directing drug courts to examine and monitor disparities among gender, racial, and ethnic groups in their programs, and to take steps to actively reduce or mitigate these disparities. In keeping with this, the OES monitors 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 to ensure equivalent retention among ethnic, racial, and gender groups.

OES adopted the Equity and Inclusion Tool developed by NADCP and NCSC, which tracks a referral cohort as its members progress through the various stages of their respective adult drug treatment court programs.<sup>14</sup> The 2019 cohort includes individuals referred to an active adult drug treatment court docket during FY 2019 (July 1, 2018 – June 30, 2019). Specific attention is given to tracking the progression from referral to admission through successful or unsuccessful completion. Each member of the FY 2019 cohort was assessed for three fiscal years through June 30, 2022. The information contained in Tables 11 and 12 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.

<sup>14</sup> <http://www.ndci.org/wp-content/uploads/2020/07/EIAT-guide-fnl-w-grant.pdf>



**Table 11.** Adult Drug Treatment Court 2019 Cohort, Admission and Graduation Rates, Race and Ethnicity

<b>Race</b>	<b>Referrals</b>			<b>Admission</b>	<b>Graduation</b>
	<b>Total</b>	<b>Admitted</b>	<b>Graduated</b>	<b>Rate</b>	<b>Rate</b>
White	<b>1,168</b>	609	242	52%	40%
Black/African/American	<b>704</b>	312	98	44%	31%
American Indian/Alaska Native	<b>4</b>	2	0	50%	-
Asian/Pacific Islander	<b>14</b>	7	3	50%	43%
Other Race	<b>32</b>	20	8	63%	40%
<b>Total</b>	<b>1,922</b>	<b>950</b>	<b>351</b>	<b>49%</b>	<b>37%</b>

*Note:* Excludes persons with unknown or blank race.

<b>Ethnicity</b>	<b>Referrals</b>			<b>Admission</b>	<b>Graduation</b>
	<b>Total</b>	<b>Admitted</b>	<b>Graduated</b>	<b>Rate</b>	<b>Rate</b>
Hispanic	<b>41</b>	21	7	51%	33%
Non-Hispanic	<b>1,464</b>	804	308	55%	38%
<b>Total</b>	<b>1,505</b>	<b>825</b>	<b>315</b>	<b>55%</b>	<b>38%</b>

*Note:* Excludes persons with unknown or blank ethnicity.

**Table 12.** Adult Drug Treatment Court 2019 Cohort, Admission and Graduation Rates, Gender

<b>Gender</b>	<b>Referrals</b>			<b>Admission</b>	<b>Graduation</b>
	<b>Total</b>	<b>Admitted</b>	<b>Graduated</b>	<b>Rate</b>	<b>Rate</b>
Male	<b>1,221</b>	556	212	46%	38%
Female	<b>747</b>	409	146	55%	36%
Non-Binary	<b>1</b>	1	0	100%	-
<b>Total</b>	<b>1,969</b>	<b>966</b>	<b>358</b>	<b>49%</b>	<b>37%</b>

*Note:* Excludes persons with unknown or blank 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.

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 aims to encourage the participant to take responsibility for their individual behavior. This 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 local Alcohol Safety Action Program (ASAP). The local ASAPs are overseen by the Commission on Virginia Alcohol Safety Action Program (VASAP). 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 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 docket teams work with the Department of Motor Vehicles and the Commission on VASAP, the agencies responsible for driver's license restoration, 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 offenders who were arrested with a Blood Alcohol Content (BAC) more than .20, a failed breath test for alcohol, a positive Ethyl Glucuronide (EtG) urine test for alcohol, a failed drug test after entering ASAP, or those who were arrested for non-compliance with ignition interlock.<sup>15</sup>

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

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<sup>15</sup> *Note:* Ethyl Glucuronide (EtG) is a direct metabolite of alcohol (ethanol). The presence of EtG in urine is an indicator that ethanol was ingested.

Benefits of the DUI drug treatment court docket include the following:

- Defendants are referred to treatment shortly after arrest.
- Judges closely monitor the progress of participants in the DUI drug treatment court docket through bi-monthly or monthly status hearings before the court.
- A team approach is used 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. The local ASAP works with Community Services Boards and other treatment and recovery providers to provide counseling and treatment for individuals participating in the DUI drug treatment court docket, as well as with judges, prosecutors, and defense bar to coordinate the functions of the court. The Ten Guiding Principles of DWI Courts established by the National Drug Court Institute provide best practices used to establish the standards that guide the operation of Virginia's DUI drug treatment court dockets.

Currently, there is only one regional DUI drug court docket operating in the Waynesboro area of Virginia; this docket celebrates its 19<sup>th</sup> anniversary this year. This report does not include data to report regarding this docket. OES has been collaborating with VASAP and the Adystech team to migrate DUI drug court data. At the time of this report, however, that migration has not produced reliable numbers to include in this evaluation.

# **JUVENILE DRUG TREATMENT COURT DOCKETS**

Juvenile drug treatment court dockets are a collaboration of the judicial system, the juvenile justice system, and treatment providers. The juvenile drug treatment court dockets strive to reduce rearrests and substance use by juveniles who are engaging in substance use and are charged with acts of delinquency in juvenile and domestic relations district courts. 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 their families, 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 are more complex and often involve serious and violent criminal activity and escalating degrees of substance use. The situations that are bringing some juveniles under the court's jurisdiction are often closely linked with substance use disorders.

