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December 2, 2024

The General Assembly of Virginia
201 N. Ninth Street
The General Assembly Building
Richmond, VA 23219

Dear Senators and Delegates:

The Virginia Recovery 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 recovery court advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all recovery courts established in accordance with the Rules of the 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,

Karl R. Hade

KRH:tec

Enclosure

cc: Division of Legislative Systems

2024

Virginia Recovery Courts Annual Report

REPORT OF
Office of the Executive Secretary
Supreme Court of Virginia

TO THE
General Assembly of Virginia



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PREFACE

The Virginia Recovery Court Act (Code of Virginia § 18.2-254.1) requires that the Office of the Executive Secretary (OES) of the Supreme Court of Virginia, with the assistance of the state Recovery Court Advisory Committee, develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local recovery courts established in accordance with the Rules of Supreme Court of Virginia.¹ This Recovery Court Annual Report fulfills a component of that requirement. The primary data presented in this report pertains to Fiscal Year 2024. However, for a longitudinal perspective, some tables and figures may include data dating back to 2017. In the section on criminal recidivism, the focus is on individuals who exited an adult recovery court in 2021, as detailed in that section.

¹ The 2024 General Assembly passed legislation to amend and reenact §§ **18.2-251.02** and **18.2-254.1** of the Code of Virginia, renaming the Drug Treatment Court Act as the Recovery Court Act. The bill also directs the Supreme Court of Virginia to rename the state Drug Treatment Court Advisory Committee as the Recovery Court Advisory Committee.



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EXECUTIVE SUMMARY

During fiscal year (FY) 2024, sixty-one (61) approved recovery courts operated in Virginia. These included fifty-two (52) adult courts, three (3) juvenile courts, five (5) family courts, and one (1) regional driving under the influence (DUI) recovery court. Notably, data from the recently approved Central Virginia Adult Recovery Court and Hanover Adult Recovery Court are not included in this report, as they did not begin operations during FY 2024. Central Virginia Adult Recovery Court received approval in June 2024, while Hanover Adult Recovery Court, originally approved in 2016, was re-approved to resume operations in June 2024.

Goals of Virginia Recovery Courts include:

- Reducing substance use among offenders.
- Lowering recidivism rates.
- Decreasing substance-related court workloads.
- Enhancing personal, familial, and societal accountability, among offenders.
- Promoting effective planning and resource allocation among the criminal justice system and community agencies.

Recovery courts provide substance use and mental health treatment as alternatives to traditional case processing. This approach may include alternatives to incarceration, case dismissal, charge reductions, and/or reduced supervision. According to the National Institute of Mental Health, substance use disorders (SUDs) are a mental disorder that affect a person’s brain and behavior, leading to an inability to control their use of substances such as legal or illegal drugs, alcohol, or medications. The term “brain disease” emphasizes the way excessive substance use alters the brain, but it also highlights that SUDs are synonymous with mental health conditions. In Virginia, nearly a quarter million adults live with co-occurring mental health and substance use disorders.² About 70 - 80% of recovery court participants have a history with law enforcement involvement, which often leads to their overrepresentation in the criminal justice system rather than increased access to appropriate care. By integrating evidence-based strategies in a public health framework, recovery courts address offenders’ specific needs that traditional court settings often overlook. This integrated approach increases public safety by connecting the criminal justice system with treatment providers and community resources.

This report reviews the basic operations and outcomes of Virginia’s Recovery Courts during FY 2024. The analyses are based on data from participants enrolled in recovery court programs from July 1, 2023, to June 30, 2024, regardless of their participation outcomes.³ It covers measures such as participant demographics, program entry offenses, program duration, graduation and termination rates, as well as rearrest and reconviction rates post-exit.

The data presented in this report are sources from two primary databases: 1) the Virginia specialty

² 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>.

³ The primary data reported here is Fiscal Year 2024 data. However, for the purposes of longitudinal perspective, years dating back to 2016 may be presented in certain tables or figures. For the section on criminal recidivism, the focus is on persons who left a recovery court in 2021, as is detailed in that section.

dockets database, developed and maintained by OES, and 2) arrest data obtained from the Virginia State Police (VSP).

Due to the number of limited participants in the DUI, family, and juvenile recovery court models during FY 2024, only basic data are provided for these models.

The report highlights best practices in Virginia’s Recovery Courts, such as use of the Risk and Needs Triage (RANT®) tool. This tool generates immediate reports categorizing potential participants into one of four risk/needs quadrants, indicating the optimal level of supervision and treatment based on their criminogenic risks and clinical needs. Utilization of the RANT® tool is mandatory for screening all potential recovery court participants.

Best Practice

According to the Office of National Drug Control Policy (ONDCP), the drug courts model is a best practice for several reasons:

- Graduating participants gain the necessary tools to rebuild their lives.
- Drug courts provide intensive treatment and other services for a minimum of one year.
- Participants have frequent court appearances and undergo random drug testing, with a system of sanctions and incentives to encourage compliance and completion.
- Successful completion of the treatment program can result in the dismissal of the charges, reduced or suspended sentences, lesser penalties, or a combination of these outcomes.
- Drug courts rely on the daily participation of judges, court personnel, probation officers, treatment providers, and other social services providers.⁴

In 2019, All Rise published Volumes I and II of the Adult Treatment Court Best Practice Standards, Text Revision. This comprehensive guide compiles over two decades of research in addiction, pharmacology, behavioral health and criminal justice. The standards offer research-based, practitioner-focused guidance to enhance recovery courts and improve the broader judicial system’s response to offenders with substance use disorders or mental health conditions.⁵

Compliance Updates

This year, the Virginia Specialty Dockets Advisory Committees convened to review, amend, and adopt the revised Virginia Specialty Dockets Standards, which cover Virginia recovery courts, behavioral health dockets and veterans treatment dockets. These revisions align the standards more closely with evidence-based research from All Rise’s Adult Treatment Court Best Practice Standards. The second edition of the All Rise Best Practice Standards, released in December of 2023, draws on a decade of research across various adult treatment court models and addresses frequently asked questions from practitioners in the field.

⁴ The 2024 General Assembly passed legislation to amend and reenact §§ [18.2-251.02](#) and [18.2-254.1](#) of the Code of Virginia, renaming the Drug Treatment Court Act as the Recovery Court Act.

⁵ <https://allrise.org/publications/standards/>

Administration of Recovery Courts in Virginia

The Office of the Executive Secretary (OES) of the Supreme Court of Virginia supports the development, implementation, and monitoring of local adult, juvenile, family, and DUI recovery courts through the Specialty Dockets Division within the Department of Judicial Services. The state Recovery Court Advisory Committee, established pursuant to Virginia Code § 18.2-254.1, offers recommendations to the Chief Justice regarding recognition, funding, best practices, and minimum standards for recovery court operations. Additionally, the Committee reviews all proposals to establish new recovery courts and submits recommendations to the Chief Justice.

The revised standards build upon the experiences and observations of All Rise faculty and audiences, offering in-depth commentary and practical guidance to help programs implement best practices in their daily operations. The revised Virginia Specialty Dockets Standards were approved by the Advisory Committee, with an effective date set for 2025. This delay allows for the inclusion of two additional standards to be finalized by the end of 2024. Compliance visits will commence following the new effective date.

Over the past year, compliance analysts conducted familiarity visits with 30 of Virginia's specialty dockets. These visits aimed to build rapport with specialty docket teams, understand localities' unique processes, and prepare for the upcoming compliance process.

Compliance visits are designed to support Virginia specialty dockets in adhering to evidence-based best practice standards. Each docket will undergo a compliance visit once every three years in a collaborative process between OES and the respective localities specialty docket team. The in-person portion of these visits will be observational, including pre-court staffing, court hearings, and a scheduled group interview with participants. These visits will be an opportunity to collaboratively identify strengths and areas of improvement, ultimately enhancing the success of specialty docket participants across the state.

At the 2024 DUI Specialty Dockets Annual Training, Virginia's Specialty Dockets Compliance Analysts conducted an introductory session on the revised best practice standards and the upcoming compliance process. This session served as a precursor to five regional specialty dockets compliance trainings that were held throughout Virginia in September. These trainings were designed to introduce the compliance process and tools to the field, and they saw participation from ninety-seven percent (97%) of all operational Virginia Specialty Dockets. As a result, several specialty dockets volunteered to participate in the initial round of compliance visits.

With the rollout of the updated standards, as well as new compliance processes and tools, many in the field raised questions regarding the evidence-based best practice standards. In response, the Compliance Analysts developed a comprehensive Frequently Asked Questions (FAQ) document to address these inquiries and provide supplemental guidance. The team remains available to any additional questions docket teams may have regarding best practices or the compliance process.

The term 'specialty dockets' refers to specialized court dockets within the existing framework of Virginia's circuit and district court system. These dockets offer judicial monitoring of intensive

treatment, supervision, and remediation integral to case disposition.⁶ “The Supreme Court of Virginia currently recognizes three types of specialty dockets: (i) recovery court dockets as provided for in the Recovery Court Act, § 18.2-254.1, (ii) veterans dockets, and (iii) behavioral health dockets, as provided for in the Behavioral Health Docket Act, § 18.2-254.3. Recovery court dockets specifically offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases.”⁷

Funding for Virginia’s Recovery Courts

Virginia’s recovery courts operate using a sustainable funding strategy approved by the Recovery Court Advisory Committee. The strategy aims to address the long-term funding needs for all recovery courts in Virginia, supporting both currently funded and unfunded courts, as well as those planned for the future. The Advisory Committee uses a data-driven formula to ensure accuracy and fair allocation of resources, with the goal of funding across as many recovery courts as possible.

- Accuracy is assessed using data entered in the specialty dockets database.
- Fairness is measured ensuring equitable distribution of funding to all Virginia recovery courts.
- Transparency is achieved by clearly outlining the funding process and making the allocation procedures accessible to each recovery court.

The Advisory Committee encourages jurisdictions to establish recovery courts to address substance misuse, guided by national evidence-based criteria to ensure consistent and predictable outcomes.

The state Recovery Court Advisory Committee will continue to pursue additional funds for recovery courts to eventually provide resources for all eligible Virginia recovery courts. However, state funds are not intended to serve as the sole source of funding. Therefore, each recovery court must demonstrate sufficient local support to sustain its operations.

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

- ✓ Obtain approval from the state Recovery Court Advisory Committee to begin operations.
- ✓ Adhere to all applicable Virginia Recovery Court Standards.⁸
- ✓ Enter all required data into the specialty docket’s database to track compliance.
- ✓ Submit quarterly grant reports on time.
- ✓ Report retention and recidivism rates for all participants.⁹
- ✓ Demonstrate a 25% match (cash/in-kind) in accordance with the Bureau of Justice Assistance formula for Drug Court grants.
- ✓ Maintain a minimum of 10 active participants in the program.

⁶ Virginia Rule 1:25

⁷ Ibid.

⁸ https://www.vacourts.gov/static/courtadmin/aoc/djs/programs/sds/programs/rc/admin/adult_standards.pdf

⁹ 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.

Currently, state funds are administered to thirty-two (32) adult recovery courts through a reimbursable grant process. These funds are primarily allocated for personnel supporting recovery court teams. Treatment services are generally provided through local public substance abuse treatment systems, such as Community Services Boards (CSBs) or Behavioral Health Authorities. Supervision of participants is managed by state probation and parole officers or local community corrections officers.

Recovery courts receiving state grant funds must establish a Memorandum of Agreement (MOA) with their local CSB for treatment services and with the Department of Corrections or local Community Corrections for participant supervision, detailing financial and personnel commitments. Dockets that do not receive state funding rely on local funds, in-kind services, and occasionally federal grants and other resources. Notably, family recovery court programs do not receive state funds administered by OES, and DUI recovery courts operated by the local Alcohol Safety Action Program (ASAP) are funded through offender fees.

All Virginia recovery courts face challenges in securing and maintaining adequate funding, especially to address the unique needs of their participant populations. While dockets support general staff training, there is a need for additional funding to cover specialized training topics, such as the use of injectable naltrexone, naloxone, other medications, relapse prevention, and cultural competency. These professional development initiatives are essential for enhancing staff skills and improve program quality.

According to the 2012 Virginia Drug Treatment Courts Cost Benefits Analysis, every adult participant accepted into a Virginia Recovery Court saves the Commonwealth \$19,234 compared to traditional case processing.¹⁰ (Further details are available in “2012 Virginia Adult Treatment Court Dockets Cost Benefit Analysis Study” on page 12). These savings result from positive recovery court outcomes, including fewer arrests, reduced court cases, and less time spent on probation, in jail, or in prison, compared to the traditional system. In FY 2024, the number of adult recovery court participants served resulted in a savings of over \$4.3 million for local agencies and the Commonwealth of Virginia.

Statewide Universal Drug Testing Grant

The Opioid Abatement Authority (OAA) is an independent organization that provides funding and support through grants, donations, and other efforts to aid in the treatment, prevention, and reduction of opioid use disorders and misuse of opioids throughout the Commonwealth.

For the performance period 2023-2024, OES was awarded funding from the OAA. In alignment with this grant, OES entered a Memorandum of Understanding (MOU) with the OAA to develop a statewide best practice standard for drug testing across all specialty dockets and to promote awareness of these standards among localities that provide financial support to such programs. Additionally, the MOU establishes a grant program to assist localities with covering the costs of drug testing for specialty dockets to ensure compliance with the standard.

¹⁰<https://www.vacourts.gov/static/courtadmin/aoc/djs/programs/sds/programs/rc/resources/virginiadtccostbenefit.pdf>

Best Practice Standards per the MOU include:

- i. All Rise Adult Treatment Court Best Practice Standards Volume I & II. These standards provide the most comprehensive, research-based guidance available.
- ii. Evidence-based practices for drug testing, which include:
 - Random selection with testing 365 days/year.
 - Reliable, next-business-day test results with 97% accuracy to enable rapid interventions.
 - Cost and time reduction associated with confirmation testing.
 - Broad, customizable testing panels with rotating options.
 - Daily engagement through check-ins via text, website or phone, including messages of affirmation.
 - Pre-relapse intervention using predictive analytics to identify clients at risk of relapse before it occurs.

To achieve these objectives, OES recently revised Standard VII of the Virginia Recovery Court Standards, which focuses on drug and alcohol testing protocols. This updated standard includes the following best practices:

- ✓ Urine testing: At a minimum, participants should be tested at least twice per week until they reach the final phase of the program.
- ✓ During the first two phases, participants should undergo Ethyl Glucuronide (EtG) or Ethyl Sulphate (EtS) testing weekly.
- ✓ Urine specimens must be delivered within eight hours of being notified of a scheduled test.
- ✓ Testing should be random and unpredictable, including weekends and holidays.
- ✓ Test results should be communicated to the court and participants within 48 hours of sample collection.

OES awarded funding on a reimbursable basis to nine recovery and behavioral health court dockets across the Commonwealth. Many of these dockets initiated or continued partnerships with industry-leading drug testing providers in the criminal justice field. By doing so, they are fulfilling the goals set forth in the MOU between OES and the OAA, adhering to best practices, and cost efficiencies.

FY 2024 Summary Measures

Figure 1. Recovery Court FY 2024 Summary Measures

- Virginia adult recovery courts save \$19,234 per person compared to traditional case processing. In total, 224 participants successfully completed an adult recovery court program.
 - FY 2024 resulted in an estimated cost savings of over **\$4.3 million**.
- The number of adult recovery court participants increased by 7.4% compared to FY 2023.
- High levels of sobriety were measured through drug screens negative for alcohol and drugs with rates of 78% for adult dockets, 72.2% for juvenile dockets, and 48.3% for family dockets.
- Juvenile dockets reported 33 participants, a 65% increase from FY 2023, while family treatment dockets reported 56 participants, reflecting a 43.6% increase from FY 2023.
- A total of 486 participants exited an adult recovery court, a 7.1% decrease from the 523 departures reported in FY 2023.
- The 3-year reconviction rate for those who successfully completed an adult recovery court docket in FY 2021 was **18.5%**.

FY 2024 Activity Summary

Active Participants: Adult recovery courts reported 1,378 active participants in FY 2024, a 7.4% increase from the 1,283 reported in FY 2023. Juvenile recovery courts reported 33 participants, a 65% increase from the 20 reported in FY 2023, while family recovery courts reported 56 participants, a 43.6% increase from the 39 reported in FY 2023.

Graduates: A total of 510 participants exited an adult, family, or juvenile recovery court. Of the 510 departures, 239 successfully completed a program for an overall graduation rate of 46.9%.

Terminations: There were 271 participants terminated from an adult, family, or juvenile recovery court which resulted in a 53.1% overall termination rate.

Referrals: The adult recovery courts had 1,063 referrals, which was a 1.3% decrease from the 1,077 referrals reported in FY 2023. 20 referrals were made to juvenile recovery courts, while 47 were made to family recovery courts.

New Admissions: Of the 1,063 referrals made to the adult recovery court programs, 553 referrals were accepted, resulting in a 52% acceptance rate. 18 of the 20 referrals to the juvenile recovery courts were

accepted, resulting in an acceptance rate of 90%, while 29 of the 47 referrals to family recovery courts were accepted for an acceptance rate of 61.7%.

RECOVERY COURTS IN VIRGINIA

Introduction

The Virginia Recovery Court Act (Virginia Code § 18.2-254.1), enacted by the General Assembly in 2004, provides the framework for the establishment and oversight of recovery courts. Under the Act, the Supreme Court Virginia is responsible for administrative oversight, while the state Recovery Court Advisory Committee, chaired by the Chief Justice, offers guidance on implementing and operating local recovery courts. The Committee also has the authority to approve new applications for recovery courts.

Recovery courts are specialized dockets within Virginia’s existing court system, focusing on judicial monitoring of intensive treatment and strict supervision of individuals with substance use disorders involved in drug cases and drug-related cases. Local officials must complete an application process and training before establishing a recovery court in Virginia. Once implemented, recovery courts become integral to both the court system and community efforts to address substance use disorder and misuse. As the number of treatment dockets increases and more Virginians are served, the Commonwealth continues to realize cost savings compared to traditional case processing. By leveraging evidence-based practices and collaborative efforts, Virginia’s Recovery Courts report improved outcomes for adult offenders, DUI offenders, juvenile delinquents, and parents involved in abuse, neglect, and dependency cases.

This report provides data for adult recovery court models, with separate program descriptions provided for adult, juvenile, and family recovery courts. The analyses are based on participants served at any point during FY 2024 (July 1, 2023 – June 30, 2024). Note that data from DUI recovery courts are not included in the FY 2024 Annual Report.

