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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:

Virginia Code 18.2-254.2 directs the Office of the Executive Secretary of the Supreme Court of Virginia 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. Please find attached the current annual report.

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

With best wishes, I am

Very truly yours,

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

Karl R. Hade

KRH:atp

Enclosure

cc: Division of Legislative Automated Systems

2022 Virginia Specialty Dockets Annual Report

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

PREFACE

Virginia Code §18.2-254.2 (Appendix A) 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 section further requires each local specialty docket to “submit evaluative reports to the Office of the Executive Secretary as requested” and requires the Office of the Executive Secretary to submit a report of such evaluations to the General Assembly by December 1 of each year. This report is submitted in compliance with the requirement.¹

¹ This report includes information about Veteran Treatment Dockets. Evaluation information on drug treatment courts and behavioral/mental health dockets is reported separately, in accordance with Va. Code § 18.2-254.1 and Va. Code § 18.2.254.3.

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VIRGINIA SPECIALTY DOCKETS

The Virginia Judicial System’s mission is “to provide an independent, accessible, responsive forum for the just resolution of disputes in order to preserve the rule of law and to protect all rights and liberties guaranteed by the United States and Virginia Constitutions.” In response to numerous inquiries about various specialty dockets in Virginia, the Supreme Court of Virginia promulgated Rule 1:25, Specialty Dockets, effective January 16, 2017. The Rule includes the definition of and criteria for specialty dockets, types of recognized specialty dockets, authorization process to establish a recognized specialty docket, process to expand the types of specialty dockets, oversight structure, operating standards, funding, and evaluation.

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 treatment dockets, and (iii) behavioral health dockets (§18.2-254.3). A circuit or district court that intends to establish one or more types of these recognized specialty dockets must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty docket. These specialized dockets are designed to fulfill local needs utilizing local resources. Pursuant to Code of Virginia §18.2-254.2, this report will provide an annual summary of veterans treatment dockets.

Specialty dockets integrate treatment services with justice system case processing to promote public safety while protecting participants’ due process rights. These dockets help 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. They often also include alternatives to incarceration, case dismissal, reduction in charges, and reduction in supervision.

Mental illnesses are common, affecting millions of people each year. Over 1,200,000 adults in Virginia have a mental health condition.² One (1) American dies by suicide every 12 minutes.³ In Virginia, the 2019 rate of suicide for the general public was 16.9 deaths per 100,000.⁴

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.⁵ Medical records of veterans reveal “that one in three patients was diagnosed with at least one mental health disorder – 41% were diagnosed with either a mental health or a behavioral adjustment disorder”.³ In compensation or in combination with military-related diseases, many veterans develop substance use disorders (SUDs) and a large number

² NAMI Virginia, available at <https://namivirginia.org/>

³ Suicide Awareness Voices of Education (SAVE) available at [Suicide Statistics and Facts – SAVE](#)

⁴ <https://www.vdh.virginia.gov/content/uploads/sites/18/2021/06/Annual-Report-2019-FINAL.pdf>

⁵ 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>.

ultimately commit suicide.⁶ About 70 - 80% of participants in a Veterans Treatment, Behavioral Health or Drug Treatment Court Docket have a co-occurring disorder. People experiencing mental illness and substance use disorders are disproportionately likely to encounter law enforcement officers, which does not result in increased access to appropriate care but rather results in their over-representation within the criminal justice system. Specialty 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.

Specialty dockets accommodate offenders with specific problems and needs that are not or could not be adequately addressed in the traditional court setting. They have been called by various titles, including therapeutic jurisprudence courts/dockets, problem-solving dockets and problem-solving justice. Specialty dockets seek to promote outcomes that will benefit not only the offender, but also the victim and society. They were developed as an innovative judicial response to a variety of offender problems, including substance abuse and mental illness, as well as problems presented to the courts involving military veterans. Early studies conclude that these types of dockets have a generally positive impact on the lives of offenders and victims and, in most instances, save governmental authorities significant jail and prison costs.⁷

Across the country, specialty dockets have experienced exponential growth in recent years. The basis for this growth is a common belief that courts and judges have an obligation to use their resources and best efforts to solve the problems that bring people into court, whether as the accused, the victim, or the witness. Toward that end, specialty dockets generally involve hearings before a judge who, through frequent interaction, utilizes incentives as well as sanctions in order to compel defendants to comply with appropriate treatment and intervention. These dockets are using best practices of administering justice, recreating ways that state courts address the many factors that contribute to crime. Among these are mental illness, addiction, domestic violence, and child abuse or neglect. The judge works closely with a community-based team of experts to develop a specific case plan for each person before the court. The primary goal is to protect public safety through individualized, meaningful treatment. These dockets include:

Veterans Treatment dockets serving military veterans and service members with identified substance use and/or mental illness. These dockets promote sobriety, recovery, and stability through a coordinated response to facilitate substance use and/or mental health treatment and linking them with Veterans Affairs services, or other resources uniquely designed for their needs. Public safety is enriched by reconnecting these veterans with the camaraderie of fellow veterans, which taps into the unique aspects of military and veteran culture, as another distinctive component that can aid justice-involved veterans' recovery.