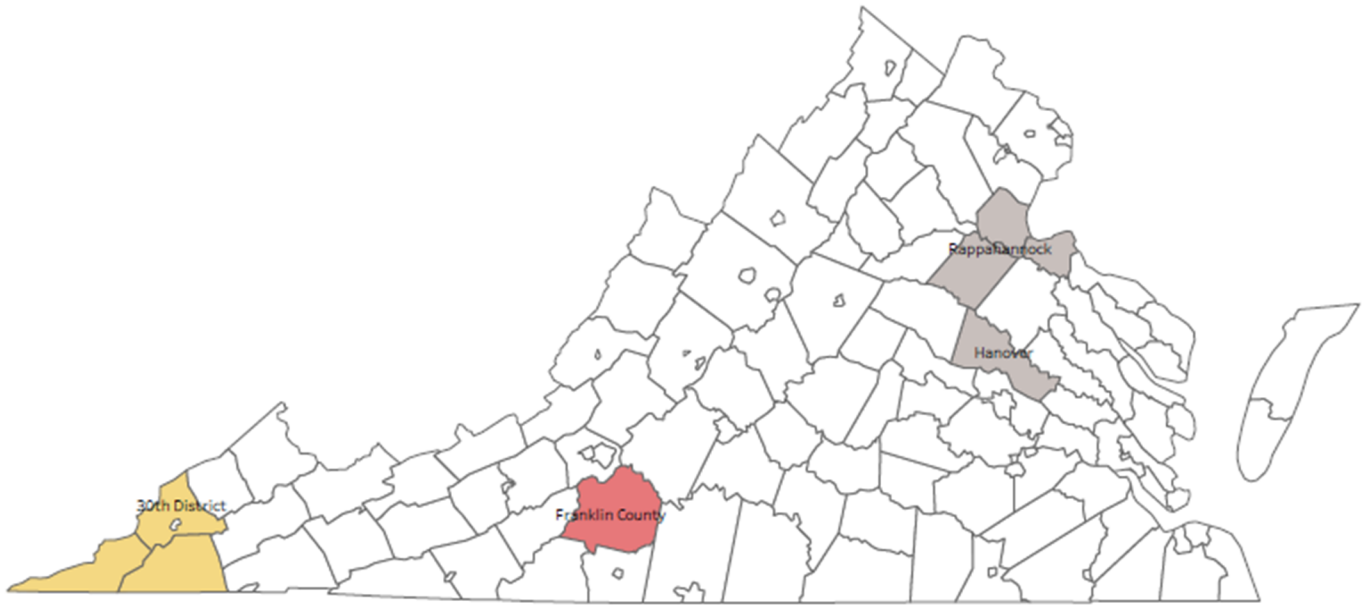
Research on juvenile drug treatment court dockets has lagged that of its adult counterparts; however, professionals are beginning to identify the factors that distinguish effective from ineffective programs. Significant positive outcomes have been reported for juvenile drug treatment court dockets that 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 peers that misuse drugs and engage in delinquent behaviors, enhancing parents' or guardians' supervision of their teens, and modeling consistent and effective disciplinary practices.

The following section reviews the basic operations and outcomes of Virginia's juvenile drug treatment court dockets in FY 2022. Over the past few years there has been a decreasing number of participants statewide in the juvenile drug treatment court dockets, and some juvenile drug treatment court dockets have ceased operation; this is in line with national trends. This is believed to be a result of increased community-based programs and interventions. Information is provided in this report on program participants, including demographics, program entry offenses, program length, and program completion. 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.

## **Juvenile Drug Treatment Court Dockets**

In FY 2022, there were four operational Juvenile Drug Treatment Courts throughout Virginia (see Figure 13 and Table 13).

**Figure 13.** Juvenile Drug Treatment Court Dockets in Virginia, FY 2022



**Table 13.** Juvenile Drug Treatment Court Dockets in Virginia, FY 2022

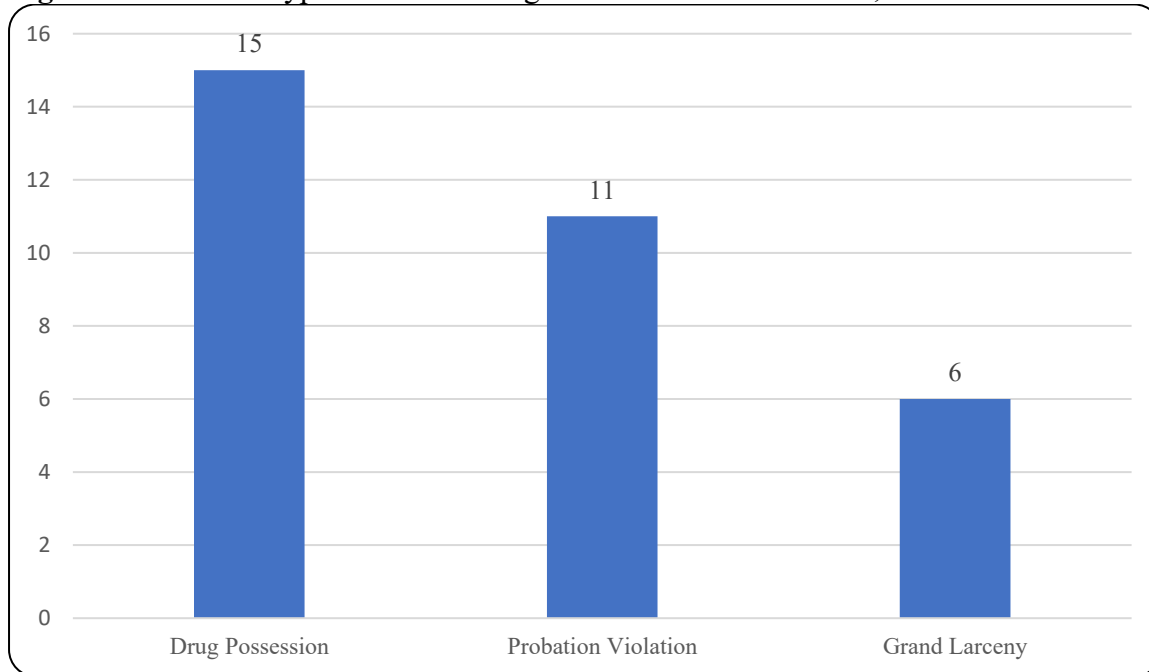
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Franklin County
Hanover County
Rappahannock Regional
Thirtieth Circuit (Lee, Scott & Wise Counties)