Recovery Courts Approved to Operate

Adult recovery courts operate within circuit courts, DUI recovery courts within general district courts, and both juvenile and family recovery courts within juvenile and domestic relations district courts (see Figures 2 and 3). Family recovery courts are distinct from other treatment dockets as they involve civil, rather than criminal cases, and are typically initiated through petitions filed by local departments of social services.

Figure 2: Recovery Courts within the Virginia Judicial System

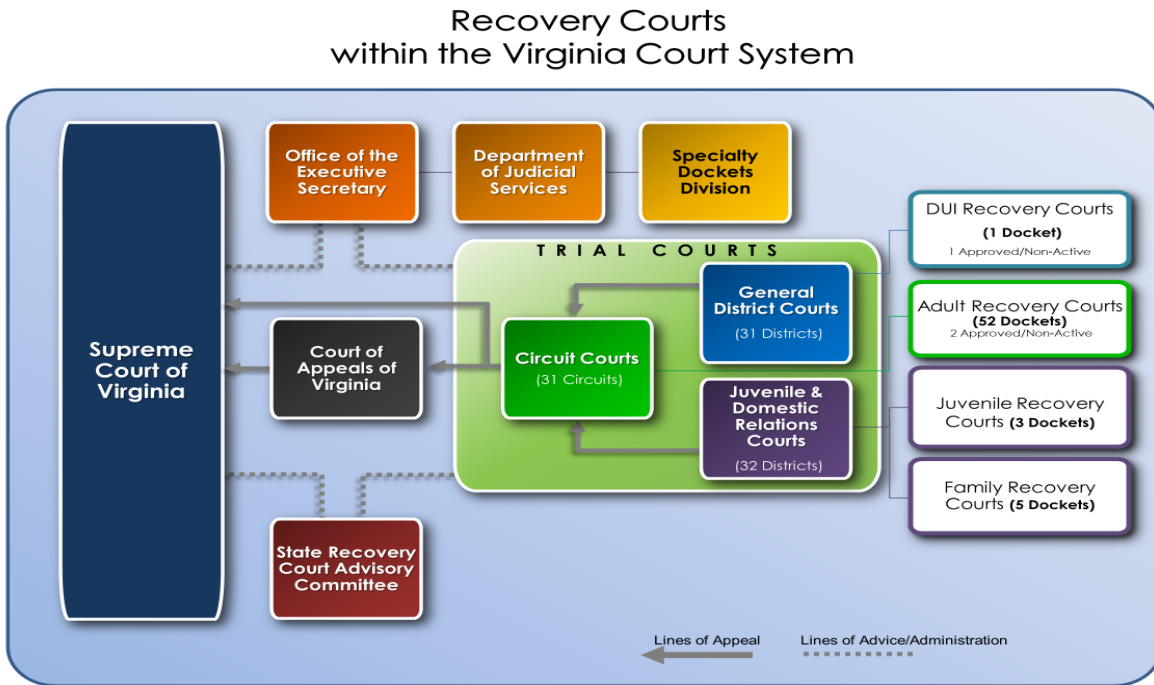


Figure 3. Types of Recovery Courts in Virginia

- **Adult** recovery courts in circuit courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.
- **Juvenile** recovery courts in juvenile and domestic relations district courts monitor adjudicated delinquents on supervised probation.
- **DUI** recovery courts in general district courts monitor (post-conviction) sentenced DUI offenders through the local Alcohol Safety Action Program.
- **Family** recovery courts 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 Recovery Courts in Virginia

The state Recovery Court Advisory Committee established pursuant to Virginia Code § 18.2-254.1, provides recommendations to the Chief Justice regarding the approval and funding of recovery courts, as well as best practices grounded in research and minimum operational standards. The Committee also evaluates proposals for the establishment of new recovery courts and advises the Chief Justice accordingly. This report was prepared by OES staff in collaboration with the Evaluation subcommittee of the state Recovery Court Advisory Committee. For a map of Virginia's Recovery Courts, see Figure 5. For a list of Virginia's Recovery Courts, see Appendix C.

ADULT RECOVERY COURTS

Adult recovery courts serve as an alternative to incarceration for non-violent offenders diagnosed with a substance use disorder. Instead of incarcerating offenders, these courts offer a voluntary, therapeutic program aimed at breaking the cycle of substance use and criminal behavior. Participants receive early, continuous, and intensive judicial supervision, combined with treatment, periodic drug testing, community supervision, and the use of sanctions and other rehabilitative services. Recovery courts reflect a high level of collaboration between judicial, criminal justice, and treatment systems.

These programs function as a specialized team within the existing judicial system structure, addressing nonviolent drug and drug-related cases. The distinctive aspect of recovery courts lies in their close collaboration between criminal justice professionals and substance use treatment providers. The goal is to reduce drug use relapse and criminal recidivism by employing a comprehensive approach that includes treatment needs assessments, judicial interaction, monitoring, supervision, graduated sanctions and incentives, treatment, and rehabilitation services.

Within a cooperative courtroom environment, the judge leads a team consisting of recovery court personnel, including a coordinator, attorneys, probation officers, and substance use treatment counselors, all working together to support and monitor participants' compliance with drug testing and court appearances. In some cases, the team may also include law enforcement and jail staff. Various local, state, and federal stakeholders provide additional support to these programs in addition to that provided by OES (see Appendix B).

The recovery court process begins with a legal review of the participant's current and prior offenses, followed by a clinical assessment of their substance use history. Offenders who meet the eligibility criteria and are found to have a substance use disorder may volunteer to enter the recovery court program and receive referrals to additional service providers. A unique feature of recovery courts is the requirement for participants to appear regularly, often weekly, before the recovery court judge to report on their compliance with program requirements. The judge's direct involvement in participants' lives is a key factor contributing to the success of these dockets.

Evidence shows that criminal justice supervision and sanctions, when not combined with treatment, do not significantly reduce recidivism among offenders with substance use disorders. Recovery courts achieve better outcomes by combining a combination of swift, certain, and fair sanctions along with positive incentives. Long-term behavioral change is most effectively influenced by incentives, and contingency management approaches that provide systematic rewards for reaching treatment milestones have shown to reduce recidivism and substance use.¹¹

As a result of this multifaceted approach, participants in recovery courts exhibit lower recidivism rates

¹¹ Prendegast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction Science and Clinical Practice* (April), 4-13. Retrieved at: <https://www.cmcainternational.org/wp-content/uploads/2019/10/interventions-to-promote-successful-re-entry-among-drug-abusing-parolees.pdf>

compared to drug-related offenders who are incarcerated. This success is largely due to the comprehensive and structured regimens of treatment and recovery services established through recovery court partnerships. The primary difference between recovery courts and traditional case processing is the judge's continued oversight and involvement in the monitoring process. By closely supervising participants, the court actively supports their recovery journey, swiftly imposing therapeutic sanctions or reinstating criminal proceedings when participants fail to comply. The treatment team maintains a critical balance of authority, supervision, accountability, support, and encouragement.

2012 Virginia Adult Drug Treatment Court Dockets Cost Benefit Analysis Study

In July 2011, the Office of the Executive Secretary (OES) contracted with the National Center for State Courts (NCSC) to conduct a cost-benefit analysis of Virginia's adult drug treatment court dockets. An impact study assessing the effectiveness of drug treatment court dockets was completed prior to this cost-benefit analysis. The report included data from 12 out of the 16 drug treatment court dockets operating in Virginia at that time (2012). As of the fiscal year 2024, there are now 52 recovery courts in operation.

The critical finding of the evaluation was that adult drug treatment court docket participants were significantly less likely to recidivate than a carefully matched comparison group processed through the traditional court system. This reduction in recidivism showed a robust and sustained impact.

The cost model developed for this analysis was based on six core transactions:

1. Screening and assessment for drug treatment court docket placement.
2. Drug treatment court docket staffing and court sessions.
3. Treatment services,
4. Drug testing.
5. Drug treatment court docket supervision,
6. Drug treatment court docket fees collected.

The analysis found that the average cost per drug treatment court docket participant to Virginia taxpayers was slightly less than \$18,000 from entry to the program to completion, which typically extends beyond one year. Notably, treatment-related expenses account for 76% of total costs.

The costs and benefits of drug treatment court docket participation were calculated and compared to the costs associated with processing a case through the traditional system. The cost and benefit domains analyzed include:

- **Placement costs**, covering all expenses related to 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 calculated above, totaling \$17,900.82.
- **Outcome costs**, encompassing all expenses related to further involvement in the criminal justice system due to a new offense, starting from either drug treatment court docket entry (excluding the actual cost of drug treatment court docket) or sentencing for the comparison

group.

- **Victimization costs** resulting from recidivism for both property and violent offenses.

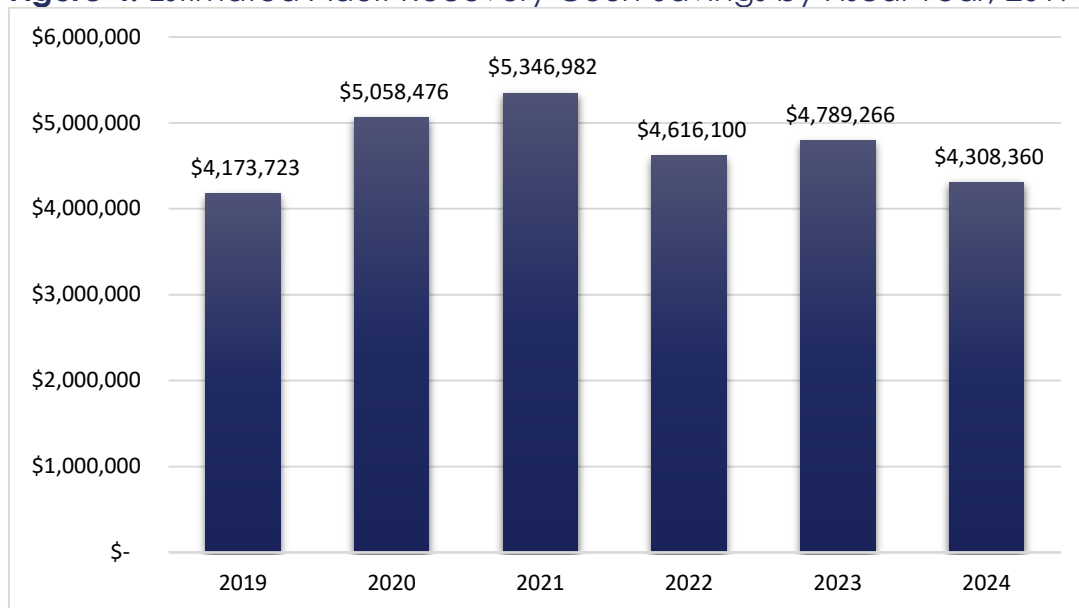
These reductions in criminal justice system expenses - such as lower placement costs and decreased victimization costs - result in average savings of \$19,234 per participant completing drug treatment court docket, compared to the costs of traditional case processing (see Table 1).

Table 1. 2012 NCSC Report - Costs of Adult Drug Court Compared to Traditional Costs

	Adult Drug Court	Traditional	Total
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)
Total	\$44,839.86	\$64,073.61	(\$19,233.75)

Increasing the number of recovery courts and the number of participants completing these programs leads to greater estimated savings for the Commonwealth compared to processing these offenders through the traditional justice system (see Figure 4).

Figure 4. Estimated Adult Recovery Court Savings by Fiscal Year, 2019-2024



Risk and Needs Triage (RANT®)

A critical task for 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 unnecessarily increasing costs. This requires careful attention to offenders' **criminogenic risks** and **clinical needs**.

Criminogenic risks refer to characteristics that reduce an offender's likelihood of succeeding in traditional rehabilitation, increasing their chances of returning to substance use or crime. In this context, "risk" encompasses participants' behaviors, history, and actions. High-risk factors, as identified by RANT®, include early onset of substance use or criminal behavior, recurring criminal activity, and past unsuccessful rehabilitation attempts.

Clinical needs are psychosocial factors that, if addressed effectively, can significantly reduce the likelihood of relapse into substance use, criminal activity, or other misconduct. High-needs factors include addiction to drugs or alcohol, psychiatric symptoms, chronic medical conditions, and illiteracy. Importantly, a high RANT® score does not imply that individuals should be excluded from rehabilitation or diversionary programs; rather, it indicates a need for more intensive, skillful community-based interventions to improve outcomes. Table 2 outlines effective responses for those who score outside the high-risk/high-needs quadrant.

The **Risk and Needs Triage (RANT®)** is a straightforward yet powerful tool for placement and dispositions. This web-based decision support tool is designed for criminal justice professionals and provides instant, individualized reports for participants.

All Virginia adult recovery courts are now required to complete the RANT® questionnaire in the specialty dockets database before accepting candidates. By matching participants to services based on their assessed risks and needs, treatment courts can allocate resources more effectively, ensuring that interventions are tailored to those who will benefit most. Research underscores the importance of aligning the risk and need levels of drug-involved offenders with appropriate levels of judicial supervision and treatment services.

The RANT® tool categorizes offenders into one of four quadrants using two scales: risk and need. This 2-by-2 matrix (see Table 2) matches offenders based on their scores, guiding decisions for appropriate community corrections and behavioral care treatments. Within each quadrant, examples of practical implications and recommended interventions are provided in italics to assist in selecting suitable community-based and therapeutic responses.

Table 2. RANT® Practice Implication or Alternative Tracks

	High Risk	Low Risk
High Needs (dependent)	• 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>Recovery Court Track</i>	<i>Treatment Track</i>
Low Needs (abuse)	• Status calendar	• Noncompliance calendar
	• Prosocial habilitation	• Psychoeducation
	• 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, RANT® trends for adult recovery courts align with best practices, with a significant majority of participants (93.8%) falling into the high risk/high needs category (see Table 3). The RANT® distributions by gender and race are consistent with the overall demographics of Virginia recovery court participants, with a higher percentage of white males in each category (see Table 4).

Table 3. Adult Recovery Court RANT® Distributions, FY 2024

	RANT®	High Risk	Low Risk
High Need	%	93.8%	3.3%
	#	511	18
Low Need	%	2.6%	0.3%
	#	14	2

Table 4. Adult Recovery Court RANT® Distributions by Race and Gender, FY 2024

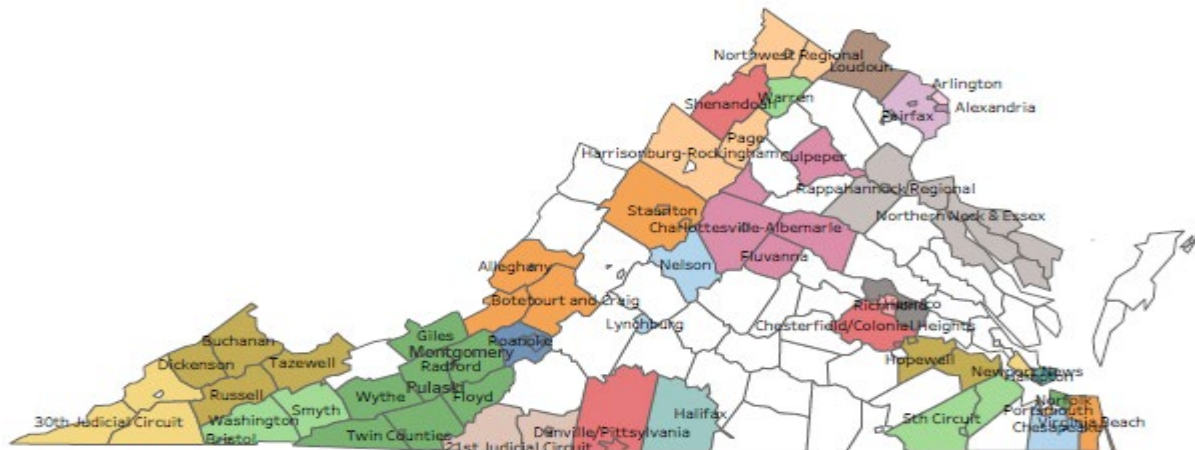
	High Risk/High Need	High Risk/Low Need	Low Risk/ High Need	Low Risk/Low Need
Race				
White	74.9% (n = 383)	55.6% (n = 10)	64.3% (n = 9)	50.0% (n = 1)
Black/African American	22.9% (n = 117)	44.4% (n = 8)	28.6% (n = 4)	50.0% (n = 1)
Asian/Pacific Islander	0.4% (n = 2)	0.0% (n = 0)	7.1% (n = 1)	0.0% (n = 0)
American Indian or Alaska Native	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)
Other/Unknown	1.8% (n = 9)	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)
Gender				
Male	61.6% (n = 315)	66.7% (n = 12)	57.1% (n = 8)	100% (n = 2)
Female	38.4% (n = 196)	33.3% (n = 6)	42.9% (n = 6)	0.0% (n = 3)
Unknown	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)
Total	100.0% (n = 511)	100.0% (n = 18)	100.0% (n = 14)	100.0% (n = 2)

Note. Table 4 depicts the RANT® distribution for all active adult recovery court participants for whom data are available during FY 2024.

Adult Recovery Courts Approved

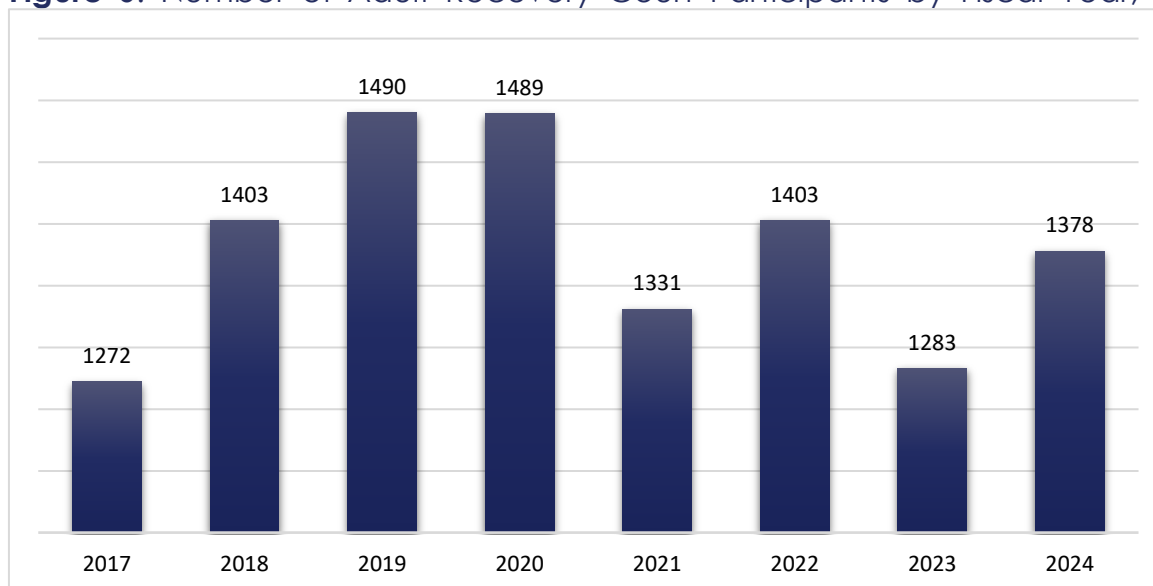
Data from 52 courts are included in this report on FY 2024 data. Some courts began operating too late to be included in the data used for this report (see Figure 5).