Behavioral Health dockets employing evidence-based practices to diagnose mental illness and provide appropriate treatment, enhance public safety, reduce recidivism, ensure offender accountability, and promote offender self-management of their illness in the community.

⁶ NIH, National Library of Medicine Published online 2015 Dec 1. doi: [10.2147/AMEP.S89479](https://doi.org/10.2147/AMEP.S89479). [US veterans and their unique issues: enhancing health care professional awareness - PMC \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/26111111/)

⁷ https://www.nadep.org/wp-content/uploads/Research%20Update%20on%20Adult%20Drug%20Courts%20-%20NADCP_1.pdf

Drug Treatment dockets offering state and local governments a cost-effective way to increase the percentage of sustained recovery of addicted offenders by incorporating evidence-based strategies thereby improving public safety and reducing costs associated with rearrest and additional incarceration.

Specialty dockets are a collaborative multi-disciplinary team approach. Specialty dockets effectively combine local and state resources from the behavioral health and criminal justice systems. The docket teams include:

Docket Personnel	Veterans Treatment	Behavioral Health	Drug Treatment
Judge	✓	✓	✓
Prosecutor	✓	✓	✓
Defense Counsel	✓	✓	✓
Coordinator	✓	✓	✓
Treatment provider	✓	✓	✓
Probation officer (State/local Community Corrections)	✓	✓	✓
Law Enforcement	✓	✓	✓
Veterans Justice Outreach Liaison (VJO)	✓		
Mentor Coordinator	✓		
Virginia Department of Veterans Services Representative	✓		
Peer support specialist		✓	✓
Researcher			✓
Veterans Administration	✓		
Case manager	✓	✓	✓
Sponsor	✓	✓	✓

VETERANS TREATMENT DOCKETS

There are approximately 20.3 million veterans living in the United States, representing over seven percent of the U.S. population.⁸ Due to the recent conflicts in Iraq and Afghanistan, the U.S. faces an additional influx of veterans who return home grappling with mental illness, substance use, intimate partner violence, and homelessness. Justice for Vets, a nonprofit dedicated to transforming the way the justice system identifies, assesses, and treats veterans, found that one in five veterans returning home from combat has symptoms of a mental health disorder or cognitive impairment, while one in six veterans who served in Operation Iraqi Freedom suffered from a substance use issue. These

⁸ https://www.va.gov/vetdata/Veteran_Population.asp

conflicts have also resulted in an increased number of veterans who have experienced traumatic brain injury and military sexual trauma. An average of one in four women and about one in 100 men have been reported victims of military sexual assault.⁹ Left untreated, these mental health disorders, substance use, and military sexual trauma experienced by veterans have been found to be directly related to involvement in the criminal justice system.¹⁰

For veterans, the rate was 25.8 deaths by suicide per 100,000.¹¹ Virginia adults who have served in the military account for 10.3 percent of the state's population, the second-highest percentage among the 50 states. Many veterans don't show any signs of an urge to harm themselves before doing so. But some may show signs of depression, anxiety, low self-esteem, or hopelessness or change the way they act. US military veterans also suffer from a high rate of alcohol and illicit drug addiction. Tobacco addiction is also quite high among former soldiers. It should be noted, however, that these rates are lower than abuse and addiction rates amongst active military personnel, but still much higher than rates within the civilian population.¹²

The latest available data suggests an estimated 181,500 U.S. veterans are incarcerated in prisons and jails across the country.¹³ This represents approximately 8 percent of all inmates.¹⁴ According to the Bureau of Justice Statistics, veterans in prison (23 percent) were twice as likely as nonveterans (11 percent) to report that a mental health professional told them they had post-traumatic stress disorder.¹⁵ A higher percentage of veterans (55 percent) than nonveterans (43 percent) in jail reported that, at some point in their lives, a mental health professional told them they had a mental disorder.¹⁶ The most common disorder for veterans (34 percent) and nonveterans (30 percent) was major depressive disorder.¹⁷ These numbers demonstrate the need for specific interventions for justice-involved veterans

Veterans treatment dockets serve military veterans with treatment needs who face possible incarceration. These dockets promote sobriety, recovery, and stability through a coordinated response with the understanding that the bonds of military service and combat run very deep. Veterans dockets allow veterans to navigate the court process with other veterans who are similarly situated and have common experiences, but also link them with VA services uniquely designed for their needs. Veterans Treatment Dockets benefit from support provided by U.S. Department of Veteran Affairs volunteer veteran mentors and veterans' family support organizations.¹⁸

⁹ Department of Defense. "Department of Defense Annual Report on Sexual Assault in the Military." 2018 https://www.sapr.mil/sites/default/files/DoD_Annual_Report_on_Sexual_Assault_in_the_Military.pdf

¹⁰ [15725_NADCP_NTK_MultiSite_v5.indd](#)

¹¹ U.S Department of Veterans Affairs, available at <https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019-State-Data-Sheet-Virginia-508.pdf>.