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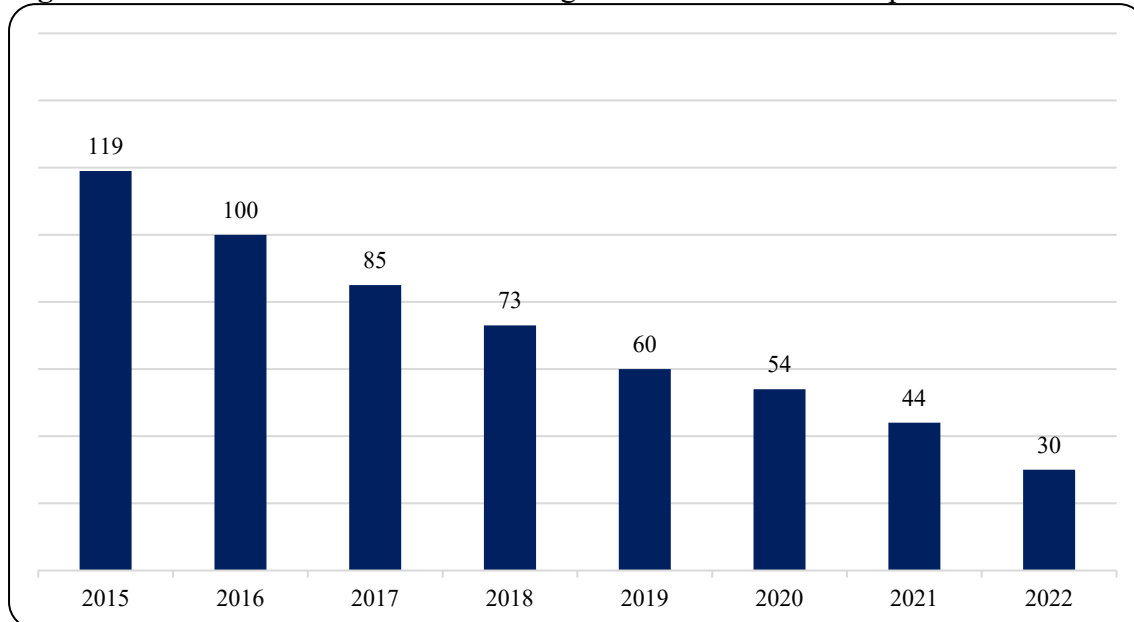
There were 30 active participants in the juvenile drug treatment court docket programs during FY 2022. The most common offenses committed by juvenile participants included drug possession, probation violation, and grand larceny (Figure 14). Of all listed offenses for juvenile drug court participants, 15 participants (35.7%) had at least one drug possession charge, 11 (26.2%) had at least one probation charge, and 6 (14.3%) had at least one grand larceny charge.

**Figure 14.** Offense Types: Juvenile Drug Treatment Court Dockets, FY 2022



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

**Figure 15.** Number of Active Juvenile Drug Treatment Court Participants FY 2015-2022



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

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

The number of referrals, accepted participants, active participants, and program departures decreased from the counts reported in FY 2021.

In FY 2022, most participants were White (73.3%), male (70.0%) and either 15 or 16 years old (26.7% and 43.3% respectively), as shown in Table 14 below.

*Referrals:* There were 14 referrals to the juvenile drug treatment court dockets in FY 2022, which was a 56.3% decrease from the 32 reported in FY 2021.

*Admissions:* There were 8 newly admitted program participants, which was a 57.9% decrease from the 19 reported in FY 2021. The FY 2022 admission rate was 57.1%.

*Participants:* There were 30 active juvenile participants during FY 2022, a 31.8% decrease from the 44 active participants reported in FY 2021.

*Gender:* Of the participants, 70.0% identified as male, and 30.0% identified as female.

*Race and Ethnicity:* Most participants self-identified as White (22 or 73.3%), and 4 (13.3%) identified as Black/African American.

*Age:* Most active participants were either 15 or 16 years of age at the time of referral (26.7% and 43.3% respectively).

**Table 14. Demographics of Juvenile Participants At the Time of Referral, FY 2022**

<b>Gender</b>	<b>#</b>	<b>%</b>
Male	21	70.0
Female	9	30.0
Unknown	0	0.0
<b>Race</b>		
White	22	73.3
Black/African/American	4	13.3
Other	2	6.7
Unknown	2	6.7
<b>Ethnicity</b>		
Hispanic	2	6.7
Non-Hispanic	24	80.0
Unknown	4	13.3
<b>Age</b>		
Less than 15 years old	1	3.3
15 years old	8	26.7
16 years old	13	43.3
17 years old	7	23.3
18+ years old	1	3.3
<b>Total</b>	<b>30</b>	<b>100.0</b>

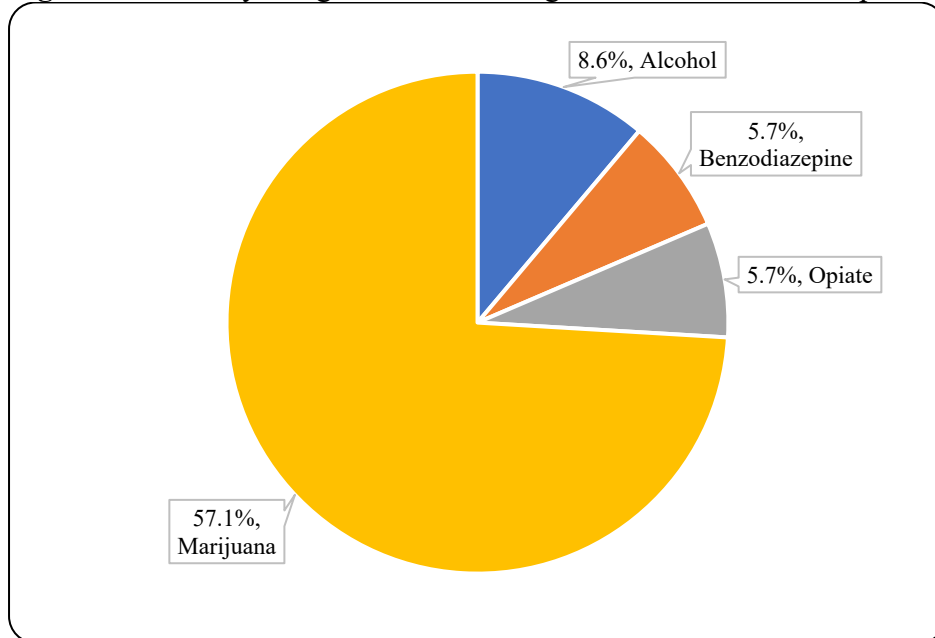
*Note:* Data reflect self-reported demographics at the time of referral.