Figure 5. Approved Adult Recovery Courts in Virginia, FY 2024



As shown in Figure 6, the number of adult recovery court participants generally trended upward until FY 2019, followed by a decline in FY 2020. The numbers rose again in FY 2022 but decreased in FY 2023, likely due to the impact of the pandemic, which resulted in fewer referrals made and accepted. The number of participants increased once more in FY 2024.

Figure 6. Number of Adult Recovery Court Participants by Fiscal Year, 2017-2024



Summary of Adult Recovery Court Activity FY 2024

Of the 1,378 adult recovery court participants in FY 2024, the majority were White (74.5%), male (60.2%), single (23.3%), and unemployed (25.4%) (see Tables 5 and 6).

Referrals: Programs reported a total of 1,063 referrals in FY 2024, a 1.2% decrease from the 1,077 reported in FY 2023.

Admissions: Of the 1,063 referrals reported, 533 were accepted into an adult recovery court, resulting in a 52% acceptance rate.

Participants: Programs reported 1,378 participants in FY 2024, a 7.4% increase from the 1,283 reported for FY 2023.

Gender: Most participants identified as male 830 (60.2%), while 548 (39.8%) identified as female.

Race: Most participants identified as White 1,027 (74.5%), and 320 self-identified as Black/African American (23.2%).

Age: Ages 30-39 were the most common starting age group for active participants 554 (40.2%). The median age of a participant was 38 years old.

Marital Status: Among active participants, 321 (23.3%) were single, while 69 (5.0%) were married at the time of referral.

Employment: Participants were most commonly unemployed at the time of referral 350 (25.4%), while 76 (5.5%) were employed 32+ hours a week but not employed full-time.

Education: Of the 1,378 active participants, 366 (26.6%) reported having a high school diploma or equivalent at the time of referral, while 76 (5.5%) reported having some college education.

Table 5. Demographics of Adult Recovery Court Participants, FY 2024

Gender	#	%
Male	830	60.2%
Female	548	39.8%
Unknown	0	0.0%
Race		
White	1,027	74.5%
Black/African American	320	23.2%
Asian/Pacific Islander	6	0.4%
Native American	1	0.1%
Other	21	1.6%
Unknown	3	0.2%
Ethnicity		
Hispanic	47	3.4%
Non-Hispanic	1,323	96%
Unknown	8	0.6%
Age at Start of Program		
18-29 years old	294	21.3%
30-39 years old	554	40.2%
40-49 years old	358	26.0%
50-59 years old	122	8.9%
60 years and older	40	2.9%
Unknown	10	0.7%
Total	1,378	100.0

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

Table 6. Social Characteristics of Adult Recovery Court Participants, FY 2024

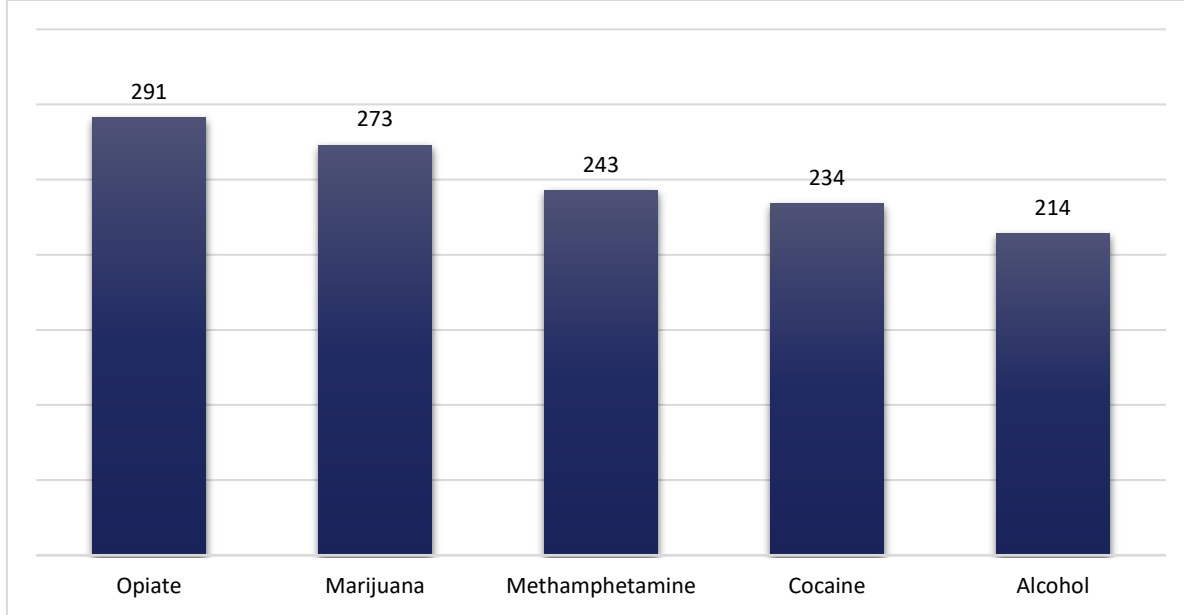
Marital Status	#	%
Single	321	23.3%
Married	69	5.0%
Divorced	63	4.6%
Separated	53	3.8%
Cohabiting	18	1.3%
Widowed	12	0.9%
Other	2	0.1%
Unknown	840	61.0%
Employment		
Unemployed	350	25.4%
32+ hours/week	76	5.5%
Less than 32+ hours/week	56	4.1%
Disabled	34	2.5%
Full-Time w/Benefits	18	1.3%
Seasonal Employment	6	0.4%
Unknown	838	60.8%
Education		
High School/GED	366	26.6%
Less than High School	12	0.9%
Some College	76	5.5%
Vocational Training	10	0.7%
Associate's degree	8	0.6%
Bachelor's Degree	9	0.7%
Post-Bachelor's	2	0.1%
Unknown	895	64.9%
Total	1,378	100.0

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

Drug History and Drug Screens

Drug History: When referred to a recovery court, participants are asked to disclose previously used drugs. As participants may have used multiple substances, the data confirm that a variety of drugs were reported prior to referral (see Figure 7). The five most frequently reported substances were opiates (291 participants, 21.1%), followed by marijuana (273 participants, 19.8%), and methamphetamine (243 participants, 17.6%).

Figure 7. Drugs Most Frequently Used by Adult Recovery Court Participants, FY 2024



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 recovery courts, a total of 57,098 drug screens were conducted for the 1,202 participants with available data, resulting in an average of 48 drug screens per participant. "Administrative positives" refer to cases where participants failed to appear for drug testing, which is recorded as a positive result in the absence of a sample. Of the 57,098 drug screens conducted, 44,713 (78.3%) yielded negative results (see Table 7).

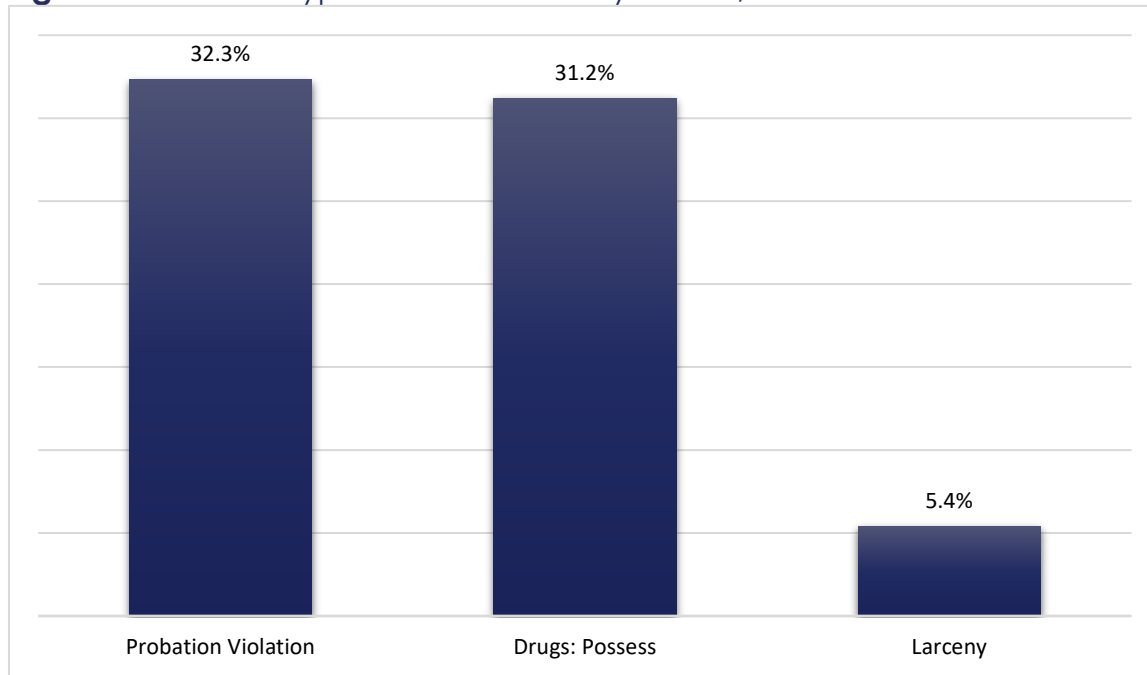
Table 7. Adult Recovery Court Drug Screens, FY 2024

	#	%
Negative	44,713	78.3%
Positive	6,723	11.8%
Positive: Allowed Substance	4,859	8.5%
Administrative Positive	803	1.4%
Total Screens	57,098	100.0

Offenses

Analyses of types of offenses that lead to referral for adult recovery courts show three major areas: probation violation, drug possession, and larceny (see Figure 8). Of all listed offenses for adult recovery court most of the docket participants, were charged with a probation violation (32.3%), followed by drug possession (31.2%). Larceny (5.4%) charges are the next largest category.

Figure 8. Offense Types: Adult Recovery Courts, FY 2024



Departures

Graduation and Termination Rates: Among the 1,378 FY 2024 adult recovery court participants, 486 exited the program by graduation, termination, or voluntary withdrawal. The graduation rate was 16.2% (224 participants), which was a 10.04% decrease from FY 2023. The termination rate was 17.9% (246 participants), which was a 2.3% decrease from FY 2023.

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 613 days compared to a mean length of stay of 330 days for those who were terminated and 304 days for those who withdrew (see Table 8).

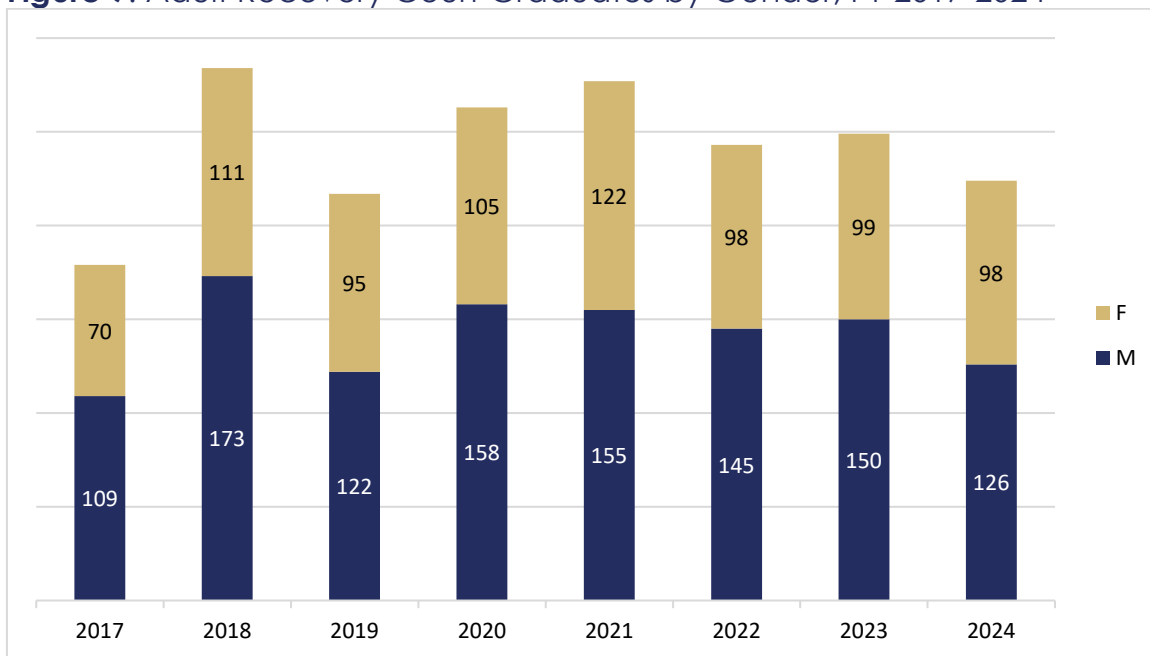
Table 8. Adult Recovery Court Length of Stay, Departures, FY 2024

Mean Length of Stay (Days)	
Graduates	613
Terminations	330
Withdrawals	304

Departures by Gender

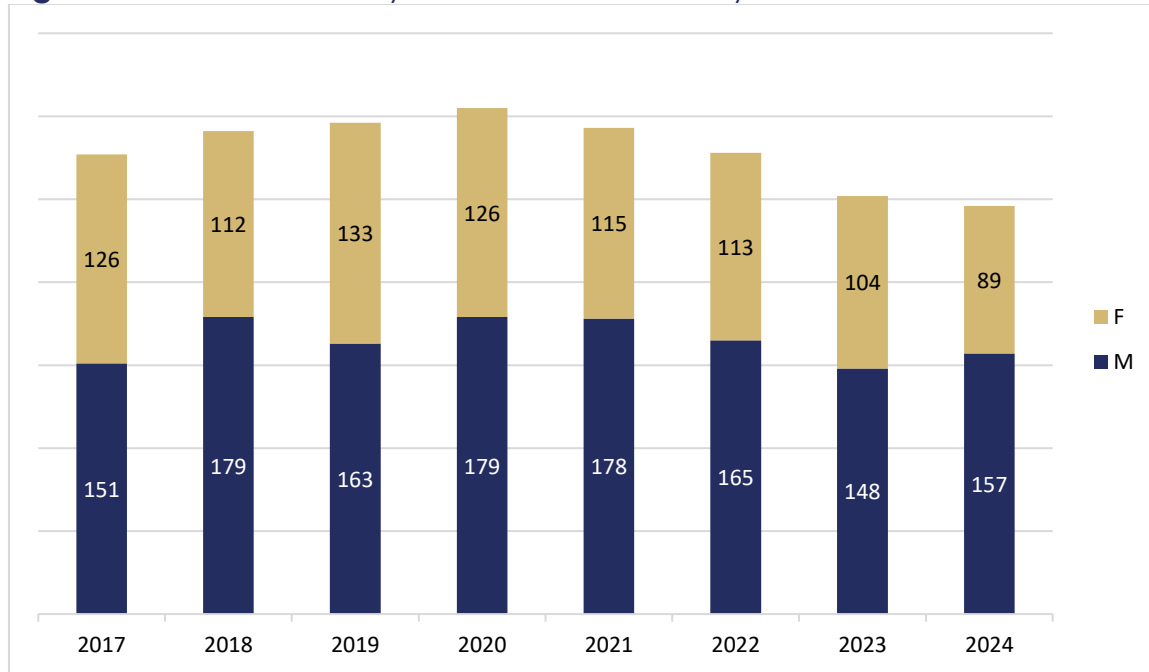
Graduations: 98 female participants graduated, a 1% decrease from the 99 female graduates reported in FY 2023, and 126 male participants graduated, a 16% decrease from the 150 reported in FY 2023 (see Figure 9).

Figure 9: Adult Recovery Court Graduates by Gender, FY 2017-2024



Terminations: 89 female participants were terminated in FY 2024, a 14.4% decrease from the 104 reported in FY 2023, and 157 male participants were terminated, a 6.1% increase from the 148 reported in FY 2023 (see Figure 10).

Figure 10: Adult Recovery Court Terminations by Gender, FY 2017-2024



Adult Recovery Court Recidivism

Criminal history records obtained from the Virginia State Police for all program departures in FY 2021 were used to calculate recidivism. **Recidivism** is defined as any rearrest or reconviction, excluding offenses related to Good Behavior, Probation Violations, and Contempt of Court. In accordance with national standards, recidivism rates were calculated for one, two, and three-year periods.