¹² [Why Veterans Turn to Drugs and Alcohol - Recovering The Self \(recoveringself.com\)](#)

¹³ U.S. Department of Justice. Office of Justice Programs, Bureau of Justice Statistics. "Fewer Veterans in Prisons and Jails in 2011-12 Than 2004." News release, December 7, 2015. Fewer Veterans in Prisons and Jails in 2011-12 Than 2004. <https://www.bjs.gov/content/pub/press/vp1112pr.cfm>

¹⁴ Ibid.

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ <https://www.ndci.org/wp-content/uploads/PCP%20Report%20FINAL.PDF>

Virginia's Veterans Treatment Dockets are specialized criminal dockets that provide specific services for veterans with identified substance dependency or mental illness. The Veterans Treatment Docket model adopts many elements from the adult drug treatment court and behavioral health docket models, including frequent court appearances, accountability, and individualized treatment plans. Programs offer substance use and mental health treatment to justice-involved veterans in need of treatment as an alternative to traditional case processing. One element of the Veterans Treatment Docket model that sets it apart from adult drug treatment court is the participation of veteran peer mentors. The camaraderie of fellow veterans, which taps into the unique aspects of military and veteran culture, is another distinctive component that can aid justice-involved veterans' program completion.

In 2020, OES was awarded an Office of Justice Programs grant under the Adult Drug Treatment Court and Veterans Treatment Court: Strategies to Support Adult Drug Courts and Veterans Treatment Court solicitation. The grant supports the expansion of Veterans Treatment Docket throughout Virginia. Specific goals include, but are not limited to, implementing regional Veterans Reentry Search Services (VRSS) training in collaboration with Virginia Department of Veterans Services to aid local jails in identifying inmates or defendants who have served in the United States military; providing additional training and technical assistance opportunities for specialty docket teams to promote compliance with national best practices; and developing a Veterans Docket Tool-Kit and companion information videos, downloadable reference documents, and interactive diagrams.

This report reviews the basic operations and outcomes of Virginia's Veterans Treatment Dockets in FY 2022. Information is provided in this report on program participants, including demographics, program entry offenses, program length, and program completion or termination. This information is based on data from the drug court docket database established and maintained by the Office of the Executive Secretary (OES). Veterans treatment docket personnel in local programs entered data on docket participants into the OES Specialty Docket Database. Due to the small number of participants in each Veterans Treatment Docket, these results should be considered with caution. In some cases, there were too few cases to extract conclusions.

Veterans Treatment Dockets Operating in Virginia

The goals of Virginia Veterans Treatment Docket programs are: (1) to reduce substance use and mental illness associated with criminal behavior by engaging and retaining the justice-involved veteran in need of treatment services; (2) to address other needs through clinical assessment and effective case management; and (3) to remove certain cases from traditional courtroom settings.

The first Veterans Docket in Virginia began prior to the January 16, 2017, effective date of Rule of Court 1:25 (*see Appendix B*). Pursuant to the Rule of Court 1:25, the Veterans Docket Advisory Committee was appointed by the Chief Justice. In the latter half of 2017 the Veterans Docket Advisory Committee approved four dockets to operate. As additional applications for Veterans Treatment Docket were received, the committee convened to review the applications for approval.

At the conclusion of FY 2022, there were seven approved and operational Veterans Treatment Dockets. Five Veterans Treatment Dockets operate in circuit courts. One operates in a general district court, while one operates in a juvenile and domestic relations district court (See Figure 1 and Table 1).