### **Drugs of Choice and Drug Screens**

*Primary Drug of Choice:* When admitted into a juvenile drug treatment court docket and asked to disclose their primary drug of choice, 57.1% of juvenile participants reported marijuana as their primary drug of choice. Alcohol was second (8.6%) (see Figure 16).



**Figure 16. Primary Drug of Choice among Active Juvenile Participants, FY 2022**



*Note:* Figure 16 should be interpreted with caution. Data are based on self-reported primary drug of choice.

*Program Drug Screenings:* In FY 2022, there were 628 drug screens administered for 27 participants for whom data were available, an average of 23.3 screens per participant. The administrative positive numbers below are those who did not appear to provide a sample for drug testing that is recorded as administrative positive in the absence of a sample to test. Of the 628 total screenings administered, 509 (81.1%) were negative (see Table 15).

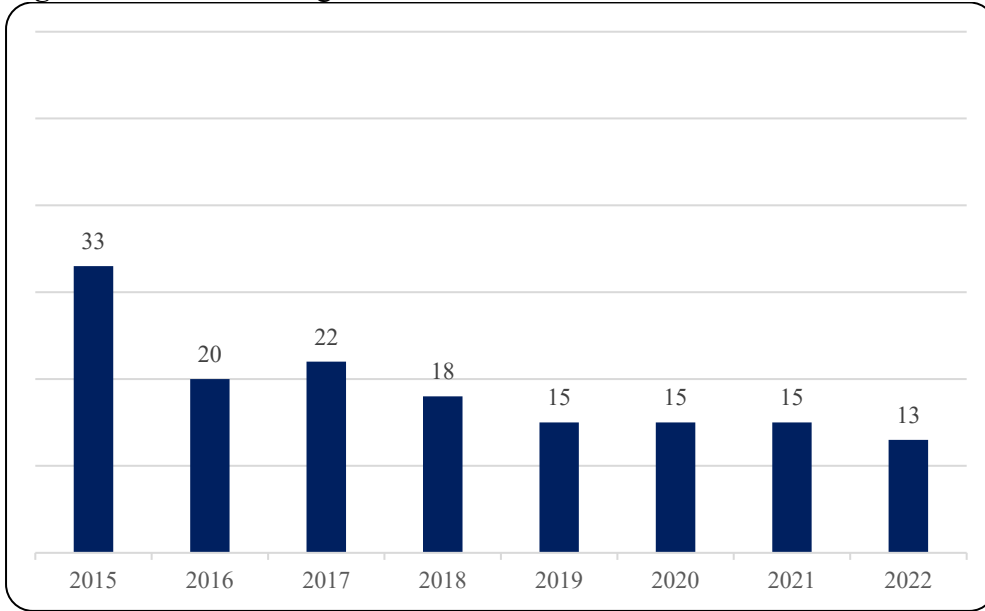
**Table 15. Juvenile Drug Treatment Court Docket Drug Screens, FY 2022**

	#	%
Negative	509	81.1
Positive	110	17.5
Administrative Positive	9	1.4
<b>Total Screens</b>	<b>628</b>	<b>100.0</b>

### Summary of Departures

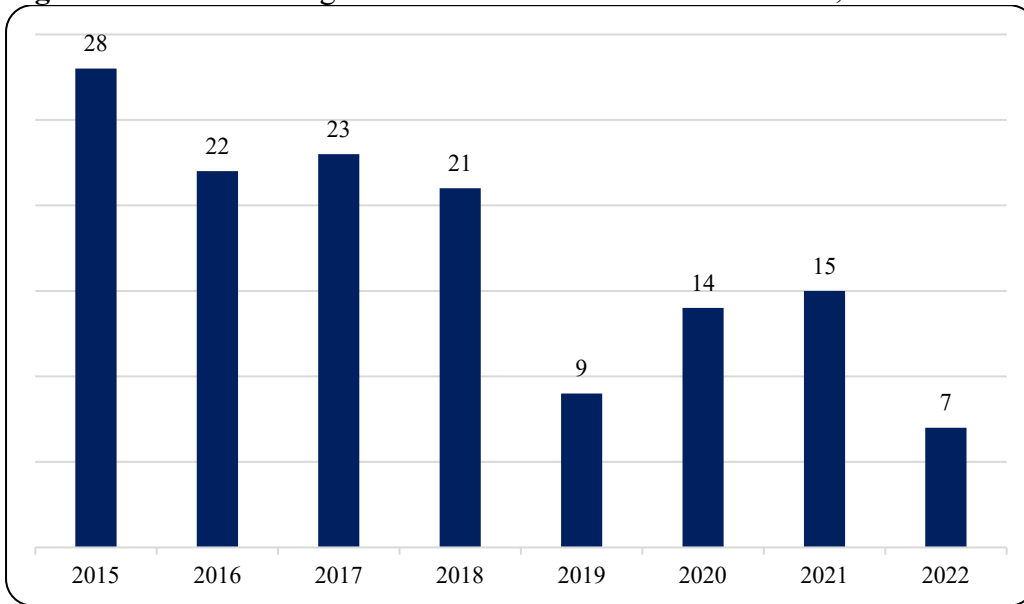
*Graduation Rates:* Among the active juvenile drug treatment court docket participants in FY 2022, 13 (43.3%) exited by graduating the program (see Figure 17).

**Figure 17. Juvenile Drug Treatment Court Docket Graduates, FY 2015-2022**



*Terminations:* Seven (7) juvenile participants were terminated from the program in FY 2022 (see Figure 18). The termination rate was 23.3%.

**Figure 18: Juvenile Drug Treatment Court Docket Terminations, FY 2015-2022**



*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 16). Graduates had a mean length of stay of 435 days. Those terminated from the program had a mean length of stay of 316 days.