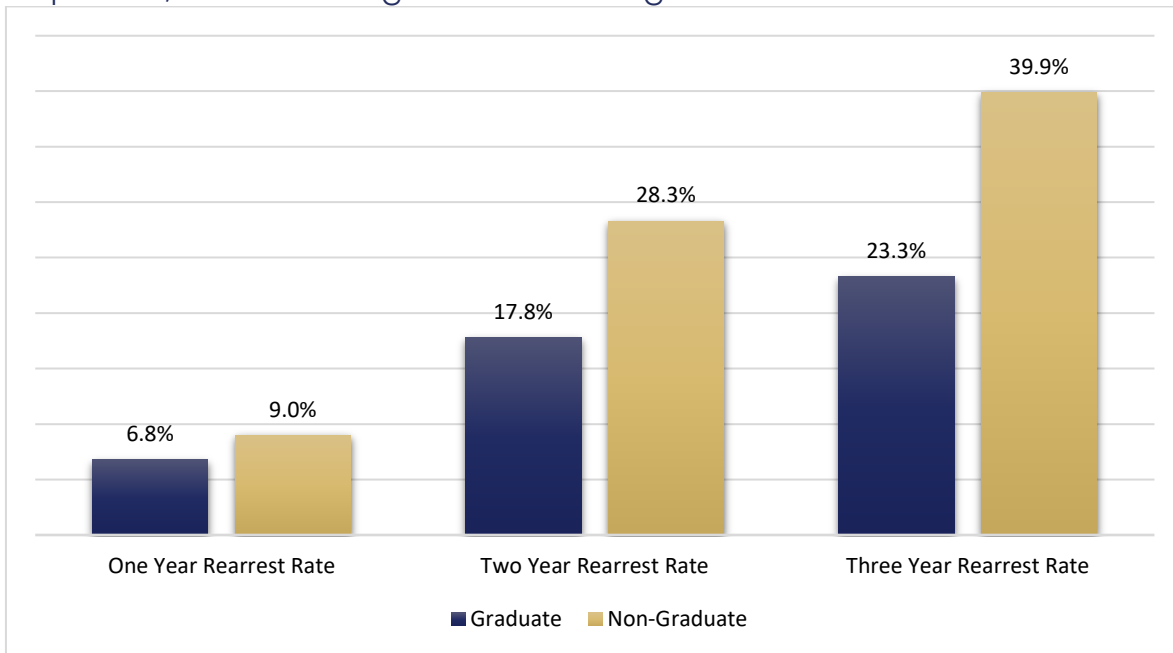
- The **one-year recidivism rate** includes participants whose first rearrest occurred within 0-365 days of program departure.
- The **two-year recidivism rate** includes participants whose first rearrest occurred within 0-730 days.
- The **three-year recidivism rate** includes participants whose first rearrest occurred within 0-1,095 days.

Comparisons were made between graduates and unsuccessful departures to identify any differences in recidivism rates. However, caution should be exercised when comparing recidivism rates for adult recovery court exits to those reported by the Virginia Department of Corrections, as differing methodologies may affect the results.

FY 2021 Rearrest Rates

The overall rearrest rate for non-graduates was 1.7 times that of graduates (see Figure 11 and Table 9).¹²

Figure 11. Adult Recovery Court Graduate and Non-Graduate Rearrest Rates, Post-Departure, Persons Exiting a Docket During FY 2021



The overall re-arrest rate for graduates (23.3%) was lower than for non-graduates (39.9%). These data suggest that not graduating from a docket increases risk for recidivism, but that being involved with the docket for a longer period may also have a protective factor, even if graduation is not achieved.

¹² The one, two, and three-year rearrest rates are cumulative.

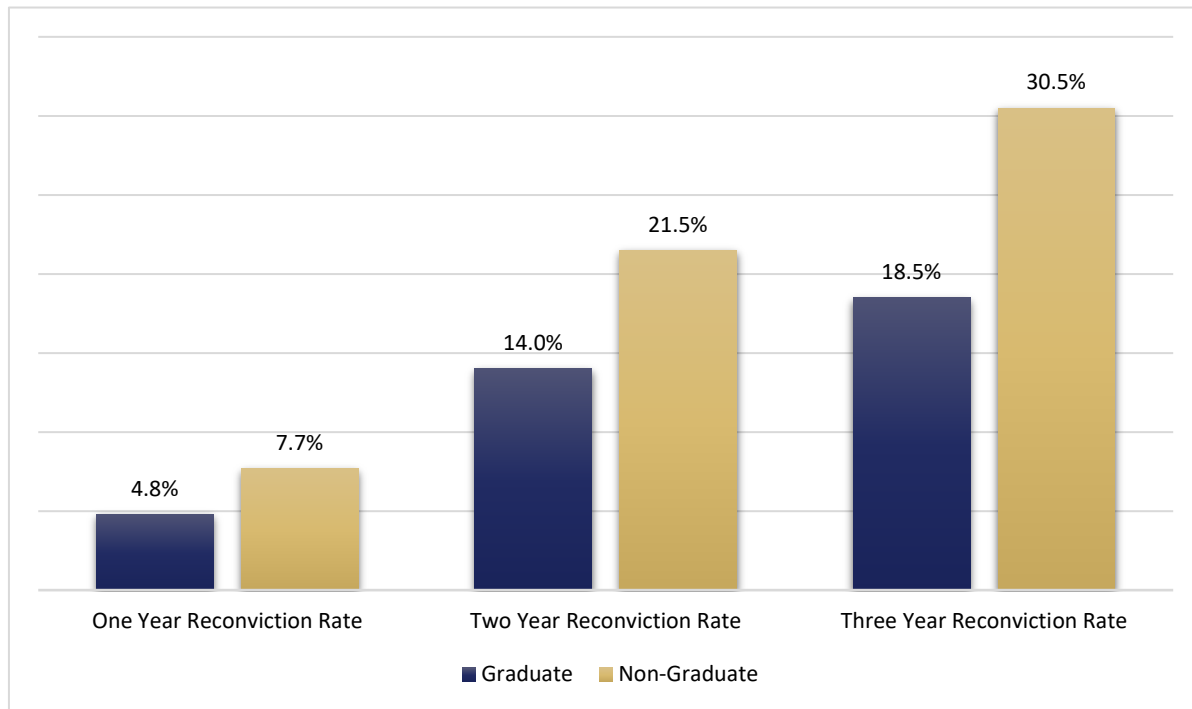
Table 9. Adult Recovery Court Graduate and Non-Graduate Rearrest Rates, Post-Departure, Persons Exiting a Docket During FY 2021

Time Post Departure	Graduates	Non-Graduates	Total
One Year Count	20	28	48
One Year Rearrest Rate	6.8%	9.0%	8.0%
Two Year Count	52	88	140
Two Year Rearrest Rate	17.8%	28.3.0%	23.2%
Three Year Count	68	124	192
Three Year Rearrest Rate	23.3%	39.9%	31.8%
Total Departures	292	311	603

FY 2021 Reconviction Rates

The data align with trends from previous annual reports, showing that graduates have a lower reconviction rate than non-graduates. Overall, the reconviction rate for those who did not successfully complete the program was higher than that of graduates (see Table 10 and Figure 12).¹³

Figure 12. Adult Recovery Court Graduate and Non-Graduate Reconviction Rates, Post-Departure, Persons Exiting a Docket During FY 2021



¹³ The one, two, and three-year reconviction rates are cumulative.

Table 10. Adult Recovery Court Graduate and Non-Graduate Reconviction Rates, Post-Departure, Persons Exiting a Docket During FY 2021

	Graduates	Non-Graduates	Total
One Year Count	14	24	38
One Year Reconviction Rate	4.8%	7.7%	6.3%
Two Year Count	41	67	108
Two Year Reconviction	14.0%	21.5%	17.9%
Three Year Count	54	95	149
Three Year Reconviction	18.5%	30.5%	24.7%
Total Departures	292	311	603

*See Appendix E for 2024 reconviction comparison.

Adult Recovery Court Equity and Inclusion

In 2010, the Board of Directors of All Rise passed a resolution directing recovery 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 alignment with this resolution, OES monitors the distribution of key demographics at the referral, acceptance, and completion stages (both successful and unsuccessful) to ensure equitable access to adult recovery courts and equivalent retention among gender, racial, and ethnic groups.

To support this effort, OES adopted the Equity and Inclusion Tool developed by All Rise and NCSC.¹⁴ This tool tracks a referral cohort as its members progress through the various stages of their respective adult recovery court programs.

The 2021 cohort includes individuals referred to an active adult recovery court during FY 2021 (July 1, 2020 – June 30, 2021). Special attention is given to tracking progression from referral to admission, as well as to successful or unsuccessful completion. Each member of the FY 2021 cohort was monitored for three fiscal years through June 30, 2024.

The data presented in Tables 11 and 12 may assist in evaluating fairness in the referral process and access to participation by comparing acceptance rates among demographic groups. Additionally, the figures below provide insights into the equivalence of retention by comparing successful completion rates across demographic groups.

¹⁴<https://allrise.org/wp-content/uploads/2023/05/Equity-and-Inclusion-Toolkit.pdf>

Table 11. Adult Recovery Court 2021 Cohort, Admission and Graduation Rates, Race and Ethnicity

Race	Referrals			Admission	Graduation
	Total	Admitted	Graduated	Rate	Rate
White	724	353	86	49%	24%
Black/African/American	278	133	14	48%	11%
Asian/Pacific Islander	6	3	1	50%	17%
Other Race	21	11	5	52%	45%
Total	1,029	500	106	49%	21%

Note: Excludes persons with unknown or blank race.

Ethnicity	Referrals			Admission	Graduation
	Total	Admitted	Graduated	Rate	Rate
Hispanic	22	13	4	59%	31%
Non-Hispanic	976	482	104	49%	22%
Total	998	495	108	50%	22%

Note: Excludes persons with unknown or blank ethnicity.

Table 12. Adult Recovery Court 2021 Cohort, Admission and Graduation Rates, Gender

Gender	Referrals			Admission	Graduation
	Total	Admitted	Graduated	Rate	Rate
Male	671	329	63	49%	19%
Female	393	196	45	50%	23%
Total	1,064	525	108	49%	21%

Note: Excludes persons with unknown or blank gender.

DUI RECOVERY COURTS

DUI recovery courts apply the recovery court model to impaired drivers. These courts operate as distinct dockets focused on changing the behavior of alcohol- and drug-dependent offenders arrested for driving while intoxicated (DWI). The primary goal of DUI recovery courts is to protect public safety by addressing the root causes of impaired driving, such as substance use disorders. Targeting chronic drinking drivers, DUI Recovery Courts follow the Ten Key Components of Drug Courts and the Ten Guiding Principles of DWI Courts as established by All Rise and Impaired Driving Solutions. These courts function within a post-conviction model.

DUI recovery courts are designed to hold DWI offenders to the highest level of accountability while providing long-term, intensive substance use treatment and compliance monitoring under the supervision of a DUI recovery court judge. The judicial response aims to encourage participants to take responsibility for their behavior, often through a structured set of sanctions. These sanctions may include community service hours, jail time for a specified period, intensified treatment, and other measures to enhance the defendant's motivation.

The DUI recovery courts collaborate closely with the Virginia Alcohol Safety Action Program (VASAP) during the planning process to develop appropriate assessment and supervision criteria. Due to mandatory DWI sentencing and administrative licensing requirements, it is crucial that local DUI recovery court teams coordinate with the Department of Motor Vehicles and the Commission on VASAP, as well as with state and local non-governmental organizations, which are responsible for driver's license restoration.

In Virginia, DUI recovery courts are funded entirely through participant fees collected by local Alcohol Safety Action Programs (ASAPs). The local ASAPs operate independently under the oversight of the Commission on VASAP and are governed by a Policy Board with representatives from the jurisdictions they serve. Participation in a DUI recovery court 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 recovery court program before or after conviction.

First-time offenders who appear before the court for non-compliance, but who were not initially ordered into the DUI recovery court at the time of conviction, may become candidates for the program due to their violation. The court may mandate their participation as a result. Other potential candidates include offenders arrested with a Blood Alcohol Content (BAC) over 0.20, those who failed a breath test for alcohol, tested positive on an Ethyl Glucuronide (EtG) urine test, failed a drug test after entering ASAP, or were arrested for non-compliance with ignition interlock requirements.¹⁵

Participants will not have their charges reduced or dismissed upon successfully completing the DUI recovery court program. The primary goal is to reduce the rate of DWI recidivism and promote lifelong sobriety among participants.

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

The local ASAP monitors each participant throughout the court-ordered probationary period. The program requires a minimum participation period of 12 months, which includes 4-6 months of active treatment followed by an additional monitoring period of at least 8 months. Local ASAPs collaborate with Community Services Boards and other treatment providers to deliver counseling and support to DUI recovery court participants. They also work closely with judges, prosecutors, and the defense bar to coordinate court operations. The Ten Guiding Principles of DWI Courts, established by the National Drug Court Institute, serve as best practices guiding the operation of Virginia's DUI recovery courts.

Currently, only one regional DUI recovery court is operating in the Waynesboro area. This report does not include data for this docket. OES has collaborated with VASAP and the Adystech team to migrate DUI recovery court data; however, as of the time of this report, that migration has not yet yielded reliable data for inclusion in this evaluation.

JUVENILE RECOVERY COURTS

Juvenile recovery courts are a collaborative effort involving the judicial system, the juvenile justice system, and treatment providers. The courts aim to reduce rearrests and substance use among juveniles who are actively using substances and are charged with delinquent acts in juvenile and domestic relations district courts. The juvenile recovery court model, similar to the adult model, integrates probation, supervision, drug testing, treatment, court appearances, and behavioral sanctions and incentives. These programs address issues unique to the juvenile population and their families, such as school attendance, conflict resolution, and parenting skills. The involvement of families plays a critical role in the recovery process.

The nature of both the delinquent behavior and the dependency cases being handled in juvenile courts is complex, often involving serious or violent criminal activity coupled with escalating substance use. Many of these cases that bring juveniles under the court's jurisdiction are closely tied to substance use disorders.

The following section reviews the basic operations and outcomes of Virginia's juvenile recovery courts in FY 2024. Over the past few years, there has been a decline in the number of participants statewide, with some juvenile recovery courts ceasing operations, reflecting national trends. This decline is believed to be due to an increase in community-based programs and interventions. This report provides information on program participants, including demographics, entry offenses, program duration, and completion rates.

However, due to the small number of participants in each juvenile recovery court, the results should be interpreted with caution. In some instances, the sample size was too limited to draw reliable conclusions. As a result, recidivism data for this model was not generated due to the insufficient number of participants.

Juvenile Recovery Courts

In FY 2024, there were three operational juvenile recovery courts throughout Virginia (see Figure 13 and Table 13).

Figure 13. Approved Juvenile Recovery Courts in Virginia, FY 2024

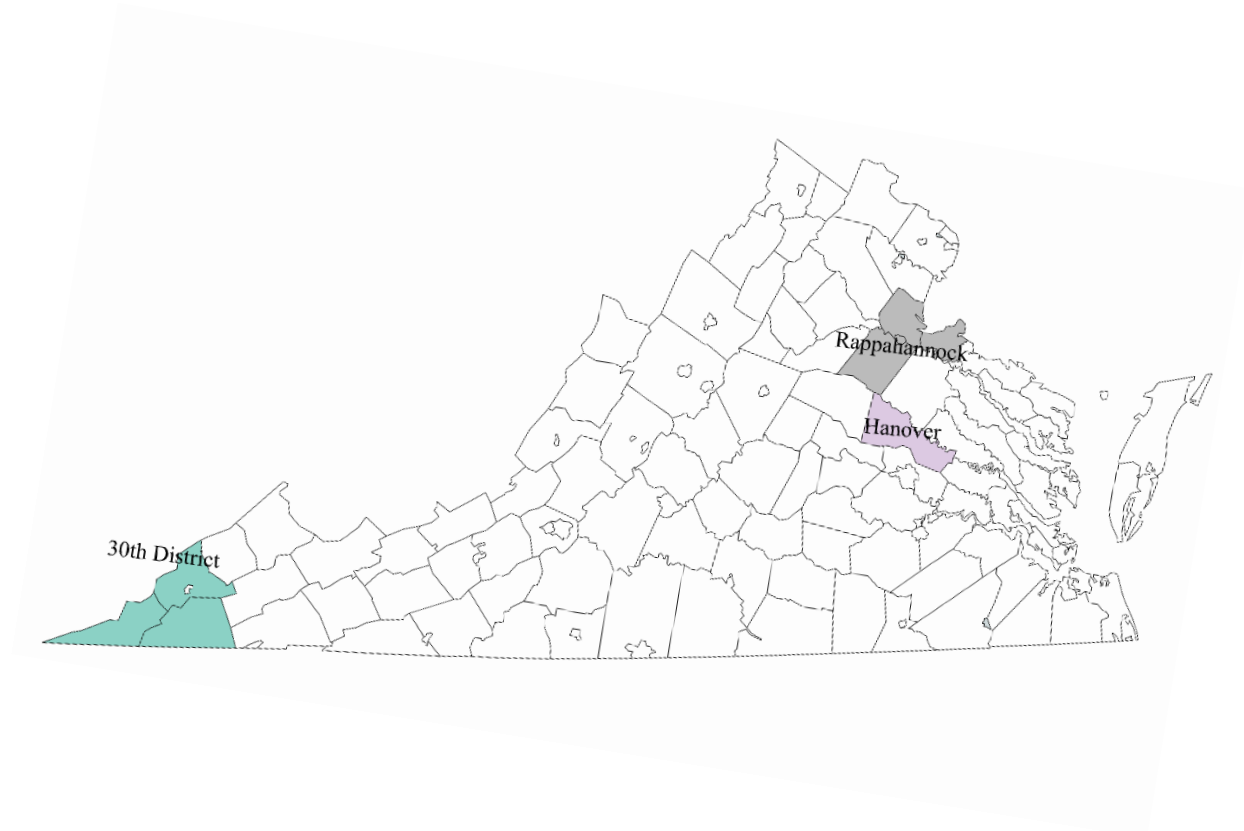


Table 13. Juvenile Recovery Courts in Virginia, FY 2024

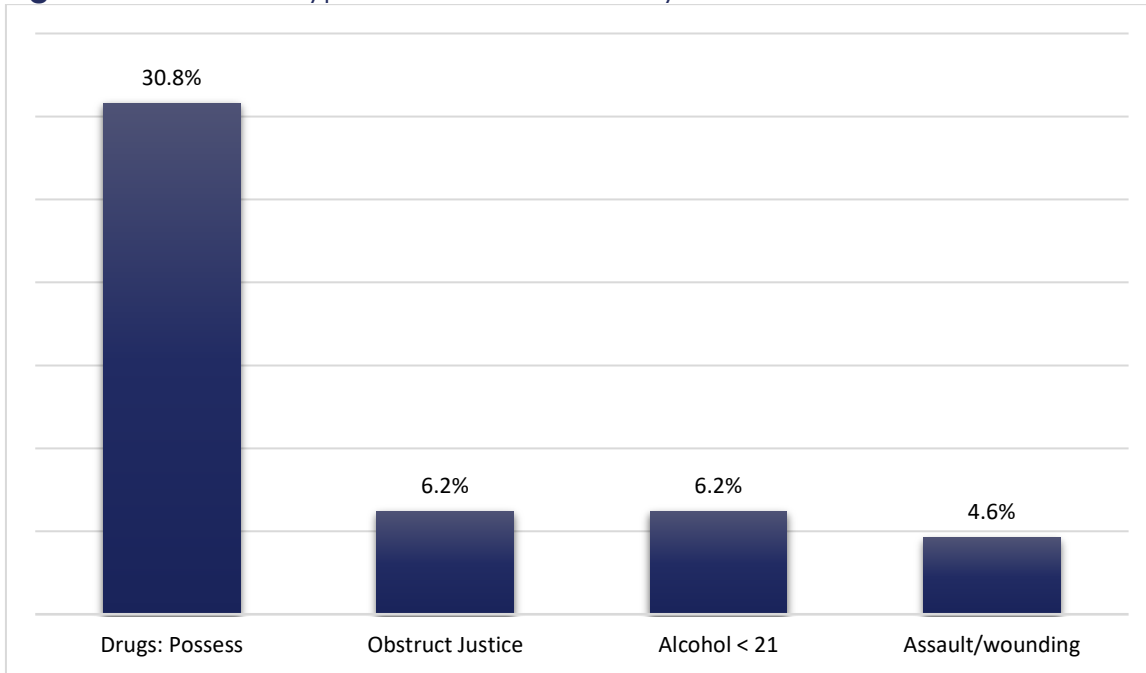
Hanover County

Rappahannock Regional

Thirtieth Circuit (Lee, Scott & Wise Counties)