Figure 1. Operational Veterans Treatment Dockets in Virginia, FY 2022

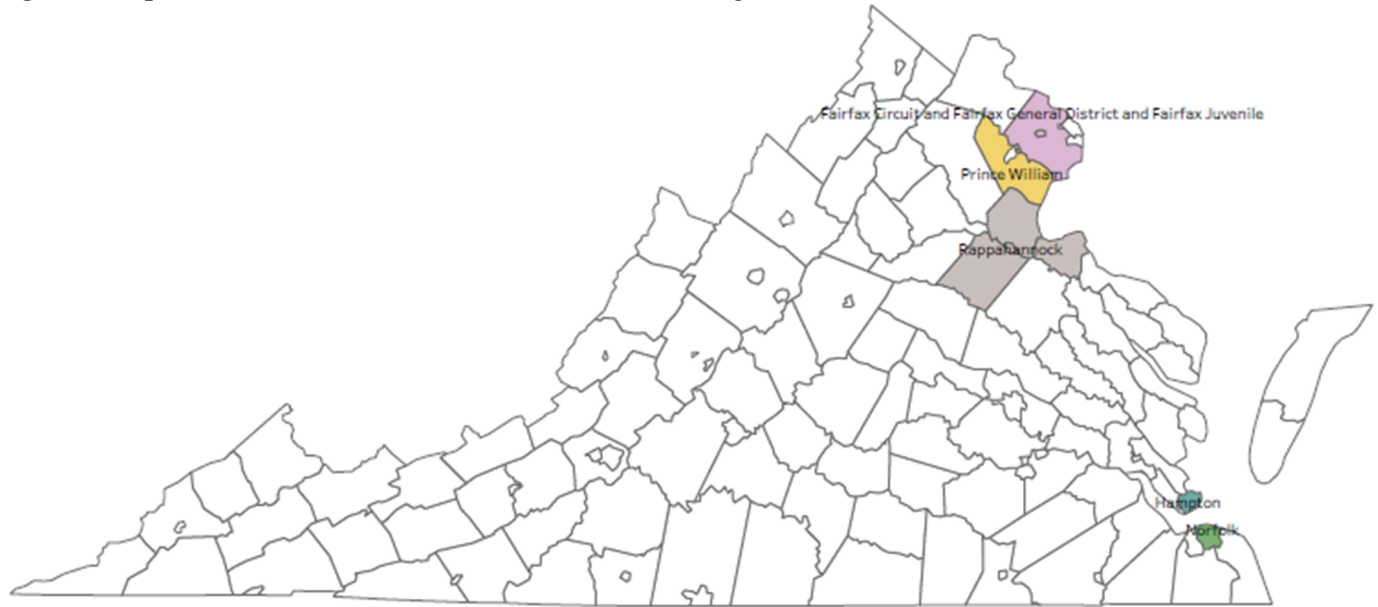


Table 1. Approved Veterans Treatment Dockets in Virginia, FY 2022

Veterans Treatment Dockets

Fairfax Circuit Court

Fairfax General District Court

Fairfax Juvenile and Domestic Relations District Court

Hampton Circuit Court

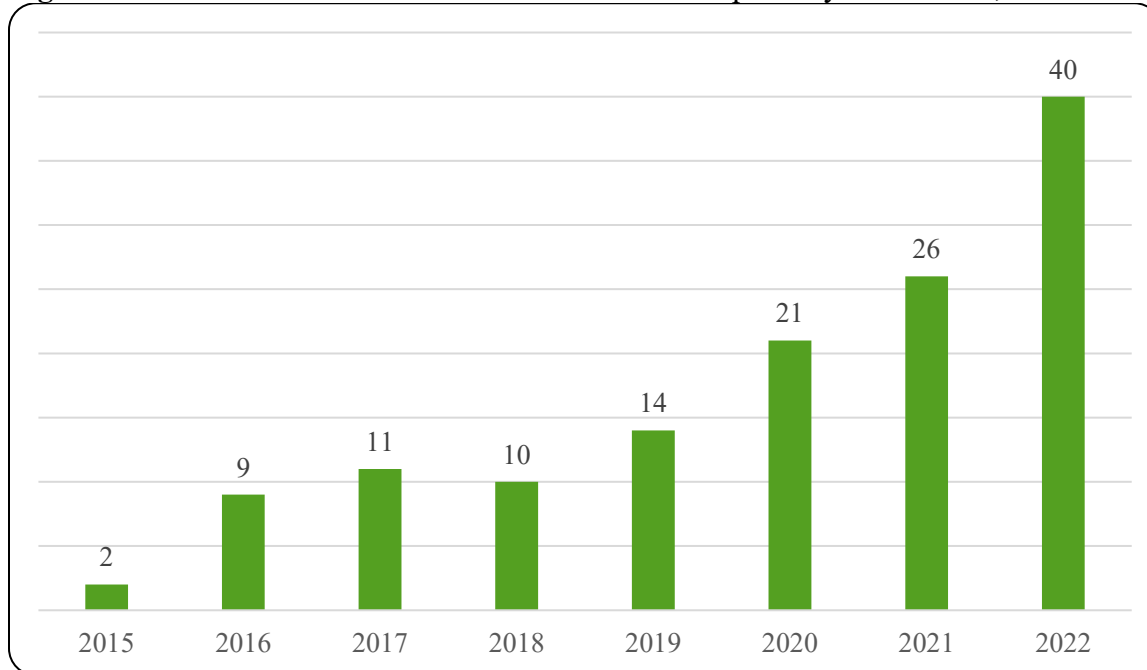
Norfolk Circuit Court

Prince William Circuit Court

Spotsylvania Circuit Court

This specialty docket report specifically highlights the participants actively enrolled in a Veterans Treatment Docket program during FY 2022. There were 40 active participants, a 53.8% increase from the 26 active participants reported in FY 2021 (see Figure 2). In addition, there were 45 *known* veterans served by Adult Drug Court dockets and Behavioral Health dockets. These additional veterans were identified in the intake assessment and by a data match with the United States Department of Veteran Affairs Veterans Re-Entry Search Services.

Figure 2. Number of Veterans Treatment Docket Participants by Fiscal Year, 2015-2022



The most common criminal charges against active veteran participants prior to referral included forgery (22 persons, 56.4%), DUI/DWI (21 persons, 53.8%), and drug possession (6 persons, 15.4%).