**Table 16:** Juvenile Drug Treatment Court Dockets Length of Stay, Departures, FY 2022

<b>Mean Length of Stay (Days)</b>	
Graduates	435
Terminations	316

## FAMILY DRUG TREATMENT COURT DOCKETS

A family drug treatment court docket is a specialized civil docket for parents/guardians in dependency proceedings facing allegations of child abuse or neglect caused or influenced by a moderate-to-severe substance use disorder. Its purpose is to protect the safety and welfare of children while giving parents/guardians 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 child by providing a safe and secure environment for the child while intensively intervening and treating the parent's/guardian's substance use disorder and other co-morbidities. 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 parents/guardians. In this way, the family drug treatment court docket team provides children with quick access to permanency and offers parents/guardians a viable chance to achieve sustained recovery, provide a safe and nurturing home, and hold their families together.<sup>17</sup>

Family drug treatment court dockets serve parents/guardians with a substance use disorder who come to the court's attention in the following situations: (1) hospital tests that indicate substance-exposed infants; (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 docket 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/guardians 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 parents/guardians 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 dockets.

Family drug treatment court dockets are civil dockets. This model emphasizes the immediate access to services to address substance use disorder coupled with intensive judicial monitoring to support reunification of families affected by substance use disorders. The focus, structure, purpose, and scope of 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.<sup>18</sup> By doing so, they ensure the best interests of children while providing coordinated substance use treatment and family-focused services to timely secure a safe and permanent placement for the children.

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

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

The Virginia family drug treatment court dockets provide: (1) timely identification of defendants in need of substance use treatment; (2) the opportunity to participate in the family drug treatment court docket 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 parents to be better equipped at parenting.

All family drug treatment court docket participants must submit to frequent and random drug testing, intensive group and individual outpatient therapy two to three times per week, and regular attendance at recovery 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 docket.

Virginia created and adopted the Family Drug Treatment Court Standards.<sup>19</sup> Although modified for use within Virginia, these standards reflect the existing common characteristics outlined in Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model Monograph published by the Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, December 2004.<sup>20</sup>

There are and will continue to be differences among individual drug treatment court dockets based on the unique needs and operational environments of the local court jurisdictions and the target populations 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 2022, there were four family drug treatment court dockets in Virginia.<sup>21</sup> They are located in Charlottesville/Albemarle County, Bedford County, Giles County, and Goochland County (see Figure 19 and Table 17). These family drug treatment court dockets operate in the juvenile and domestic relations district courts.

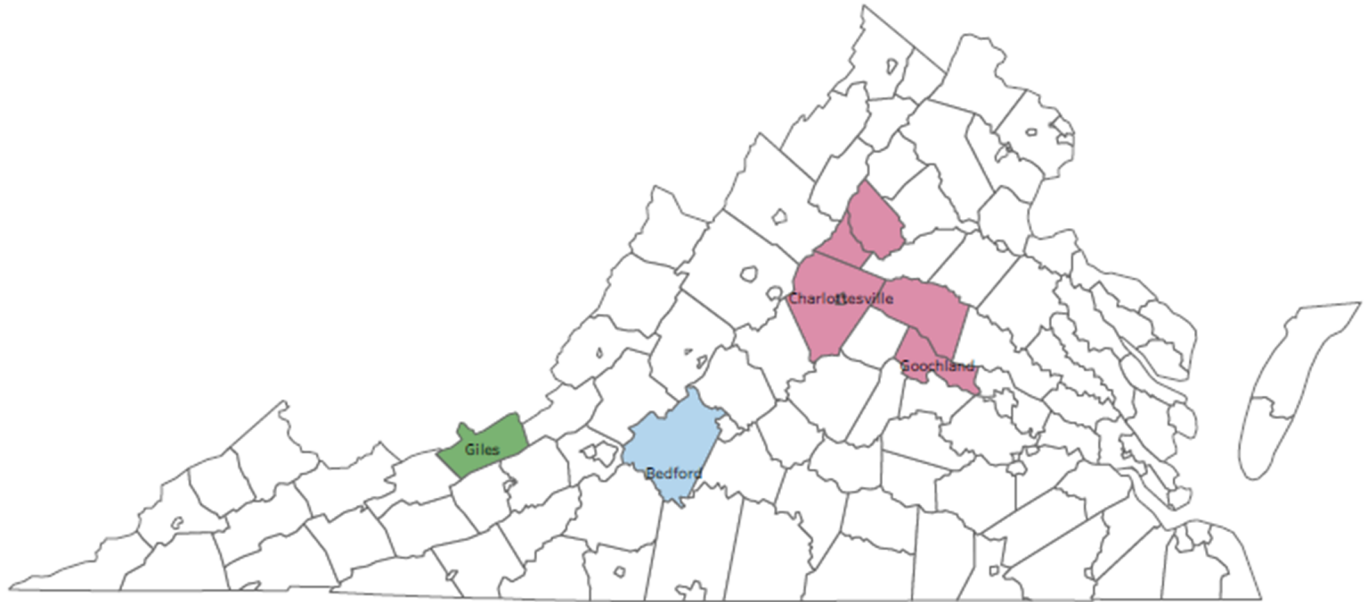
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<sup>19</sup> [http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/admin/family\\_standards.pdf](http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/admin/family_standards.pdf)

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

<sup>21</sup> A fifth docket, located in Franklin County, began operating in late FY 2022. Because the docket was brand new, there are no data from this docket included in this report.