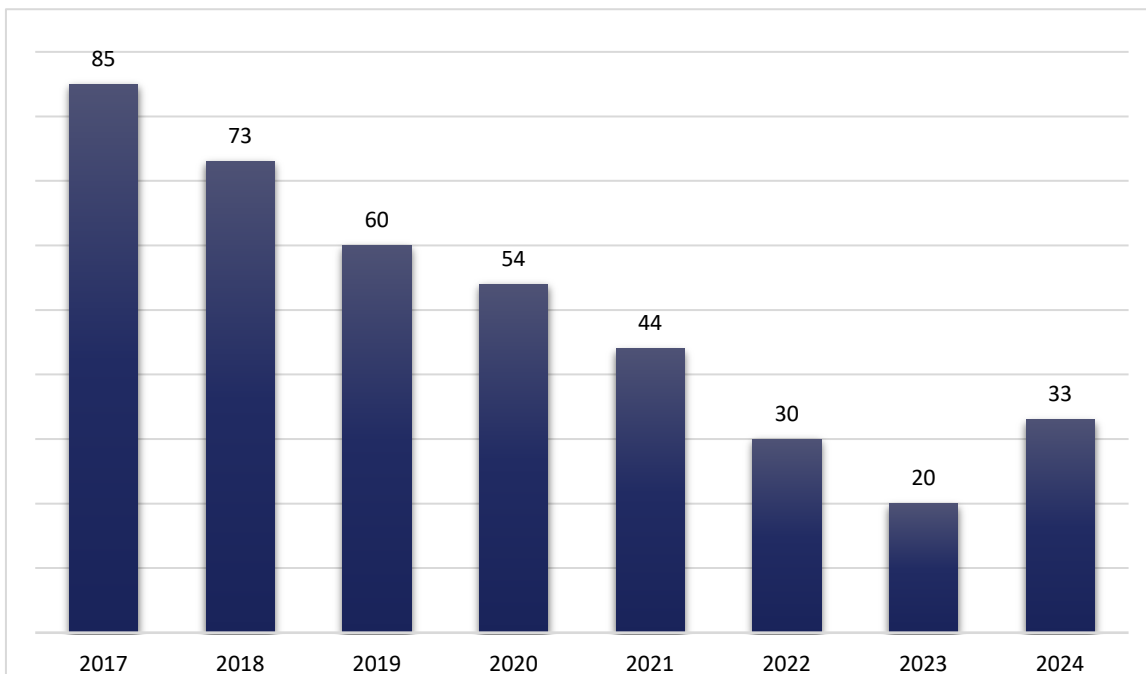
The most common offenses committed by juvenile participants included drug possession (30.8%), obstruction of justice (6.2%), alcohol usage (6.2%) and assault/wounding (4.6%) (Figure 14).

Figure 14. Offense Types: Juvenile Recovery Courts, FY 2024



As shown in Figure 15 below, there was an increase in number of participants in FY 2024. There were 33 participants in juvenile recovery court programs during FY 2024.

Figure 15. Number of Juvenile Recovery Court Participants FY 2017-2024



Summary of Juvenile Recovery Court Activity

In FY 2024, most participants were White (80%), male (80%) and 16 years old (60%), as shown in Table 14.

Referrals: There were 20 referrals to juvenile recovery courts in FY 2024, which was a 2% decrease from the 25 reported in FY 2023.

Admissions: There were 18 newly admitted program participants, which is a 12.5% (8) increase compared to FY 2023

Participants: There were 33 juvenile participants during FY 2024, a 65% increase from the 20 participants reported in FY 2023.

Gender: Of the participants, 75.8% identified as male, and 21.2% identified as female.

Race and Ethnicity: Most participants self-identified as White (26 or 78.8%), and 3 (9.1%) identified as Black/African American.

Age: Most participants were 16 years of age at the time of referral (45.5%).

Table 14. Demographics of Juvenile Participants at the Time of Referral, FY 2024

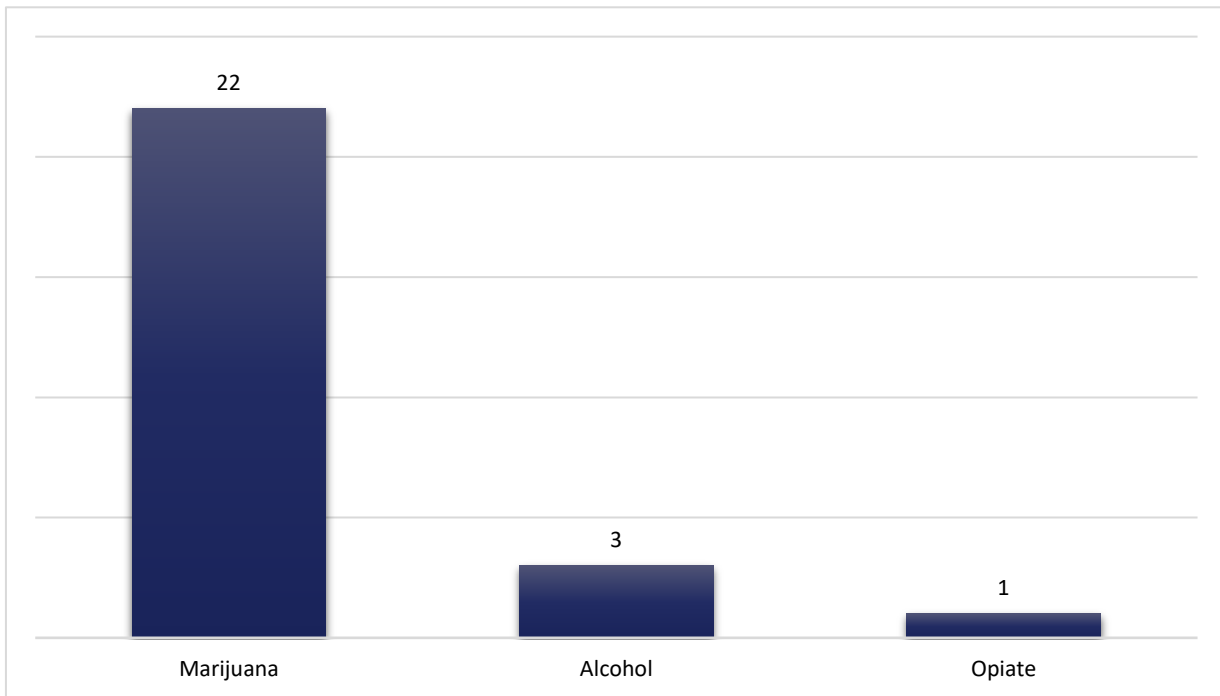
Gender	#	%
Male	25	75.8%
Female	7	21.2%
Unknown	1	3.0%
Race		
White	26	78.8%
Black/African/American	3	9.1%
Other	4	12.1%
Ethnicity		
Hispanic	2	6.1%
Non-Hispanic	30	90.9%
Unknown	1	3.0%
Age		
Less than 15 years old	4	12.2%
15 years old	1	3.0%
16 years old	15	45.5%
17 years old	11	33.3%
18+ years old	2	6.0%
Total	33	100.0

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 recovery court and asked to disclose their primary drug of choice, 66.7% of juvenile participants reported marijuana as their primary drug of choice. Alcohol was second (9.1%) (see Figure 16).

Figure 16. Primary Drug of Choice among Juvenile Participants, FY 2024



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

Program Drug Screenings: In FY 2024, there were 1,230 drug screens administered for participants for whom data were available. 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 1,230 total screenings administered, 888 (72.2%) were negative (see Table 15).

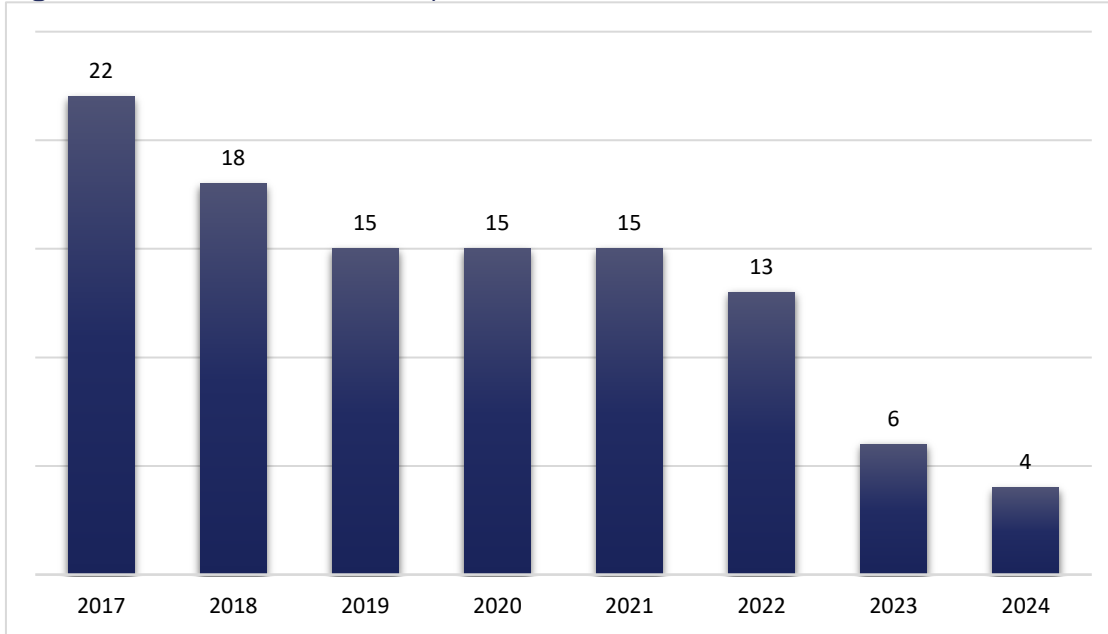
Table 15. Juvenile Recovery Court Drug Screens, FY 2024

	#	%
Negative	888	72.2%
Positive	333	27.1%
Administrative Positive	9	0.7%
Total Screens	1,230	100.0

Summary of Departures

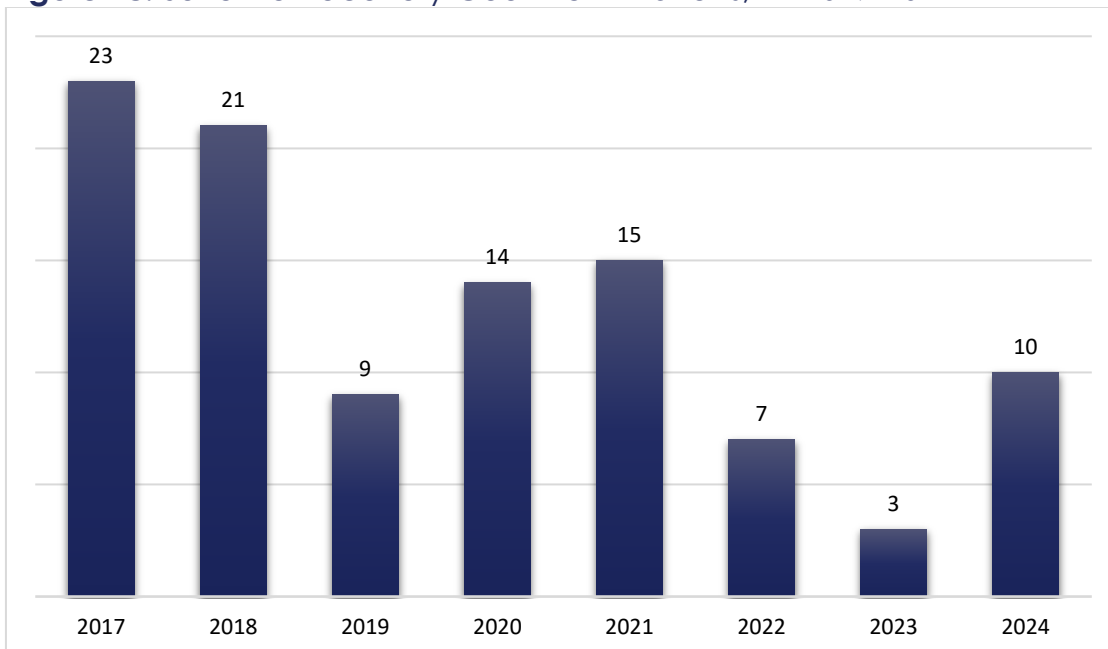
Graduation Rates: Among the juvenile recovery court participants in FY 2024, four (12.1%) exited by graduating the program (see Figure 17).

Figure 17. Juvenile Recovery Court Graduates, FY 2017-2024



Terminations: Ten juvenile participants were terminated from the program in FY 2024 (see Figure 18). The termination rate was 30.3%.

Figure 18: Juvenile Recovery Court Terminations, FY 2017-2024



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 334 days. Those terminated from the program had a mean length of stay of 280 days.

Table 16: Juvenile Recovery Court Length of Stay, Departures, FY 2024

Mean Length of Stay (Days)	
Graduates	334
Terminations	280

FAMILY RECOVERY COURTS

A family recovery court 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 recovery courts 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 comorbidities. To accomplish this, family recovery courts draw 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 recovery court 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.¹⁶

Family recovery courts 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 recovery court pre-adjudication (at day one or child planning conferences) or post-adjudication. In all cases, at the time of referral and admission to family recovery courts, there must be a case plan for family reunification. Before being admitted to family recovery courts, 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 recovery court programs, social services professionals provide case management and supervision and fill other roles in family recovery courts.

Family recovery courts 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 recovery court differ significantly from the adult criminal or juvenile delinquency recovery court models.

Family recovery courts draw on best practices from both the recovery court model and dependency court practice to effectively manage cases within Adoption and Safe Families Act (ASFA) mandates.¹⁷ 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.

¹⁶ 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.

¹⁷ <https://www.gpo.gov/fdsys/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf>

Virginia family recovery courts provide: (1) timely identification of defendants in need of substance use treatment; (2) the opportunity to participate in the family recovery court 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 parent/guardian 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 recovery court 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 Drug Treatment Court Advisory Committee¹⁸ created and adopted the Family Recovery Court Standards in 2008.¹⁹ 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 2004.²⁰

There are and will continue to be differences among individual family recovery courts 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, the Family Recovery Court Standards are an attempt to outline those fundamental standards and practices to which all family recovery courts in the Commonwealth of Virginia should subscribe.

Family Recovery Courts Approved to Operate

In FY 2024, there were five family recovery courts in Virginia. They are located in Charlottesville/Albemarle County, Bedford County, Franklin County, Giles County, and Goochland County (see Figure 19 and Table 17). These family recovery courts operate in the juvenile and domestic relations district courts.

¹⁸ The 2024 General Assembly passed legislation to amend and reenact §§ [18.2-251.02](#) and [18.2-254.1](#) of the Code of Virginia, renaming the Drug Treatment Court Act as the Recovery Court Act. The bill also directs the Supreme Court of Virginia to rename the state Drug Treatment Court Advisory Committee as the Recovery Court Advisory Committee.