Summary of Veterans Treatment Docket Activity

Of the 40 active Veterans Treatment Docket participants during FY 2022, most were Black/African-American (50.0%) and male (87.5%). The most common age group was ages 30-39 (47.5%) (see Table 2).

Referrals: There were 43 referrals to Veterans Treatment Dockets in FY 2022, a 43.3% increase from the 30 referrals reported for FY 2021.

Admissions: Of the 43 referrals, 20 participants were admitted for an acceptance rate of 46.5%. This is a 122.2% increase over the 9 acceptances from FY 2021.

Gender: Most (87.5%) of participants identified as male, and 12.5% identified as female.

Ethnicity: Six participants (15.0%) identified as Hispanic/Latino.

Age: The largest age group was ages 30-39 (19 participants, 47.5%); the median age was 38-years old.

Marital Status: Most participants (12 participants, or 30.0%) were single, followed by married (9 participants, 22.5%) and divorced (7 participants, 17.5%) (see Table 3).

Employment: The most common employment status was unemployed (11 participants, 27.5%).

Education: Participants commonly had some college education (13 participants, 32.5%) or a high school degree or equivalent (8 participants, 20.0%).

Table 2. Demographics of Veterans Treatment Docket Participants, FY 2022

Gender	#	%
Male	35	87.5
Female	5	12.5
Race		
Black/African American	20	50.0
White	19	47.5
Other	1	2.5
Ethnicity		
Hispanic	6	15.0
Non-Hispanic	28	70.0
Unknown	6	15.0
Age at Start of Program		
18-29 years-old	4	10.0
30-39 years-old	19	47.5
40-49 years-old	6	15.0
50-59 years-old	8	20.0
60 years and older	3	7.5
Total	316	100.0

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

Table 3. Social Characteristics of Veterans Treatment Docket Participants, FY 2022

Marital Status	#	%
Single	12	30.0
Married	9	22.5
Divorced	7	17.5
Separated	4	10.0
Cohabiting	1	2.5
Widowed	1	2.5
Unknown	6	15.0
Employment		
Unemployed	11	27.5
32+ hours/week	8	20.0
Disabled	6	15.0
Full-Time w/Benefits	6	15.0
Less than 32+ hours/week	3	7.5
Unknown	6	15.0
Education		
Some College	13	32.5
High School/GED	8	20.0
Bachelor's Degree	5	12.5
Less than High School	3	7.5
Post-Bachelor's	3	7.5
Vocational Training	1	2.5
Associates Degree	1	2.5
Unknown	6	15.0
Total	40	100.0

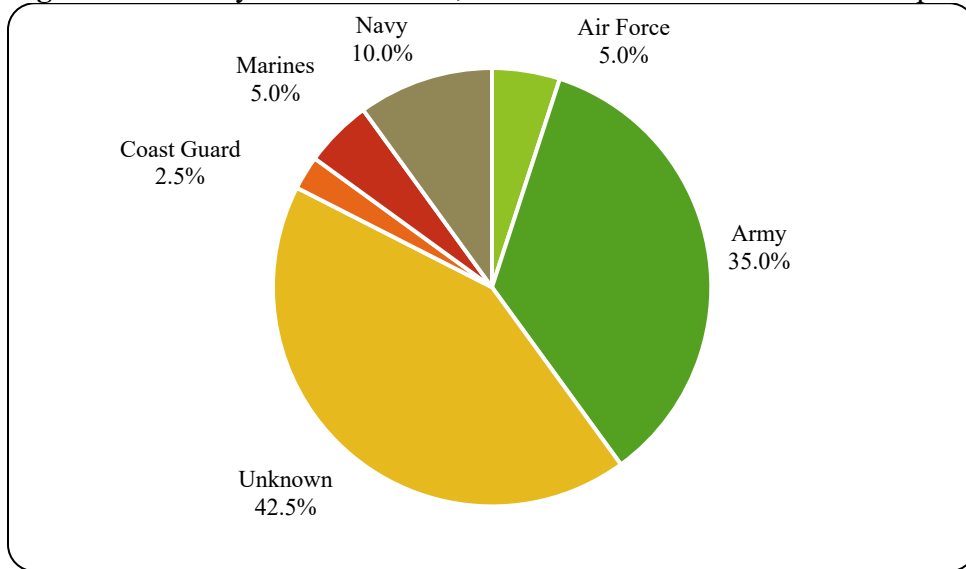
Note: Data reflect self-reported demographics at the time of referral.

Military Service History

Branch of Service: Branch of service was unknown for 17 (42.5%) of participants due to it not being recorded in the database. The most common branch listed was the Army (14 participants, 35.0%) (see Figure 3). Among participants with known dates of service, the average time served in the military was five years.

Deployment: Nine participants (22.5%) were known to have been deployed during their time in the military.