**Figure 19:** Approved Family Drug Treatment Court Dockets in Virginia, FY 2022



**Table 17:** Operational Family Drug Treatment Court Dockets in Virginia, FY 2022

Bedford County

Charlottesville/Albemarle County

Giles County

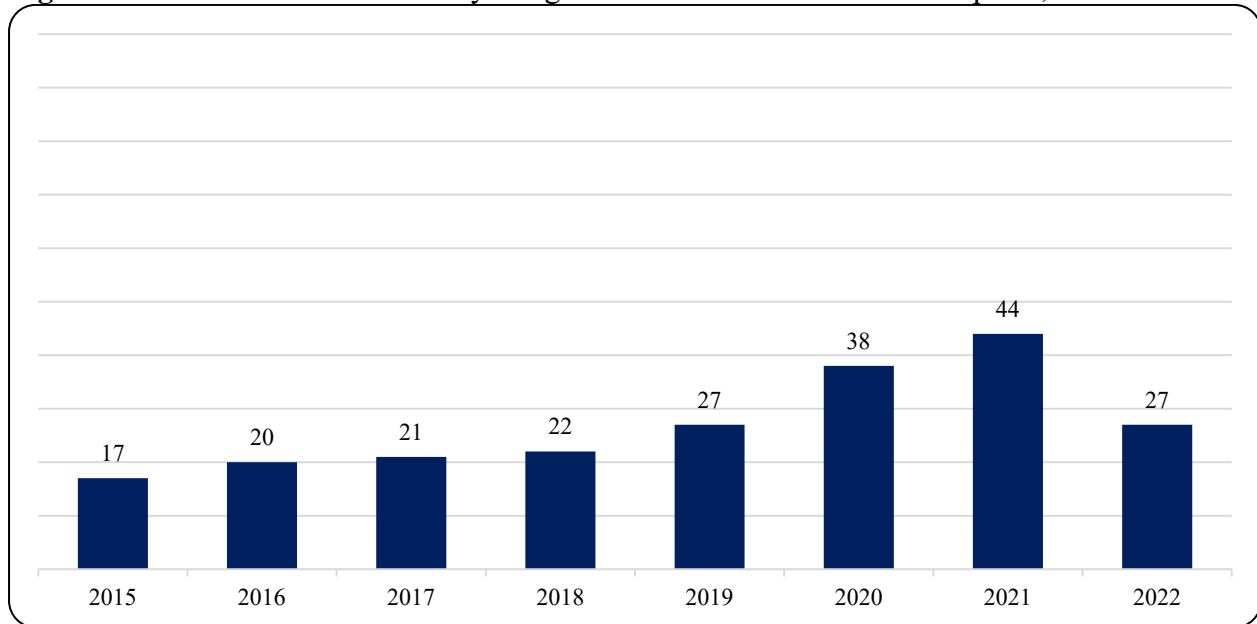
Goochland County

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

As shown in Figure 20, the number of active family drug treatment court docket participants has varied. In FY 2022, docket programs reported 27 active participants, a 38.6% decrease from the 44 reported in FY 2021. The information listed as unknown below is a result of no data entered for the item listed. See Tables 18 and 19 for socio-demographic specific information.

**Figure 20.** Number of Active Family Drug Treatment Court Docket Participants, FY 2015- 2022



*Referrals:* Family drug treatment court dockets had 23 referrals, an 11.5% decrease from the 26 referrals reported for FY 2021.

*Admissions:* Thirteen of the 19 referrals were accepted for an acceptance rate of 56.5%.

*Race:* Most participants identified as White (20 or 74.1%). Four participants (14.8%) identified as Black/African American.

*Gender:* Most active participants identified as female (55.6%) and 12 (44.4%) identified as male.

*Age:* At the time of referral, 44.4% percent of participants were between 18 and 29 years old (12 participants), while 10, or 37.0%, were between 30 and 39 years old. The median age was 32 years-old.

*Marital Status:* Among participants for whom data were available, 14 (51.9%) were single. Only 11.1% reported being married at the time of referral.

*Education:* One-third (33.3%) of active participants reported having obtained at least a high school diploma at the time of referral, while 25.9% had less than a high school education.

**Table 18.** Demographics of Active Family Drug Court Participants, FY 2022

<b>Gender</b>	<b>#</b>	<b>%</b>
Female	15	55.6
Male	12	44.4
<b>Race</b>		
White	20	74.1
Black/African American	4	14.8
Other	3	11.1
<b>Ethnicity</b>		
Hispanic	3	11.1
Non-Hispanic	23	85.2
Unknown	1	3.7
<b>Age</b>		
18-29 years old	12	44.4
30-39 years old	10	37.0
40-49 years old	4	14.8
50-59 years old	0	0.0
60 years and older	0	0.0
Unknown	1	3.7
<b>Total</b>	<b>27</b>	<b>100.0</b>

*Note:* Data reflect self-reported demographic status at the time of referral.



**Table 19. Social Characteristics of Active Family Drug Court Participants, FY 2022**

<b>Marital Status</b>	<b>#</b>	<b>%</b>
Single	14	15.9
Married	3	11.1
Separated	1	3.7
Cohabiting	1	3.7
Unknown	7	29.6
<b>Employment</b>		
Unemployed	7	25.9
32+ Hours/Week	3	11.1
Full-time w/Benefits	3	11.1
Less than 32 hours/Week	2	7.4
Disabled	1	3.7
Unknown	11	40.7
<b>Education</b>		
High school or equivalent	9	33.3
Less than High School	7	25.9
Some College	2	7.4
Unknown	9	33.3
<b>Total</b>	<b>27</b>	<b>100.0</b>

*Note:* Data reflect self-reported social characteristics at the time of referral.

## **Drug Screens**

*Program Drug Screenings:* In FY 2022, 945 drug screens were administered to family drug treatment court docket participants for whom data are available, an 18.0% increase from the 801 screens administered in FY 2021. Of the 945 screens administered, 62.3% were negative (see Table 20).

**Table 20. Family Drug Treatment Court Docket Drug Screens, FY 2022**

	<b>#</b>	<b>%</b>
Negative	589	62.3
Positive	339	35.9
Administrative Positive	17	1.8
<b>Total Screens</b>	<b>945</b>	<b>100.0</b>

## **Summary of Departures**

*Graduation and Termination Rates:* Among the 27 family drug treatment court docket participants, 17 exited the program by graduation, termination, or withdrawal. The graduation rate was 14.8% (4 participants), the termination rate was 29.6% (8 participants), and the withdrawal rate was 18.5% (5 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.