¹⁹ https://www.vacourts.gov/static/courtadmin/aoc/djs/programs/sds/programs/rc/admin/family_standards.pdf

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

Figure 19: Approved Family Recovery Courts in Virginia, FY 2024

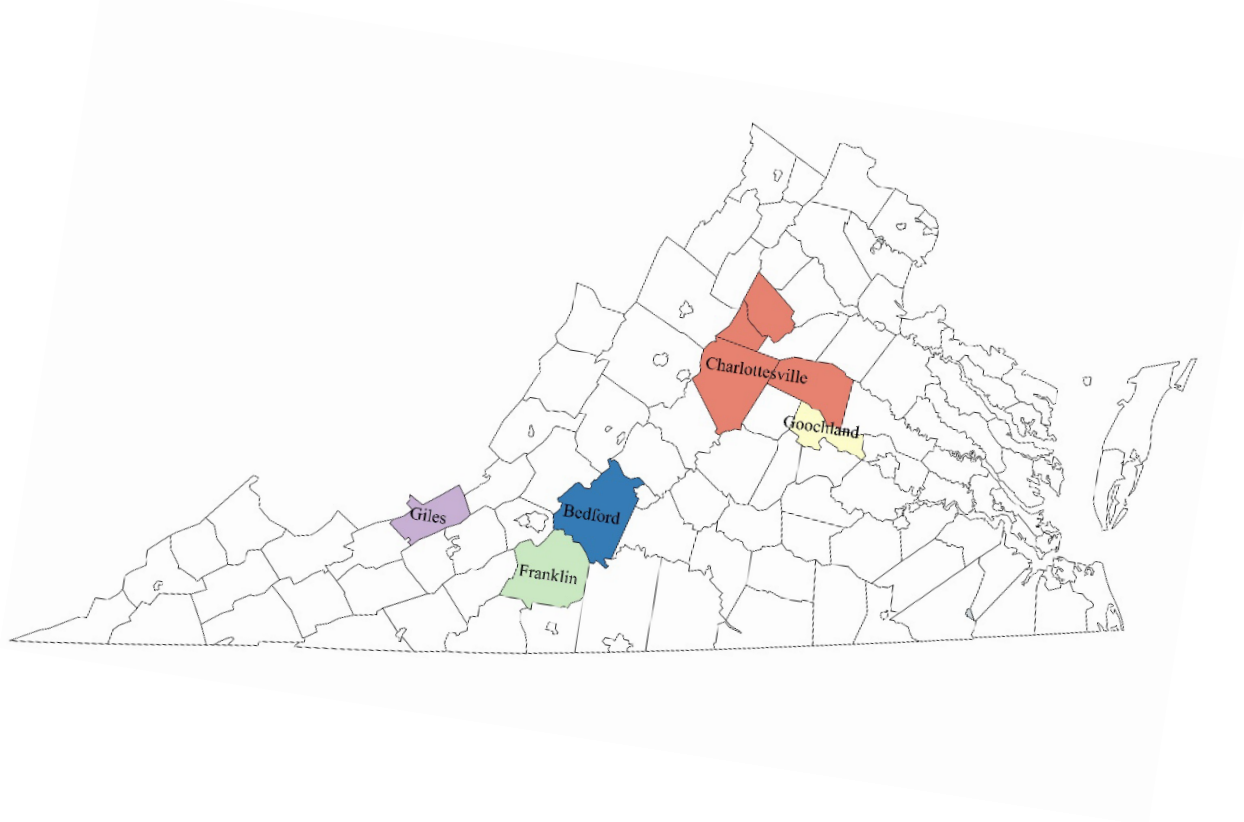


Table 17: Operational Family Recovery Courts in Virginia, FY 2024

Bedford County

Charlottesville/Albemarle County

Franklin County

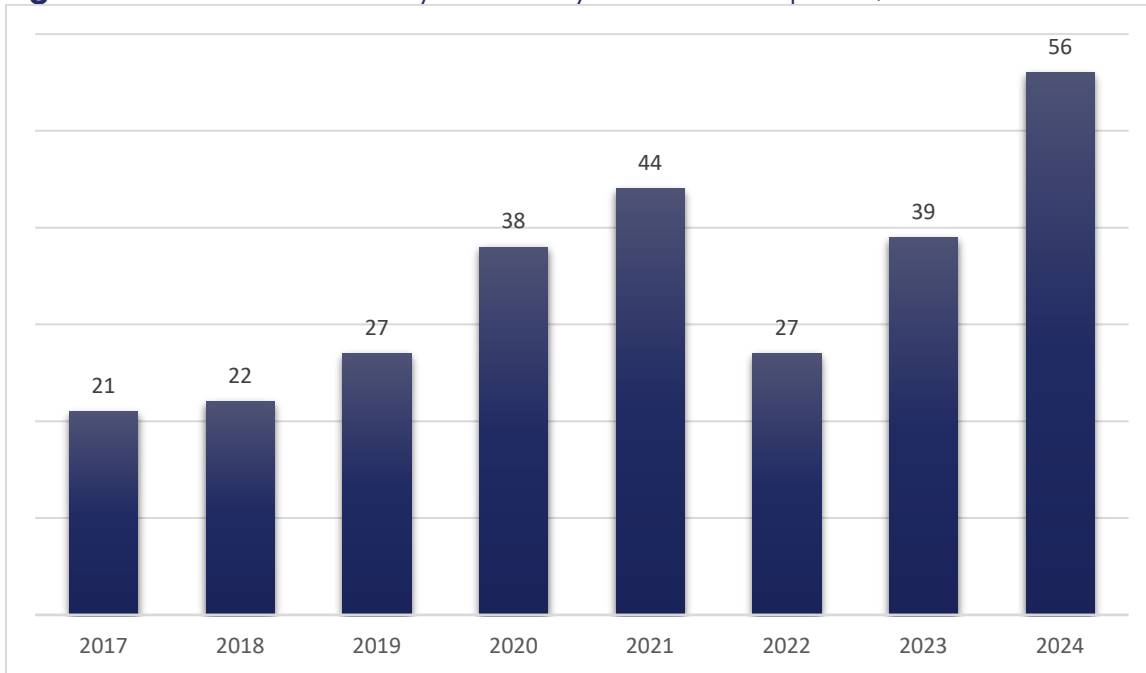
Giles County

Goochland County

Summary of Family Recovery Court Activity

As shown in Figure 20, the number of active family recovery court participants has varied. In FY 2024, docket programs reported 56 participants, a 43.6% increase from the 39 reported in FY 2023. 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 Family Recovery Court Participants, FY 2017- 2024



Referrals: Family recovery courts had 47 referrals, a 43.5% increase from the 33 referrals reported for FY 2023.

Admissions: 29 of the 47 referrals were accepted for an acceptance rate of 61.7%.

Race: Most participants identified as White (46 or 82.1%). 7 participants (12.5%) identified as Black/African American.

Gender: Most participants identified as female (71.4%) and 16 (28.6%) identified as male.

Age: At the time of referral, 26.8% percent of participants were between 18 and 29 years old (15 participants), while 32, or 57.1%, were between 30 and 39 years old. The median age was 33 years old.

Marital Status: Among participants for whom data were available, 13 (23.2%) were single. Only 14.8% reported being married at the time of referral.

Education: 60.7% of participants reported having obtained at least a high school diploma at the time of referral, while 3.6% had some college education.



Table 18. Demographics of Family Recovery Court Participants, FY 2024

Gender	#	%
Female	40	71.4%
Male	16	28.6%
Race		
White	46	82.1%
Black/African American	7	12.5%
Native American	1	1.8%
Other	2	3.6%
Ethnicity		
Hispanic	2	3.6%
Non-Hispanic	54	96.4%
Age		
18-29 years old	15	26.8%
30-39 years old	32	57.1%
40-49 years old	7	12.5%
50-59 years old	1	1.8%
60 years and older	0	0.0%
Unknown	1	1.8%
Total	56	100.0

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

Table 19. Social Characteristics of Family Recovery Court Participants, FY 2024

Marital Status	#	%
Single	13	23.2%
Married	8	14.3%
Divorced	3	5.4%
Separated	4	7.1%
Cohabiting	9	16.1%
Unknown	19	33.9%
Employment		
Unemployed	20	35.7%
32+ Hours/Week	7	12.5%
Full-time w/Benefits	2	3.6%
Less than 32 hours/Week	7	12.5%
Disabled	1	1.8%
Unknown	19	33.9%
Education		
High school or equivalent	34	60.7%
Less than High school	1	1.8%
Some College	2	3.6%
Unknown	19	33.9%
Total	56	100.0

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

Drug Screens

Program Drug Screenings: In FY 2024, 1,601 drug screens were administered to family recovery court participants for whom data are available, a 30.9% increase from the 1,222 screens administered in FY 2023. Of the 1,601 screens administered, 50.5% were positive (see Table 20).

Table 20. Family Recovery Court Drug Screens, FY 2024

	#	%
Negative	783	48.9%
Positive	809	50.5%
Administrative Positive	9	0.6%
Total Screens	1,601	100.0

Summary of Departures

Graduation and Termination Rates: Among the 56 family recovery court participants, 29 exited the program by graduation, termination, or withdrawal. The graduation rate was 19.6% (11 participants), the termination rate was 26.8% (15 participants), and the withdrawal rate was 5.4% (3 participants).

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APPENDICES

*Appendix A: § 18.2-254.1. Recovery Court
Act*

A. This section shall be known and may be cited as the "Recovery 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 recovery courts as means by which to accomplish this purpose.

C. The goals of recovery 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. Recovery 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 recovery court program.

E. Administrative oversight for implementation of the Recovery 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 recovery courts; (ii) providing technical assistance to recovery courts; (iii) providing training for judges who preside over recovery courts; (iv) providing training to the providers of administrative, case management, and treatment services to recovery courts; and (v) monitoring the completion of evaluations of the effectiveness and efficiency of recovery courts in the Commonwealth.

F. The state Recovery Court Advisory Committee shall be established to (i) evaluate and recommend standards for the planning and implementation of recovery 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 recovery 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 recovery court or continue the operation of an existing one shall establish a local recovery court advisory committee.

Jurisdictions that establish separate adult and juvenile recovery 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 recovery 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 recovery 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 recovery 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 recovery 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 recovery court advisory committee.

H. Each local recovery 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 recovery 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. An adult offender shall not be eligible for participation in any recovery court established or continued in operation pursuant to this section if any of the following conditions apply:

1. The offender is presently charged with a felony offense or is convicted of a felony offense while participating in any recovery court where:

a. The offender carried, possessed, or used a firearm or any dangerous weapon specified in § [18.2-308](#) during such offense;

b. The death or serious bodily injury of any person occurred during such offense; or

c. The use of force against any other person besides the offender occurred during such offense; or

2. The offender was previously convicted as an adult of any felony offense that involved the use of force or attempted use of force against any person with the intent to cause death or serious bodily injury.

I. Each recovery 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 recovery 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 recovery courts, public agencies, and community-based organizations to enhance program effectiveness and efficiency.

J. Participation by an offender in a recovery 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 recovery court pursuant to guidelines developed by the recovery court advisory committee.

M. 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 recovery court advisory committee to accept for participation every offender.

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

O. Notwithstanding any other provision of this section, no recovery 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 recovery court established on or before March 1, 2004, and operational as of July 1, 2004

P. Subject to the requirements and conditions established by the state Recovery Court Advisory Committee, there shall be established a recovery court in the following jurisdictions: the City of Chesapeake and the City of Newport News.

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

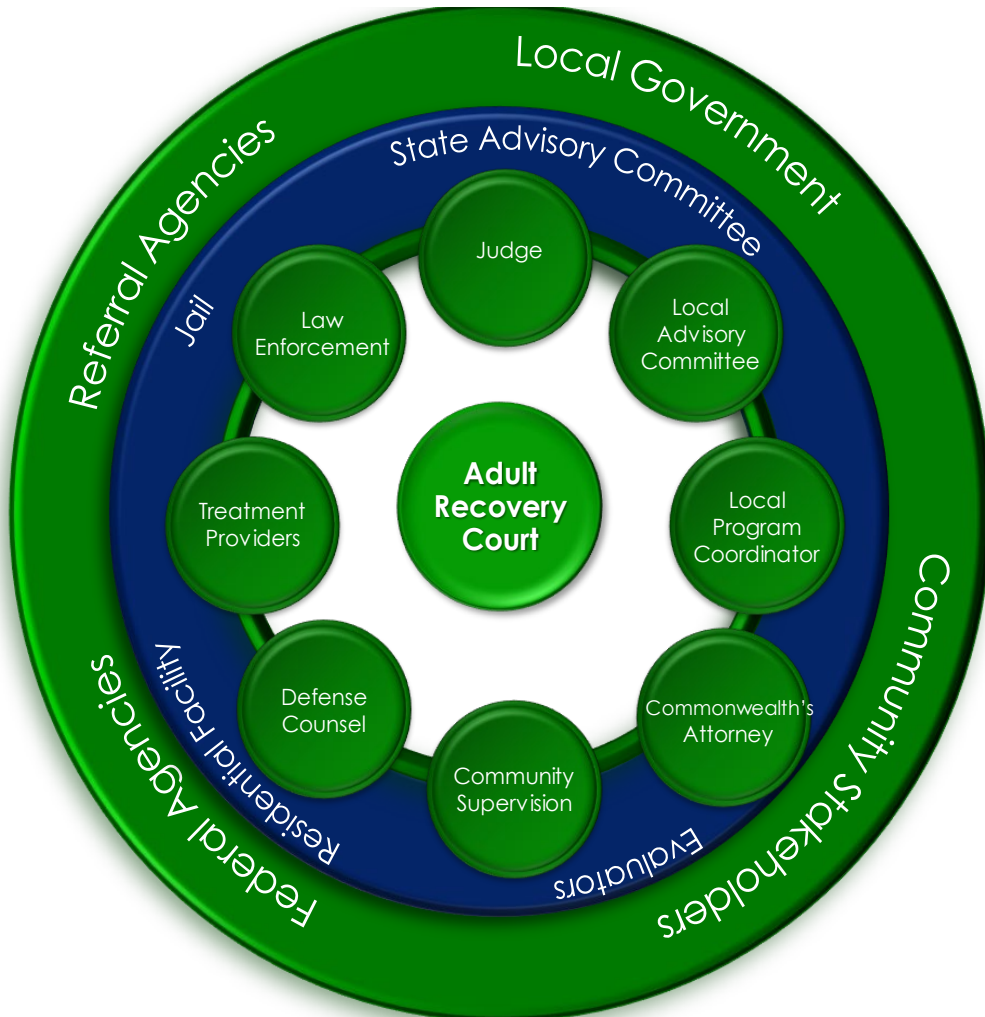
R. Subject to the requirements and conditions established by the state Recovery Court Advisory Committee, there shall be established a recovery court in the City of Bristol and the County of

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; 2024, cc. 25, 130, 260.

The chapters of the acts of assembly referenced in the historical citation at the end of this section(s) may not constitute a comprehensive list of such chapters and may exclude chapters whose provisions have expired.

Appendix B: Diagram of Virginia Adult Recovery Court Stakeholders



Appendix C: Operational Virginia Recovery Courts, FY 2024 (N = 60)

Name	Localities	Court Type	Docket Type	Approved Date
Alexandria Adult	Alexandria	Circuit	Adult	October, 2018
Alleghany Adult	Alleghany, Covington	Circuit	Adult	April, 2021
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
Danville Adult	Danville	Circuit	Adult	October, 2021
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, 2021
Floyd Adult	Floyd	Circuit	Adult	October, 2015
Fluvanna Adult	Fluvanna	Circuit	Adult	October, 2019
Franklin Co. Family	Franklin County	J&DR	Family	May, 2024
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, 2021
Nelson Adult	Nelson County	Circuit	Adult	May, 2024
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, 2021
Page Adult	Page	Circuit	Adult	November, 2021
Portsmouth Adult	Portsmouth	Circuit	Adult	January, 2021
Prince William Adult	Prince William, Manassas, Manassas Park	Circuit	Adult	May, 2024
Pulaski Adult	Pulaski	Circuit	Adult	October, 2014

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
Shenandoah Adult	Shenandoah	Circuit	Adult	June, 2024
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
Warren Adult	Warren	Circuit	Adult	June, 2024
Wythe Adult	Wythe	Circuit	Adult	April, 2021

Appendix D: Rule 1:25
Specialty Dockets

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) recovery court dockets as provided for in the Recovery Court Act, § 18.2-254.1, (ii) veterans dockets, and (iii) behavioral health dockets as provided for in the Behavioral Health Docket Act, § 18.2-254.3. Recovery court dockets offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases. 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 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 Health Docket Advisory Committee, and the committee for any other type of specialty docket recognized in the future by the Supreme Court will be chosen by the Chief Justice. The Recovery Court Advisory Committee established under Code § 18.2-254.1 constitutes the Recovery Court Docket Advisory Committee.

(f) Operating Standards. — The Specialty Docket Advisory Committee, in consultation with the committees created under subsection (e), will establish the training and operating standards for local specialty dockets.

(g) Financing Specialty Dockets. — Any funds necessary for the operation of a specialty docket will 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 must provide to the Specialty Docket Advisory Committee the information necessary for the continuing evaluation of the effectiveness and efficiency of all local specialty dockets.

Last amended by Order date June 21, 2024; effective August 20, 2024

Appendix E: DOC Incarceration and Recovery Court Comparison: 3-year reconviction rates

National usage standards, the Virginia Department of Corrections (DOC) and the Office of the Executive Secretary (OES) use the word “recidivism” in specific and technically defined - but different - ways. Therefore, “Recidivism Rates” studies and reports from these groups are not comparable. However, details in these reports do overlap – specifically in “reconviction” data.

Both offices report reconviction data for 3 years after exit; this data tracks how many people have been reconvicted within 3 years of their exit (from incarceration for the DOC or recovery court for OES). The importance of this longer duration metric is in evaluating *sustained* recovery and rehabilitation.

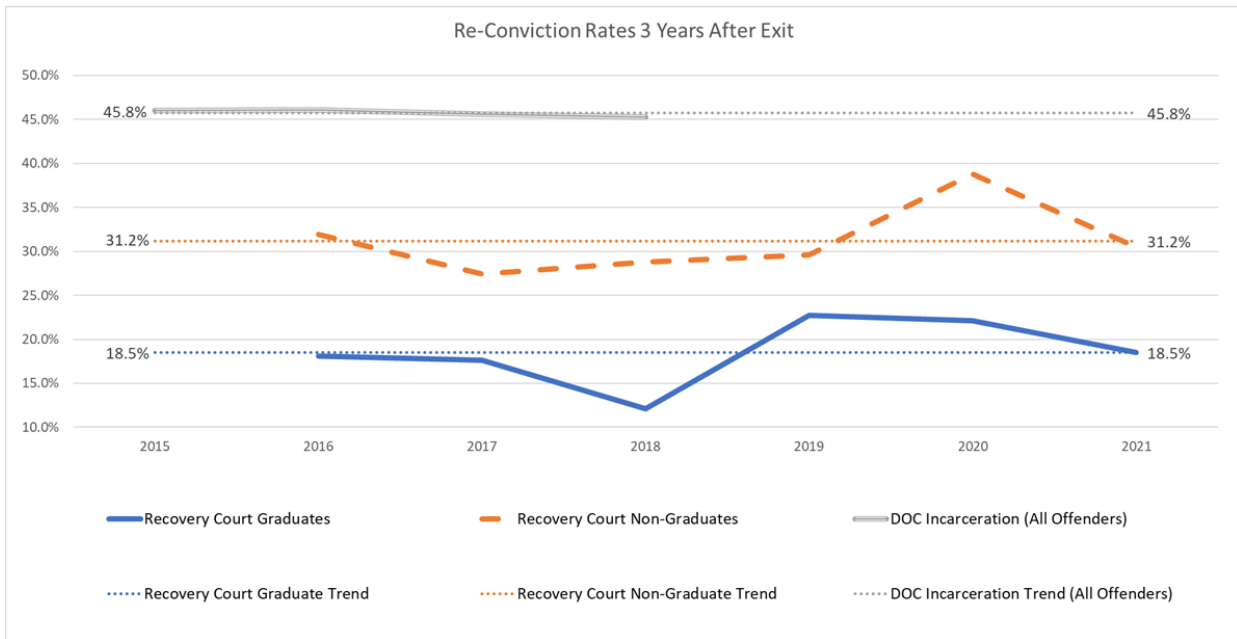
While the features of the reconviction status and 3-year duration line up, the below chart is not for directly comparable populations. The OES reports²¹ are exclusively for offenders with drug and drug motivated offenses by those (primarily) with substance use disorder, while the report published by the Virginia DOC in January 2024,²² gives data for all formerly incarcerated individuals, including an unknown portion of non-similar offenses/population. However, in a published study by the DOC, they recognize that “inmates with a history of testing positive for both opioids and cocaine [...] had a re-incarceration rate substantially higher than those with no history of testing positive for opioids or cocaine.”²³

This indicates that substance-using offenders are driving up their recidivism metric by a “substantial” amount. It can be extrapolated that if the DOC report did pull out data for like-offenses/populations, that number would be some amount higher than their below reported overall reconviction numbers.