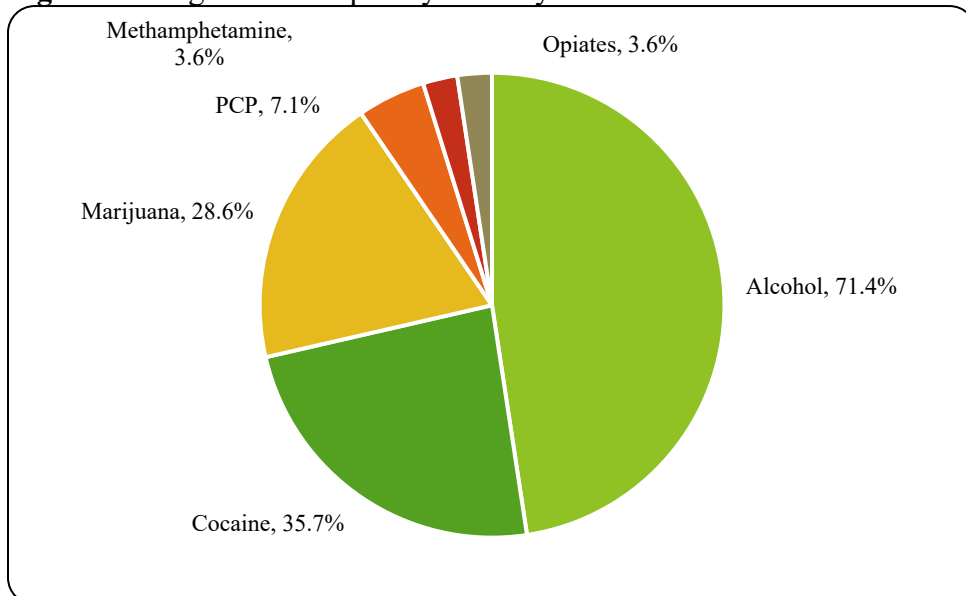
Figure 3. Military Service Branch, Veterans Treatment Docket Participants, FY 2022



Drugs History and Drug Screens

Drug History: When referred to a Veterans Treatment Docket, participants were asked to disclose previously used drugs. Participants may have used multiple drugs. The most frequently reported drugs (see Figure 4) were alcohol (20 participants, 71.4%), cocaine (10 participants, 35.7%), and marijuana (8 participants, 28.6%).

Figure 4. Drugs Most Frequently Used by Veterans Treatment Docket Participants, FY 2022



Note: Figure 4 should be interpreted with caution. Data are based on self-reported drug use. Participants may report using more than one drug or may choose to not disclose previous drug use.

Program Drug Screenings: In FY 2022, there were 1,768 drug screenings conducted for the 31 participants for whom data were available, an average of 57 screenings per participant for the year. Of the total screenings, 95.4% (1,687) were negative, a 5.7% increase from the number of negative screens reported in FY 2021 (see Table 4).

Table 4. Veterans Treatment Docket Drug Screens, FY 2022

	#	%
Negative	1,687	95.4
Positive	41	2.3
Administrative Positive*	40	2.3
Total Screens	1,768	100.0

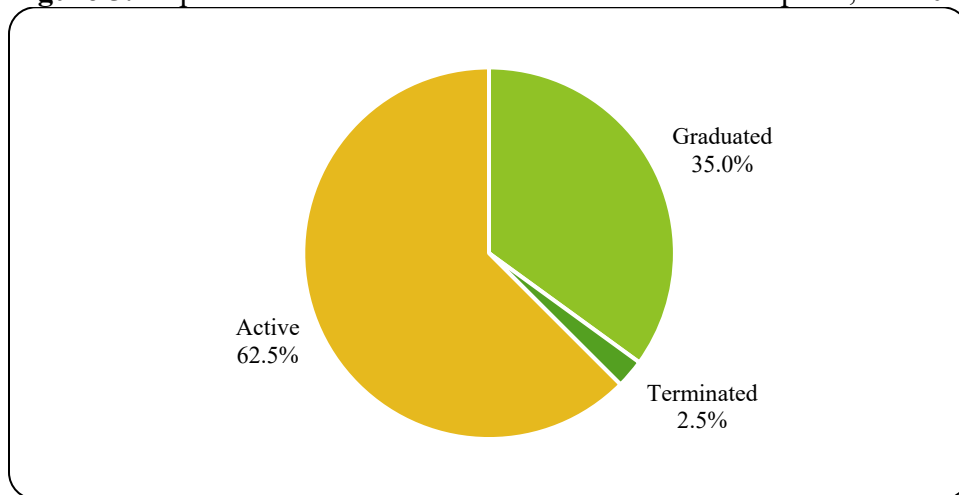
* An Administrative Positive screen is where a participant fails to appear for screening and is assumed to be positive.

Summary of Departures

Graduation Rates: Among the 40 active Veterans Treatment Docket participants during FY 2022, 15 participants departed the program. Of the 15 departures, 14 graduated. The graduation rate was 35.0%, the same rate that was found in FY 2021 (see Figure 5).