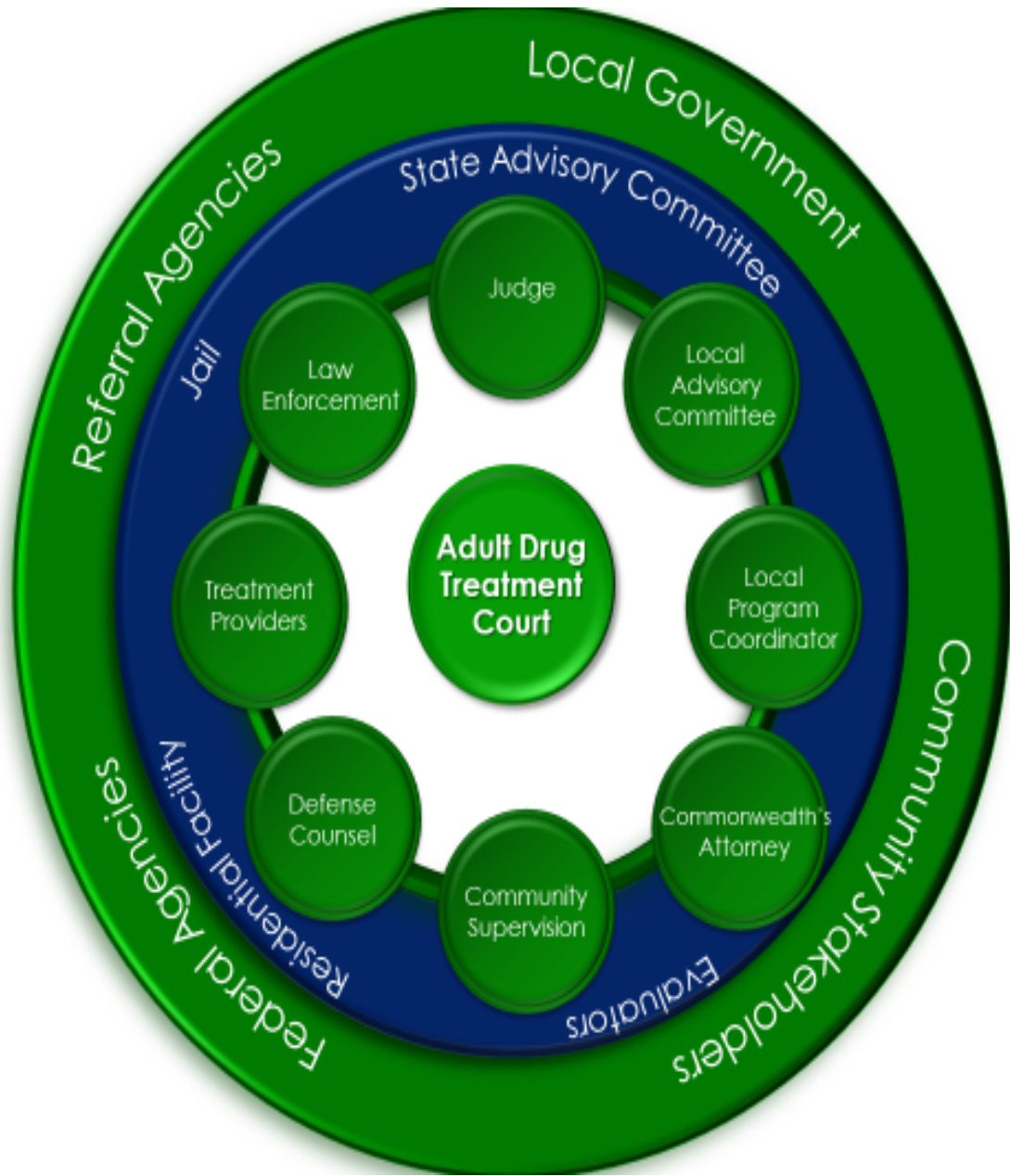
O. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the following jurisdictions: The City of Chesapeake and the City of Newport News.

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: Operational Virginia Drug Treatment Court Dockets,  
FY 2022 (N = 58)**

<b>Name</b>	<b>Localities</b>	<b>Court Type</b>	<b>Docket Type</b>	<b>Approved Date</b>
Alexandria Adult	Alexandria	Circuit	Adult	October, 2018
Alleghany Adult	Alleghany, Covington	Circuit	Adult	April, 2020
Arlington Adult	Arlington	Circuit	Adult	October, 2012
Bedford Family	Bedford	J&DR	Family	May, 2018
Botetourt and Craig Adult	Botetourt, Craig	Circuit	Adult	May, 2021
Bristol Adult	Bristol	Circuit	Adult	March, 2010
Buchanan Adult	Buchanan	Circuit	Adult	July, 2012
Charlottesville Family	Charlottesville, Albemarle, Greene, Louisa, Madison	J&DR	Family	July, 2002
Charlottesville-Albemarle Adult	Charlottesville, Albemarle, Greene, Louisa	Circuit	Adult	July, 1997
Chesapeake Adult	Chesapeake	Circuit	Adult	August, 2005
Chesterfield Adult	Chesterfield, Colonial Heights	Circuit	Adult	September, 2000
Culpeper Adult	Culpeper	Circuit	Adult	October, 2019
Dickenson Adult	Dickenson	Circuit	Adult	July, 2012
Fairfax Adult	Fairfax County, Fairfax City	Circuit	Adult	October, 2017
Fifth Circuit Adult	Suffolk, Franklin City, Isle of Wight, Southampton	Circuit	Adult	April, 2020
Floyd Adult	Floyd	Circuit	Adult	October, 2015
Fluvanna Adult	Fluvanna	Circuit	Adult	October, 2019
Franklin Co. Family	Franklin County	J&DR	Family	May, 2022
Giles Adult	Giles	Circuit	Adult	October, 2015
Giles Family	Giles	J&DR	Family	October, 2018
Goochland Family	Goochland	J&DR	Family	December, 2008
Halifax Adult	Halifax	Circuit	Adult	April, 2015
Hampton Adult	Hampton	Circuit	Adult	February, 2003
Hanover Juvenile	Hanover	J&DR	Juvenile	May, 2003
Harrisonburg-Rockingham Adult	Harrisonburg, Rockingham	Circuit	Adult	April, 2017
Henrico Adult	Henrico	Circuit	Adult	January, 2003
Hopewell Adult	Hopewell, Prince George, Surry	Circuit	Adult	September, 2002
Loudoun Adult	Loudoun	Circuit	Adult	October, 2018
Lynchburg Adult	Lynchburg	Circuit	Adult	October, 2016
Montgomery Adult	Montgomery	Circuit	Adult	April, 2020
Nelson Adult	Nelson County	Circuit	Adult	May, 2022
Newport News Adult	Newport News	Circuit	Adult	November, 1998
Norfolk Adult	Norfolk	Circuit	Adult	November, 1998
Northern Neck/Essex Adult	Essex, Lancaster, Northumberland, Richmond County, Westmoreland	Circuit	Adult	October, 2017
Northwest Regional Adult	Clarke, Frederick, Shenandoah, Warren, Winchester	Circuit	Adult	April, 2016
Orange & Madison Adult	Orange, Madison	Circuit	Adult	October, 2020
Page Adult	Page	Circuit	Adult	November, 2020
Portsmouth Adult	Portsmouth	Circuit	Adult	January, 2021
Prince William Adult	Prince William, Manassas, Manassas Park	Circuit	Adult	May, 2022
Pulaski Adult	Pulaski	Circuit	Adult	October, 2014