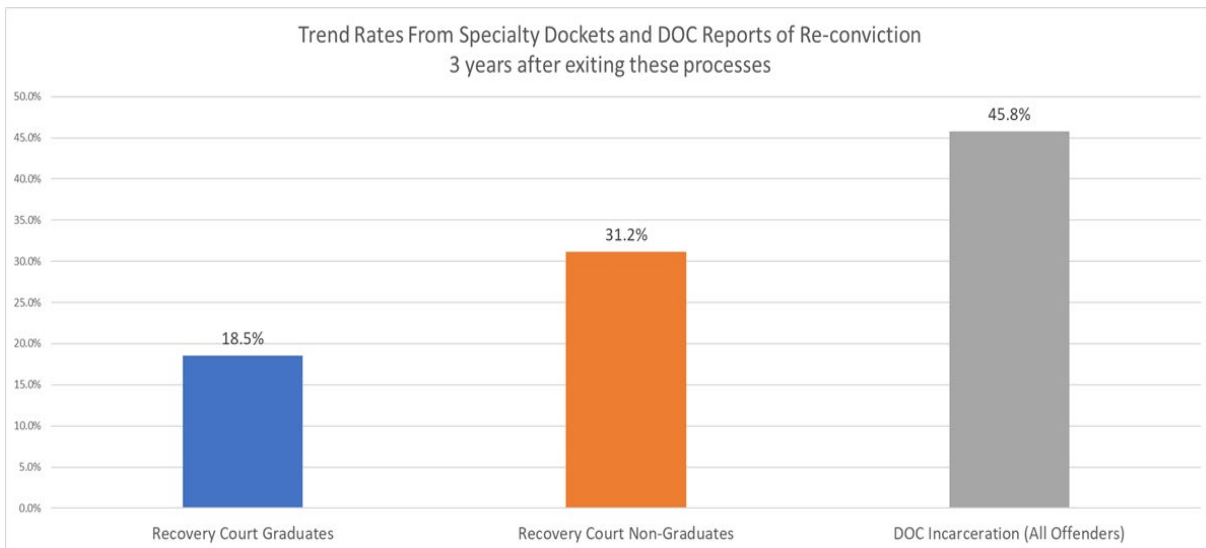
²¹https://www.vacourts.gov/static/courtadmin/aoc/djs/programs/sds/programs/rc/resources/2022_dtc_report.pdf
https://www.vacourts.gov/static/courtadmin/aoc/djs/programs/sds/programs/rc/resources/2021_dtc_report.pdf
<https://rga.lis.virginia.gov/Published/2020/RD591/PDF>
https://www.vacourts.gov/static/courtadmin/aoc/djs/programs/sds/programs/rc/resources/2019_dtc_report.pdf

²² <https://vadoc.virginia.gov/media/1817/vadoc-state-recidivism-report-2023-01.pdf>
<https://vadoc.virginia.gov/media/2077/vadoc-recidivism-at-a-glance-2024.pdf>

²³ <https://vadoc.virginia.gov/news-press-releases/2021/virginia-s-recidivism-rate-remains-among-the-lowest-in-the-country/>



The above chart shows 3-year reconviction data for persons exiting incarceration from the DOC in 2015, 2016, and 2017 in solid grey. In solid orange and blue, it shows the non-graduate (orange) and graduate (blue) 3-year reconviction rates for adults exiting recovery court in 2016-2021. The trend lines (dashed lines) indicate what the average reconviction rate is per the annual reports (not compiled data) – in other words, recovery court graduates tend to have a reconviction rate close to 18.5% on each annual report. Non-graduates tend to have a reconviction rate close to 31% on each annual report. Former inmates tend to have a reconviction rate close to 46% via the DOC report.



Appendix F: Specialty Dockets DIMS Database (SDDD)

Virginia Specialty Dockets has transitioned to a new database system-DIMS. Specialty Dockets DIMS Database (SDDD) is a comprehensive, customizable, and secure participant data tracking system that offers accessible data and visual reporting. SDDD offers a user-friendly interface and the flexibility to generate additional reports based on locality. Additionally, no VPN connection is required as the system operates through a cloud platform.

The transition to new database was carried out in three stages grouped by dockets. After the migration of data was completed, each group received training from DIMS. Feedback sessions were held after training session, in which issues and concerns were addressed.

Features of SDDD

- ✓ Do not require VPN.
- ✓ Alerts are generated automatically and manually.
- ✓ Printable Initial Screening forms
- ✓ Staff calendar available.
- ✓ Display of discharged and paused participants in a different tab on the home page.
- ✓ Producing analytics /reports are easy.

Appendix G: State Recovery 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 Adult Recovery Court
Tazewell Circuit Court

Members:

Karl Hade, Executive Secretary
Office of the Executive Secretary

Hon. Colette McEachin, Commonwealth's
Attorney, City of Richmond
Commonwealth's Attorneys Association

Jennifer MacArthur, Manager
Division of Programs and Adult Services
Department of Criminal Justice Services

*Hon. Louis DiMatteo, Judge
Arlington Drug Court
Arlington Circuit Court

Tim Coyne, Deputy Executive Director
Virginia Indigent Defense Commission

*Hon. Robert Turk, Judge
Montgomery Recovery Court
Montgomery Circuit Court

Chief William H. Anspach
Colonial Heights Police Department
Virginia Association of Chiefs of Police

Hon. Karl Leonard, Sheriff
Chesterfield County
Virginia Sheriffs' Association

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

*Hon. Joseph Vance, IV, Judge
Rappahannock Juvenile Recovery Court
Fredericksburg Juvenile and Domestic
Relations District Court

Hon. Deborah S. Tinsley, Judge
Goochland Family Recovery Court
Goochland Juvenile and Domestic
Relations Court

Megan Roane, Director
Blue Ridge Court Services
Virginia Community Criminal Justice
Association

Candace Roney, LPC, Ph.D., Director
Office of Substance Use Services
Department of Behavioral Health and
Developmental Services

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

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

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

Amy Floriano, Director
Department of Juvenile Justice

*Hon. Charles S. Sharp, Judge, Retired
Stafford Circuit Court
At Large Member

Cheryl Robinette, Coordinator
Tazewell Recovery Court
At Large Member

Chadwick Dotson, Director
Virginia Department of Corrections

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

Hon. Eric Olsen, Commonwealth's Attorney
Stafford County
At Large Member

* *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

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

Celin Job
Specialty Dockets Analyst
Judicial Services Department
Office of the Executive Secretary

Danny Livengood
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Judicial Services Department
Office of the Executive Secretary

Liane Hanna
Specialty Dockets Compliance Analyst
Department of Judicial Services
Office of the Executive Secretary

Olivia Terranova
Specialty Dockets Compliance Analyst
Department of Judicial Services
Office of the Executive Secretary

Renee Rosales
Specialty Dockets Budget Analyst
Department of Judicial Services
Office of the Executive Secretary

Taylor Crampton
Specialty Dockets Administrative Assistant
Judicial Services Department
Office of the Executive Secretary

VIRGINIA RECOVERY COURT STANDARDS

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INTRODUCTION

The goals of Virginia recovery courts include (I) reducing recidivism; (II) increasing personal, familial, and societal accountability among offenders through ongoing judicial intervention; (III) addressing substance use that contributes to criminal behavior and recidivism; and (IV) promoting effective planning and use of resources within the criminal justice system and community agencies. Preliminary research demonstrates that Recovery Court participants tend to have lower rates of criminal activity and increased linkages to treatment services when compared to defendants who go through the traditional court system, which benefits both the participant and larger community.

The Virginia recovery court standards have been revised to align with the All Rise National Best Practice Standards. There are, and will continue to be, differences among individual specialty dockets based upon the unique needs and operational environments of the local jurisdictions and the target populations to be served (local needs and resources). However, there is also a need for overall uniformity as to basic docket components and principles. Therefore, this document is an attempt to outline the fundamental standards and practices to which all recovery courts in the Commonwealth of Virginia should conform.

STANDARD I Administration

Recovery courts depend upon a comprehensive and inclusive planning process.

- 1.1** The planning group has a written work plan addressing the program's needs for budget and resources, operations, information management, staffing, community-relations, and ongoing evaluation that have been collaboratively developed, reviewed, and agreed upon by the planning team.
 - a.** Representatives of the court, community organizations, employers, law enforcement, corrections, prosecution, defense counsel, supervisory agencies, treatment and rehabilitation providers, educators, health and social service agencies, and the faith community have opportunity to contribute to the ongoing improvement of the recovery court.

- b. The work plan has specific descriptions of roles and responsibilities of each docket component. For example, eligibility criteria, screening, and assessment procedures are established in line with the Virginia's Recovery Court Standards.
 - c. Treatment requirements and expectations are understood and agreed upon by the planning group.
- 1.2 The recovery court has demonstrated participation in a planning process to ensure a coordinated, systemic, and multidisciplinary approach. New recovery courts are encouraged to apply for the Foundational training offered through the All Rise Treatment Court Institute.
- 1.3 The planning committee should identify agency leaders and policy makers to serve on a local advisory committee; the planning committee and local advisory committee may have the same representatives.
- 1.4 The local advisory committee, as identified in 18.2-254.1.G, includes (i) the recovery 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 recovery 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 recovery 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 recovery court advisory committee which has an interest in the success of the program.
- 1.5 The local advisory committee conducts quarterly meetings during the first three years of the docket being approved, and twice a year thereafter.
- 1.6 Mechanisms for sharing decision making and resolving conflicts among recovery court team members, such as multidisciplinary committees, are established, emphasizing professional integrity.

STANDARD II

Recovery Court Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Recovery Court, which integrates substance use treatment services with adjudication of the case(s) before the court. 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.

- 2.1 The recovery court team includes, at a minimum, the judge, a representative from the Public Defender's Office or local defense bar, a representative from the Commonwealth's Attorney, recovery court coordinator, a representative from the local Behavioral Health Authority/Community Services Board or local treatment provider, a representative from local community corrections and/or state probation and parole, and a law enforcement officer.
- 2.2 All team members consistently attend pre-court staff meetings to review participant progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court.
- 2.3 The court, supervision, and treatment providers maintain ongoing and consistent communication, including frequent exchanges of timely and accurate information about the individual participant's overall performance.
- 2.4 Participation by an offender in a recovery 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.
- 2.5 The recovery court does not impose arbitrary restrictions on the number of participants it serves; census is predicated on local need, obtainable resources, and the docket's ability to apply best practices.
- 2.6 Staff of the recovery court engages in community outreach activities and proactive recruitment to build partnerships that will improve outcomes.

STANDARD III

Target Population, Eligibility Criteria, and Equity and Inclusion

Each recovery court will have published objective eligibility and exclusion criteria that have been collaboratively developed, reviewed, and agreed upon by members of the recovery court team, and the local advisory committee, and emphasize early identification and placement of eligible participants.

- 3.1 Recovery courts are most effective for people who are diagnosed with moderate to high substance use disorder (i.e., high-need) and are at a substantial risk for reoffending or have struggled to succeed in less-intensive supervision or treatment programs (i.e., high-risk). This is to be determined by using validated risk-assessment and clinical assessment tools. Recovery courts should serve participants that are high-risk, high need.
- 3.2 An adult offender shall not be eligible for participation in recovery court established or continued in operation pursuant to this section if any of the following conditions as defined in Va. Code §18.2-254.1.H apply.

- 3.3** Eligibility screening is based on established written objective criteria. Criminal justice officials or others (e.g., pretrial services, probation, treatment providers) are designated to screen cases and identify potential recovery court participants using validated risk- and clinical-assessment tools. The recovery court team does not apply subjective criteria or personal impressions to determine participants' suitability for the program. Certified or licensed addictions/mental health professionals provide additional screening for substance use disorders and suitability for treatment.
- 3.4** The docket shall not prohibit acceptance, or graduation of eligible participants who are on Medication Assisted Treatment (MAT).
- 3.5** Narcan training and distribution to all participants should be available onsite.
- 3.6** Members of all sociodemographic and sociocultural groups¹ receive the same opportunities as other individuals to participate and succeed in the docket.
- 3.7** Eligibility criteria for the docket are nondiscriminatory in intent and impact. If an eligibility requirement has the unintended effect of differentially restricting access for members of a certain sociodemographic and sociocultural group, the requirement is adjusted to increase the representation of such persons unless doing so would jeopardize public safety or the effectiveness of the docket.

STANDARD IV

Substance Use Disorder Treatment

Recovery courts are structured to integrate a comprehensive continuum of substance use disorder treatment and rehabilitation services that are desirable and acceptable to participants and adequate to meet their validly assessed treatment needs.

- 4.1** An approved consent form is completed, to provide communication regarding participation and progress in treatment and compliance with 42 CFR, Part 2 (regulations governing confidentiality of substance abuse treatment records) applicable state statutes, and HIPAA regulations. The recovery court should make counsel available to advise participants about their decision to enter the docket.

¹ This is to encompass groups that have historically experienced discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status and others cultural disparities.

- 4.2 Recovery courts should be structured so participants progress through five phases which may include orientation, stabilization, community reintegration, maintenance, successful completion and transition out of the docket.
- 4.3 Once accepted for admission, the participant is enrolled immediately in evidence-based substance use treatment services based on their validly assessed treatment needs and placed under supervision so compliance can be monitored. Assessors are trained to administer screening and other assessment tools validly, reliably, and in a manner that does not retraumatize or shame participants. Participants collaborate with their treatment providers or clinical case managers in setting treatment plan goals and choosing from among the available treatment options and provider agencies.
- 4.4 Participants attend group counseling and meet individually with a clinical case manager or comparable treatment professional at least weekly during the first phase of recovery court. Counseling groups have no more than 12 participants and at least 2 facilitators. Persons with trauma histories are treated in same-sex groups or groups focused on their culturally related experiences, strengths, and stress reactions resulting from discrimination, harassment, or related harms.
- 4.5 All substance use disorder and mental health treatment services are provided by programs licensed by the Virginia Department of Behavioral Health and Developmental Services pursuant to Va. Code § 37.2-405, or persons licensed by the Virginia Department of Health Professions.
- 4.6 The recovery court offers a continuum of care for mental health treatment including residential, day treatment, intensive outpatient, and outpatient services. Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters.
- 4.7 Each offender shall contribute to the cost of the substance abuse treatment they receive while participating in a recovery court pursuant to Va. Code § 18.2-254.1.L. The docket supervises such payments and considers the participant's financial ability to fulfill these obligations.
- 4.8 The inability to contribute to the cost of substance abuse treatment will not prevent someone from phase progression, graduation, or result in a sanction.
- 4.9 The recovery court judge can impose continuing financial conditions that remain enforceable after program completion as persons attain employment or accrue other financial or social capital enabling them to meet their financial obligations and other responsibilities.
- 4.10 All prospective candidates for, and participants in, recovery court are screened as soon as possible after arrest or upon entering custody for their potential overdose risk and other indications for Medication Assisted Treatment (MAT) and are referred, where indicated, to a qualified medical practitioner for a medical

evaluation and possible initiation or maintenance of MAT. Assessors are trained to administer screening and other assessment tools validly and reliably and receive at least annual booster training to maintain their assessment competence and stay abreast of advances in test development, administration, and validation.

Participants are rescreened if new symptoms develop or if their treatment needs or preferences change. Recovery court staff rely exclusively on the judgment of medical practitioners in determining whether a participant needs MAT, the choice of medication, the dose and duration of the medication regimen, and whether to reduce or discontinue the regimen. Participants inform the prescribing medical practitioner that they are enrolled in recovery court and execute a release of information enabling the prescriber to communicate with the recovery court team about their progress in treatment and response to the medication. All members of the recovery court team receive at least annual training on how to enhance program utilization of MAT and ensure safe and effective medication practices.

- 4.11** Participants receive behavioral therapy and cognitive behavioral therapy (CBT) interventions that are documented in treatment manuals and proven to enhance outcomes for persons with substance use or mental health disorders who are involved in the criminal justice system. CBT interventions focus, sequentially, on addressing substance use, mental health, and/or trauma symptoms; teaching prosocial thinking and problem-solving skills; and developing life skills (e.g., time management, personal finance, parenting skills) needed to fulfill long-term adaptive roles like employment, household management, or education.
- 4.12** In the first phase of recovery court, participants receive services designed primarily to stabilize them, initiate abstinence, teach them effective prosocial problem-solving skills, and enhance their life skills (e.g., time management, personal finance) needed to fulfill adaptive roles like employment. In the interim phases of recovery court, participants receive services designed to resolve criminogenic needs that co-occur frequently with substance use, such as criminal-thinking patterns, delinquent peer interactions, and family conflict. In the later phases of recovery court, participants receive services designed to maintain treatment gains by enhancing their long-term adaptive functioning, such as vocational or educational counseling.
- 4.13** Members of all sociodemographic and sociocultural groups receive the same levels of care and quality of treatment as other participants with comparable clinical needs. The Recovery Court administers evidence-based treatments that are effective for use with members of all sociodemographic and sociocultural groups who are represented in the Recovery Court population.
- 4.14** Participants are not detained in jail to achieve treatment or social service objectives.

STANDARD V

Complementary Services and Recovery Capital

Complementary services for conditions that co-occur with substance use disorder and are likely to interfere with their compliance in recovery court, increase criminal recidivism, or diminish treatment gains will be available to each participant. Participants receive desired evidence-based services from qualified treatment, public health, social service, or rehabilitation professionals that safeguard their health and welfare, help them to achieve their chosen life goals, sustain indefinite recovery, and enhance their quality of life.