Termination Rates: Just one participant (2.5%) was terminated in FY 2022.

Figure 5: Departures for Veterans Treatment Docket Participants, FY 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). Graduates had a mean length of stay of 774 days.

REFERENCES

Department of Defense. "Department of Defense Annual Report on Sexual Assault in the Military." 2018 Retrieved on October 23, 2022 from:

https://www.sapr.mil/sites/default/files/DoD_Annual_Report_on_Sexual_Assault_in_the_Military.pdf

Marlowe, Douglas B. (2010, Dec). Research Update on Adult Drug Courts. Retrieved at:

https://www.nadcp.org/wp-content/uploads/Research%20Update%20on%20Adult%20Drug%20Courts%20-%20NADCP_1.pdf

NAMI Virginia, available at <https://namivirginia.org/>

National Drug Court Institute. 2011. Painting the Current Picture: A National Report on Drug Courts and Other Problem-Solving Courts in the United States. Alexandria, VA

Rossman, S. & Zweig, J. (2012, May) The Multisite Adult Drug Court Evaluation. Retrieved on October 23, 2022 from <https://www.nadcp.org/wp-content/uploads/Multisite%20Adult%20Drug%20Court%20Evaluation%20-%20NADCP.pdf>

SAMHSA National Survey on Drug Use and Health (NSDUH), Retrieved on November 2, 2022 from: <https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health>

U.S. Department of Justice. Office of Justice Programs, Bureau of Justice Statistics. "Fewer Veterans in Prisons and Jails in 2011-12 Than 2004." News release, December 7, 2015. Retrieved at: <https://www.bjs.gov/content/pub/press/vpj1112pr.cfm>

U.S Department of Veterans Affairs, available at <https://www.mentalhealth.va.gov/docs/data-sheets/2019/2019-State-Data-Sheet-Virginia-508.pdf>

APPENDICES

Appendix A: § 18.2-254.2. Specialty dockets; report

A. The Office of the Executive Secretary of the Supreme Court shall 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. Each local specialty docket shall submit evaluative reports to the Office of the Executive Secretary as requested. The Office of the Executive Secretary of the Supreme Court of Virginia shall submit a report of such evaluations to the General Assembly by December 1 of each year.

B. Any veterans docket authorized and established as a local specialty docket in accordance with the Rules of Supreme Court of Virginia shall be deemed a "Veterans Treatment Court Program," as that term is used under federal law or by any other entity, for the purposes of applying for, qualifying for, or receiving any federal grants, other federal money, or money from any other entity designated to assist or fund such state programs.

2019, cc. 13, 51; 2020, c. 603.

Appendix B: Rule 1:25 Specialty Dockets

VIRGINIA:

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

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

Rule 1:25. Specialty Dockets.

(a) Definition of and Criteria for Specialty Dockets.

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

- (b) Types of Specialty Dockets.* -The Supreme Court of Virginia currently recognizes only the following three types of specialty dockets: (i) drug treatment court dockets as provided for in the Drug Treatment Court Act, § 18.2-254.1, (ii) veterans dockets, and (iii) behavioral/mental health dockets. Drug treatment court dockets offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases.

The dispositions in the family drug treatment court dockets established in juvenile and domestic relations district courts may include family and household members as defined in

Virginia Code § 16.1-228. Veterans dockets offer eligible defendants who are veterans of the armed services with substance dependency or mental illness a specialized criminal specialty docket that is coordinated with specialized services for veterans. Behavioral/mental health dockets offer defendants with diagnosed behavioral or mental health disorders judicially supervised, community-based treatment plans, which a team of court staff and mental health professionals design and implement.

- (c) *Authorization Process.* - A circuit or district court which intends to establish one or more types of these recognized specialty dockets must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty docket or, in the instance of an existing specialty docket, continuing its operation. A petitioning court must demonstrate sufficient local support for the establishment of this specialty docket, as well as adequate planning for its establishment and continuation.
- (d) *Expansion of Types of Specialty Dockets.* - A circuit or district court seeking to establish a type of specialty docket not yet recognized under this rule must first demonstrate to the Supreme Court that a new specialty docket of the proposed type meets the criteria set forth in subsection (a) of this Rule. If this additional type of specialty docket receives recognition from the Supreme Court of Virginia, any local specialty docket of this type must then be authorized as established in subsection (c) of this Rule.
- (e) *Oversight Structure.* - By order, the Chief Justice of the Supreme Court may establish a Specialty Docket Advisory Committee and appoint its members. The Chief Justice may also establish separate committees for each of the approved types of specialty dockets. The members of the Veterans Docket Advisory Committee, the Behavioral/Mental Health Docket Advisory Committee, and the committee for any other type of specialty docket recognized in the future by the Supreme Court shall be chosen by the Chief Justice. The State Drug Treatment Court Advisory Committee established pursuant to Virginia Code § 18.2-254.1 shall constitute the Drug Treatment Court Docket Advisory Committee.
- (f) *Operating Standards.* - The Specialty Docket Advisory Committee, in consultation with the committees created pursuant to subsection (e), shall establish the training and operating standards for local specialty dockets.
- (g) *Financing Specialty Dockets.* - Any funds necessary for the operation of a specialty

docket shall be the responsibility of the locality and the local court but may be provided via state appropriations and federal grants.