<b>Name</b>	<b>Localities</b>	<b>Court Type</b>	<b>Docket Type</b>	<b>Approved Date</b>
Radford Adult	Radford	Circuit	Adult	October, 2017
Rappahannock Juvenile	Fredericksburg, King George, Stafford, Spotsylvania	J&DR	Juvenile	October, 1998
Rappahannock Regional Adult	Fredericksburg, King George, Stafford, Spotsylvania	Circuit	Adult	October, 1998
Richmond Adult	Richmond City	Circuit	Adult	March, 1998
Roanoke Adult	Roanoke City, Roanoke County, Salem	Circuit	Adult	September, 1995
Russell Adult	Russell	Circuit	Adult	July, 2012
Smyth Co. Recovery Court	Smyth	Circuit	Adult	April, 2016
Staunton Adult	Staunton, Augusta, Waynesboro	Circuit	Adult	July, 2002
Tazewell Adult	Tazewell	Circuit	Adult	March, 2009
Thirtieth District Juvenile	Lee, Scott, Wise	J&DR	Juvenile	September, 2002
Thirtieth Judicial Circuit Adult	Lee, Scott, Wise	Circuit	Adult	July, 2012
Twenty-First Judicial Circuit Adult	Henry, Martinsville, Patrick	Circuit	Adult	May, 2021
Twin Counties Recovery Court	Grayson, Carroll, Galax	Circuit	Adult	October, 2017
Virginia Beach Adult	Virginia Beach	Circuit	Adult	April, 2016
Washington Adult	Washington	Circuit	Adult	July, 2012
Waynesboro DUI	Waynesboro, Augusta, Staunton	General District	DUI	June, 2011
Wythe Adult	Wythe	Circuit	Adult	April, 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:

A handwritten signature in black ink that reads "Paul L. Haminger". The signature is written in a cursive, flowing style.

Clerk

***Appendix E: State Drug Treatment Court Advisory Committee  
Membership Roster***

**Chair:**

The Honorable S. Bernard Goodwyn  
Chief Justice  
Supreme Court of Virginia

**Vice-Chair:**

The Honorable Jack S. Hurley\*  
Judge  
Tazewell Circuit Court  
Tazewell Adult Drug Court

**Members:**

Major William H. Anspach Chief Colonial Heights Police Department Virginia Association of Chiefs of Police	The Honorable Llezelle Dugger Clerk Charlottesville Circuit Court Circuit Court Clerks Association
The Honorable David B. Carson Judge Twenty-Third Judicial Circuit Member At-Large	Karl Hade Executive Secretary Office of the Executive Secretary
Harold Clark Director Virginia Department of Corrections	The Honorable Karl Leonard Sheriff Chesterfield County Virginia Sheriff's Association
Nikki Clarke Program Manager Legislation, Regulations & Guidance Virginia Department of Social Services	Jennifer MacArthur Manager Division of Programs and Adult Services
Angela Coleman Executive Director Commission on Virginia Alcohol Safety Action Program	The Honorable Collette McEachin Commonwealth's Attorney City of Richmond Commonwealth's Attorney Assoc.
Tim Coyne Deputy Executive Director Virginia Indigent Defense Commission	The Honorable Eric Olsen Commonwealth's Attorney Stafford County Member At-Large
The Honorable Louise DiMatteo* Judge Arlington Circuit Court	Megan Roane Director Blue Ridge Court Services Virginia Community Criminal Justice Association
	Cheryl Robinette Coordinator Tazewell Adult Drug Court Member At-Large

The Honorable Charles S. Sharp  
Judge (Retired)  
Stafford Circuit Court  
Member At-Large

The Honorable Deborah S. Tinsley  
Judge  
Goochland Co. Juvenile & Domestic Relations  
District Court  
Goochland Family Drug Treatment Court

Julie Truitt  
Substance Use Disorder Quality Manager  
Office of Adult Behavioral Health  
Dept. of Behavioral Health and Developmental  
Services

The Honorable Robert Turk\*  
Judge  
Montgomery Circuit Court  
Montgomery Adult Drug Court

The Honorable Joseph A. Vance, IV\*  
Judge  
Fredericksburg Juvenile & Domestic Relations  
District Court  
Rappahannock Juvenile Drug Court

Natalie Ward-Christian  
Executive Director  
Hampton/Newport News CSB  
Virginia Assoc. of CSBs

*\* Executive Committee member*

**Staff:**

Paul DeLosh  
Director  
Judicial Services Department  
Office of the Executive Secretary

Anna T. Powers  
State Specialty Dockets Coordinator  
Judicial Services Department  
Office of the Executive Secretary

Marc Leslie  
Specialty Dockets Analyst  
Judicial Services Department  
Office of the Executive Secretary

Brandon Felton  
Specialty Dockets Administrative Assistant  
Judicial Services Department  
Office of the Executive Secretary

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

Auriel Diggs  
Specialty Dockets Grants Analyst  
Judicial Services Department  
Office of the Executive Secretary