- (h) *Evaluation.* -Any local court establishing a specialty docket shall provide to the Specialty Docket Advisory Committee the information necessary for the continuing evaluation of the effectiveness and efficiency of all local specialty dockets.

A Copy,

Teste:


Clerk

Appendix C: Veterans Docket Advisory Committee Membership Roster

Co-Chairs:

The Honorable Penney Azcarate
Judge
Fairfax Veterans Treatment Docket
Fairfax County Circuit Court

&

The Honorable Wilford Taylor, Jr. (Ret.)
Hampton Veterans Treatment Docket
Hampton Circuit Court

Members:

Karl Hade
Executive Secretary
Office of the Executive Secretary

The Hon. Lisa Maye
Judge
Fairfax General District Court

Anetra Robinson
Assistant Commonwealth's Attorney
City of Norfolk

Daniel Gade
Commissioner
Department of Veterans Services

Joey Carico, Esq.
Executive Director
Southwest Legal Aid

The Hon. Ricardo Rigual
Judge
Spotsylvania Circuit Court
Rappahannock Regional Veterans Docket

The Hon. Llezelle Dugger
Charlottesville Circuit Court
Virginia Court Clerks Association

Natalie Ward Christian
Executive Director
Newport News Community Services Board
VACSB Representative

Wendy Goodman
Administrator/Case Manager
Program Infrastructure Reentry Unit
Virginia Department of Corrections

Caleb Stone, J.D.
Professor of the Practice
Lewis B. Puller, Jr., Veterans Benefit Clinic
William & Mary Law School

Catherine French-Zagurskie
Chief Appellate Counsel
Virginia Indigent Defense Commission

Staff:

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

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

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

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

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

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

Appendix D: Standards for Veterans Dockets in Virginia

Standard 1: *Administration.* Each docket must have a policy and procedure manual that sets forth its goals and objectives, general administration, organization, personnel, and budget matters.

Standard 2: *Team.* A veterans docket team should include, at a minimum, the judge, Commonwealth's Attorney, Defense Attorney, and a representative from local treatment providers, a Veterans Justice Liaison, a representative from the local Department of Social Services, a veteran mentor coordinator, and a representative from community corrections.

Standard 3: *Evidence-Based Practices.* The docket should establish and adhere to practices that are evidence-based and outcome-driven and should be able to articulate the research basis for the practices it uses.

Standard 4: *Voluntary and Informed Participation.* All docket participants should be provided with a clear explanation of the docket process. Participation in the docket must be completely voluntary. Participants must have capacity to consent to participation in the docket.

Standard 5: *Eligibility Criteria.* Criteria regarding eligibility for participation in the docket must be well-defined and written, and must address public safety and the locality's treatment capacity. The criteria should focus on high risk/high need veterans who are at risk for criminal recidivism and in need of treatment services.

Standard 6: *Program Structure.* A veterans docket program should be structured to integrate alcohol, drug treatment and mental health services with justice system processing. Participants should progress through phases of orientation, stabilization, community reintegration, maintenance, successful completion and transition out of the program. All participants shall be paired with a veteran mentor to navigate them through the program and assist with VA healthcare.

Standard 7: *Treatment and Support Services.* Veterans dockets must provide prompt admission to continuous, comprehensive, evidence-based treatment and rehabilitation services to participants. All treatment providers used by the docket should be appropriately licensed by the applicable state regulatory authority or the equivalent federal governing agency when applicable, and trained to deliver the necessary services according to the standards of their profession.

Standard 8: *Participant Compliance.* Veterans dockets should have written procedures for incentives, rewards, sanctions, and therapeutic responses to participant behavior while under court supervision. These procedures must be provided to all team members and the participant at the start of a participant's participation in the program.

Standard 9: Confidentiality. Veterans docket programs must protect confidentiality and privacy rights of individuals and proactively inform them about those rights. Information gathered as part of a participant's court-ordered treatment program or services should be safeguarded in the event that the participant is returned to traditional court processing.

Standard 10: Evaluation and Monitoring. Veterans docket programs must establish case tracking and data collection practices. At a minimum, data should be collected regarding 1) Characteristics of the Participants, 2) Clinical Outcomes, and 3) Legal Outcomes. All veteran docket programs are subject to annual fiscal and program monitoring by the Office of the Executive Secretary.

Standard 11: Education. All team members, including the judge, should be generally knowledgeable about mental illness, service related issues, trauma, substance abuse disorders, and pharmacology, as relevant to the docket. All team members should attend continuing education programs or training opportunities to stay current regarding the legal aspects of a veterans' dockets and the unique clinical challenges facing veterans.