- 5.1** Trained evaluators assess participants' skills, resources, and other recovery capital, and work collaboratively with them in deciding what complementary services are needed to help them remain safe and healthy, reach their achievable goals, and optimize their long-term adaptive functioning.
- 5.2** Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, posttraumatic stress disorder (PTSD). Participants with PTSD receive an evidence-based intervention that teaches them how to manage distress without resorting to substance use or other avoidance behaviors, desensitizes them gradually to symptoms of panic and anxiety, and encourages them to engage in productive actions that reduce the risk of retraumatization. Participants with PTSD or severe trauma-related symptoms are evaluated for their suitability for group interventions and are treated on an individual basis or in small groups when necessary to manage panic, dissociation, or severe anxiety. Female participants receive trauma-related services in gender-specific groups. All Docket team members, including court personnel and other criminal justice professionals, may receive formal training on delivering trauma-informed services from the Office of the Executive Secretary.
- 5.3** Participants with unstable or insecure living arrangements receive housing assistance for as long as necessary to keep them safe and enable them to focus on their recovery and other critical responsibilities. Until participants have achieved psychosocial stability and early remission of their substance use or mental health disorder, they are referred to assisted housing that follows a "housing first" philosophy and does not discharge residents for new instances of substance use. After participants are clinically and psychosocially stable, those with insecure housing may be referred to a recovery residence that focuses on maintaining abstinence and requires participants to contribute within their means to the functioning and leadership of the facility. Participants who are in acute crisis or are at imminent risk for drug overdose, hospitalization, or other serious health

threats are referred, if available, to peer respite housing where they receive 24-hour support, monitoring, and advice from certified peer recovery support specialists or supervised peer mentors.

- 5.4** A trained and qualified assessor screens all participants for medical and dental care needs and refers those needing services to a medical or dental practitioner for evaluation and treatment. An experienced benefits navigator or other professional such as a social worker helps participants complete enrollment applications and meet other coverage requirements to access third-party payment coverage or publicly subsidized or indigent healthcare.
- 5.5** Participants receive vocational, educational, or life skills counseling to help them succeed in chosen life roles such as employment, schooling, or household management. Qualified vocational, educational, or other rehabilitation professionals assess participants' needs for services that prepare them to function well in such a role and deliver desired evidence-based services proven to enhance outcomes in substance use, mental health, or criminal justice populations. Participants are not required to obtain a job or enroll in school until they are psychosocially stable, have achieved early remission of their substance use or mental health disorder, and can benefit from needed preparatory and supportive services. For participants who are already employed, enrolled in school, or managing a household, scheduling accommodations (e.g., after-hours counseling sessions) are made to ensure that these responsibilities do not interfere with their receipt of needed recovery court services. Staff members engage in active outreach efforts to educate prospective employers about the benefits and safety of hiring recovery court participants who are being closely monitored, receiving evidence-based services, and held safely accountable for their actions on the job.
- 5.6** Participants receive evidence-based family counseling with close family members or other significant persons in their life when it is acceptable to and safe for the participant and other persons. Qualified family therapists or other trained treatment professionals deliver family interventions based on an assessment of the participant's goals and preferences, current phase in recovery court, and the needs and developmental levels of the participant and impacted family members. In the early phases of recovery court, family interventions focus on reducing familial conflict and distress, educating family members or significant others about the recovery process, teaching them how to support the participant's recovery, and leveraging their influence, if it is safe and appropriate to do so, to motivate the participant's engagement in treatment. After participants have achieved psychosocial stability and early remission of their substance use or mental health disorder, family interventions focus more broadly on addressing dysfunctional interactions and improving communication and problem-solving skills. Family

therapists carefully assess potential power imbalances or safety threats among family members or intimate partners and treat vulnerable persons separately or in individual sessions until the therapist is confident that any identified risks have been averted or can be managed safely. In cases involving domestic or intimate partner violence, family therapists deliver a manualized and evidence-based cognitive behavioral therapy curriculum that focuses on the mutually aggravating effects of substance-use or mental health symptoms and domestic violence, addresses maladaptive thoughts impacting these conditions, and teaches effective anger regulation and interpersonal problem-solving skills. Family therapists receive at least 3 days of preimplementation training on family interventions, attend annual booster sessions, and receive at least monthly supervision from a clinical supervisor who is competently trained on the intervention.

- 5.7** Experienced staff members or community representatives inform participants about local community events and cultural or spiritual activities that can connect them with prosocial networks, provide safe and rewarding leisure opportunities, support their recovery efforts, and enhance their resiliency, self-esteem, and life satisfaction.

STANDARD VI

Participant Compliance

A coordinated multidisciplinary strategy governs incentives, sanctions, and service adjustments from the recovery court to each participant's performance and progress.

- 6.1** The recovery court team classifies participants' goals according to their difficulty level before considering what responses to deliver for achievements or infractions of these goals. Incentives and sanctions are delivered to enhance compliance with goals that participants can achieve in the short term and sustain for a reasonable period of time (proximal goals), whereas service adjustments are delivered to help participants achieve goals that are too difficult for them to accomplish currently (distal goals).
- 6.2** Treatment providers, the judge, supervision staff and other docket staff maintain frequent, regular communication to provide timely reporting of participant performance to enable the court to respond immediately.
- 6.3** Graduated responses to the participant's compliance and noncompliance are defined clearly in the recovery court's operating documents and are appropriately consistent with the infraction or accomplishment.
- 6.4** The recovery court provides clear and understandable advance notice to participants about docket requirements, the responses for meeting or not meeting

these requirements, and the process the team follows in deciding on appropriate individualized responses to participant behaviors. This information is documented clearly and understandably in the docket manual and in a participant handbook that is distributed to all participants, staff, and other interested stakeholders or referral sources, including defense attorneys.

- 6.5** Participants receive copious incentives for engaging in beneficial activities that take the place of harmful behaviors and contribute to long-term recovery and adaptive functioning, such as participating in treatment, recovery support activities, healthy recreation, or employment. Examples of effective low-cost incentives include verbal praise, symbolic tokens like achievement certificates, affordable prizes, fishbowl prize drawings, points or vouchers that can be accumulated to earn a prize, and reductions in required costs of substance abuse disorder treatment or community service hours. Incentives are delivered for all accomplishments, as reasonably possible, in the first two phases of the docket, including attendance at every appointment, truthfulness (especially concerning prior infractions), and participating productively in counseling sessions. Once goals have been achieved or managed, the frequency and magnitude of incentives for these goals may be reduced, but intermittent incentives continue to be delivered for the maintenance of important managed goals.
- 6.6** Service adjustments, not sanctions, are delivered when participants do not meet distal goals. Under such circumstances, the appropriate course of action may be to reassess the individual and adjust the treatment plan accordingly. Adjustments to treatment plans are based on the recommendations of duly trained treatment professionals. Supervision adjustments are carried out based on recommendations from trained community supervision officers predicated on a valid risk and need assessment and the participant's response to previous services. Supervision is increased when necessary to provide needed support, ensure that participants remain safe, monitor their recovery obstacles, and help them to develop better coping skills.
- 6.7** Jail sanctions should be imposed only after verbal warnings and several low-and moderate-magnitude sanctions have been unsuccessful in deterring repeated infractions of proximal goals or when participants engage in behavior that endangers public safety. Continued use of illicit substances is insufficient, by itself, to establish a risk to public safety or participant welfare requiring a jail sanction. Jail sanctions are not imposed for substance use before participants are psychosocially stable and in early remission from their substance use or mental health disorder, are usually no more than 3 to 6 days in length, and they are delivered in the least disruptive manner possible (e.g., on weekends or evenings) to avoid interfering with treatment, household responsibilities, employment, or other

productive activities. Participants receive reasonable due process protections before a jail sanction is imposed. Jail detention is not used to achieve rehabilitative goals, such as to deliver in-custody treatment for continuing substance use or to prevent drug overdose or other threats to the person's health, because such practices increase the risk of overdose, overdose-related mortality, and treatment attrition. Before jail is used for any reason other than to avoid a serious and imminent public safety threat or to sanction a participant for repeated infractions of proximal goals, the judge finds by clear and convincing evidence that jail custody is necessary to protect the participant from imminent and serious harm and the team has exhausted or ruled out all other less restrictive means to keep the person safe. If no less restrictive alternative is available or likely to be adequate, then as soon as the crisis resolves or a safe alternative becomes available, the participant is released immediately from custody and connected with needed community services. Release should ordinarily occur within days, not weeks or longer. While participants are in custody, staff ensure that they receive uninterrupted access to Medication Assisted Treatment (MAT), psychiatric medication, medical monitoring and treatment, and other needed services, especially when they are in such a vulnerable state and highly stressful environment. Participants are given an opportunity to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and service adjustments. If a participant has difficulty expressing him or herself because of such factors as a language barrier, nervousness, or cognitive limitation, the judge permits the participant's attorney to assist in providing such explanations. Participants receive a clear justification for why a particular consequence is or is not being imposed.

- 6.8** Sanctions are delivered for infractions of proximal goals, are delivered for concrete and observable behaviors (e.g., not for subjective attitudinal traits), and are delivered only when participants have received clear advance notice of the behaviors that are expected of them and those that are prohibited. Participants do not receive high-magnitude sanctions like home detention or jail detention unless verbal warnings and several low and moderate-magnitude sanctions have been unsuccessful in deterring repeated infractions of proximal goals. Sanctions are delivered without expressing anger or ridicule. Participants are not shamed or subjected to foul or abusive language. Treatment services or conditions are not used as incentives or sanctions.
- 6.9** The recovery court does not deny admission, advancement, impose sanctions, or discharge participants unsuccessfully for the prescribed use of prescription medications, including Medication Assisted Treatment, psychiatric medication, and medications for other diagnosed medical conditions such as pain or insomnia.

- 6.10** The judge delivers sanctions, and the staff deliver service adjustments pursuant to best practices for the nonmedical or “recreational” use of marijuana. In jurisdictions that have legalized marijuana for medical purposes, staff adhere to the provisions of the medical marijuana statute and case law interpreting those provisions. Participants using marijuana pursuant to a lawful medical recommendation inform the certifying medical practitioner that they are enrolled in recovery court and execute a release of information enabling the practitioner to communicate with the recovery court team about the person’s progress in treatment and response to marijuana. The judge delivers sanctions, and the staff deliver service adjustments pursuant to best practices for the nonmedically recommended use of medically certified marijuana.
- 6.11** Participants facing possible unsuccessful discharge from recovery court receive a due process hearing with comparable due process elements to those of a probation revocation hearing. Before discharging a participant unsatisfactorily, the judge finds by clear and convincing evidence that: the participant poses a serious and imminent risk to public safety that cannot be prevented by the recovery court’s best efforts, the participant chooses to voluntarily withdraw from the docket despite staff members’ best efforts to dissuade the person and encourage further efforts to succeed, or the participant is unwilling or has repeatedly refused or neglected to receive treatment or other services that are minimally required for the person to achieve rehabilitative goals and avoid recidivism. Before discharging a participant for refusing offered treatment services, treatment professionals make every effort to reach an acceptable agreement with the participant for a treatment regimen that has a reasonable chance of therapeutic success, poses the fewest necessary burdens on the participant, and is unlikely to jeopardize the participant’s welfare or public safety. Defense counsel clarifies in advance in writing with the participant and other team members what consequences may result from voluntary withdrawal from the docket and ensures that the participant understands the potential ramifications of this decision.
- 6.12** When the docket operates on a pre-plea model, a significant reduction or dismissal of charges can be considered. When the docket operates in a post plea model, a number of outcomes are possible such as early terminations of supervision, vacated pleas, and lifted costs of substance abuse disorder treatment.

STANDARD VII

Testing

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized¹ substance use throughout participants' enrollment in the Specialty Docket.

- 7.1** Specialty Dockets have written policies and procedures for the frequency of drug screening, sample collection, chain of custody, sample analysis, and result reporting. At a minimum, dockets should be urine testing participants at least twice per week until participants are in the last phase of the program and preparing for graduation. During the first two phases, participants should be Ethyl Glucuronide (EtG), or Ethyl Sulphate (EtS) tested on a weekly basis. All drug and alcohol tests should be administered by a trained professional staff member assigned to or authorized by the Specialty Docket. Urine specimens are delivered no more than eight hours after being notified that a urine test has been scheduled. Testing should be random² and unpredictable, including weekends and holidays.
- 7.2** The testing policies and procedures include a coordinated strategy for responding to noncompliance, including prompt responses to positive tests, missed tests, and fraudulent tests.
- 7.3** The testing policies and procedures address elements that contribute to the reliability and validity of a urinalysis testing process. The scope of testing is sufficiently broad to detect the participant's primary drug of choice as well as other potential drugs of abuse, including alcohol. Test specimens are examined routinely for evidence of dilution and adulteration. Each specialty docket has breathalyzer capability, dockets without a breathalyzer may pursue grant funds for this resource.
- 7.4** Upon entering the specialty docket, participants receive a clear and comprehensive explanation of their rights and responsibilities related to drug and alcohol testing. This information is described in a participant contract or handbook and reviewed periodically with participants to ensure they remain cognizant of their obligations.
- 7.5** Test results are communicated to the court and the participant within forty-eight hours of sample collection, recognizing that the specialty docket functions best when it can respond immediately.

¹ Unauthorized substances include alcohol, illicit drugs, and addictive or intoxicating prescription medications that are taken without prior approval from the specialty docket and not during a medical emergency.

² lacking a definite plan, purpose, or pattern. Removal of human element, unknown beforehand, random system-purchased through a provider.

STANDARD VIII

Role of the Judge

The recovery court judge stays abreast of current law and research on best practices in recovery courts and carefully considers the professional observations and recommendations of other team members when developing and implementing docket policies and procedures. The judge develops a collaborative working alliance with participants to support their recovery while holding them accountable for abiding by docket conditions and attending treatment and other indicated services.

- 8.1** Regular status hearings are used to monitor participant performance:
- a.** Participants appear in court for status hearings no less frequently than every two weeks during the first two phases of the docket or until they are clinically and psychosocially stable and reliably engaged in treatment. Some participants may require weekly status hearings in the beginning of the docket to provide for more enhanced structure and consistency, such as persons with co-occurring mental health and substance use disorders or those lacking stable social supports. Participants continue to attend status hearings on at least a monthly basis for the remainder of the docket or until they are in the last phase and are reliably engaged in recovery support activities that are sufficient to help them maintain recovery after docket discharge.
 - b.** A significant number of recovery court participants appear at each session. This gives the judge the opportunity to educate both the offender at the bench and those waiting³ as to the benefits of docket compliance and consequences for noncompliance. The judge should average at least 3 minutes with each participant.
- 8.2** The judge attends precourt staff meetings routinely and ensures that all team members contribute their observations about participant performance and provide recommendations for appropriate actions. The judge gives due consideration to each team member's professional expertise and strategizes with the team to intervene effectively with participants during status hearings.
- 8.3** The presiding judge should remain as consistent as possible; terms should be no less than 2 years in length with a required training from the Office of the Executive Secretary's Specialty Docket team prior to presiding over a recovery court. If the judge must be absent temporarily because of illness, vacation, or similar reasons, the team briefs substitute judges carefully about participants' performance in the docket to avoid inconsistent messages, competing demands, or inadvertent interference with recovery court policies or procedures. The team also

³ Docket participants should stay for the duration of the docket.

briefs substitute judges on recovery court best practices per their docket operations manual and the state standards.

- 8.4** The judge attends training conferences or seminars at least annually on judicial best practices in recovery courts, including legal and constitutional standards governing docket operations, judicial ethics, achieving cultural equity, evidence-based behavior modification practices, and strategies for communicating effectively with participants and other professionals. The judge also receives sufficient training to understand how to incorporate specialized information provided by other team members into judicial decision making, including evidence-based principles of substance use and mental health treatment, complementary interventions and social services, community supervision practices, drug and alcohol testing, and docket performance monitoring.
- 8.5** The judge is the ultimate arbiter of factual disputes and makes the final decisions concerning the imposition of incentives, sanctions, or dispositions that affect a participant's legal status or liberty interests. The judge makes these decisions after carefully considering input from other recovery court team members and discussing the matter with the participant and their legal representative in court.
- 8.6** The judge relies on the expertise of qualified treatment professionals when setting court-ordered treatment conditions. The judge does not order, deny, or alter treatment conditions independently of expert clinical advice, because doing so may pose an undue risk to participant welfare, disillusion participants and credentialed providers, and waste treatment resources.

STANDARD IX

Evaluation and Monitoring

The recovery court has results that are measured, evaluated, and communicated to the public.

- 9.1** The goals of the recovery court are described concretely and in measurable terms. Minimum goals are:
- a. Reducing substance use among participants;*
 - b. Reducing crime;*
 - c. Improving public safety, including highway safety;*
 - d. Reducing recidivism;*
 - e. Reducing substance-related court workloads;*

- f. Increasing personal, familial, and societal accountability among participants; and*
- g. Promoting effective planning and use of resources among the criminal justice system and community agencies.*

- 9.2** The recovery court has an evaluation and monitoring protocol describing measurement of progress in meeting operational and administrative goals, effectiveness of treatment, and outcomes. An evaluator examines the recovery court's adherence to best practices and participant outcomes no less frequently than once every five years. The recovery court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the docket's adherence to best practices.
- 9.3** The recovery court monitors and evaluates its adherence to best practice standards on at least an annual basis, develops a remedial action plan and timetable to rectify deficiencies, and examines the success of the remedial actions. Outcome evaluations describe the effectiveness of the recovery court's adherence to best practices.
- 9.4** Information systems adhere to written policies consistent with state and federal guidelines that protect against unauthorized disclosure.
- 9.5** The recovery court must use and maintain current data in an information technology system as prescribed by the Office of the Executive Secretary.
- 9.6** The recovery court continually monitors participant outcomes during enrollment in the docket, including attendance at scheduled appointments, drug and alcohol test results, graduation rates, lengths of stay, and in- docket technical violations and new arrests.
- 9.7** Outcomes are examined for all eligible participants who entered the recovery court regardless of whether they graduated, withdrew, or were terminated from the docket.
- 9.8** Where such information is available, new arrests, new convictions, and new incarcerations are monitored for at least three years following each participant's entry into the recovery court. Offenses are categorized according to the level (felony, misdemeanor, or summary offense) and nature (e.g., person, property, drug, or traffic offense) of the crime involved.
- 9.9** The recovery court in addition to the local advisory committee regularly monitors whether members of all sociodemographic and sociocultural groups complete the docket at equivalent rates. If completion rates are significantly lower for certain sociodemographic and sociocultural groups, the recovery court team investigates the reasons for the disparity, develops a remedial action plan, and evaluates the success of the remedial actions.

STANDARD X

Education and Training

The recovery court team requires continued interdisciplinary education, training, and program assessment.

- 10.1** Key personnel have attained a specific level of basic education, as defined in staff training requirements and in the written operating procedures. The operating procedures define annual requirements for the continuing education of each recovery court staff member.
- 10.2** Equity and inclusion training is prioritized, and affirmative steps are taken to detect and correct inequities services and disparate outcomes among any sociodemographic or sociocultural groups.
- 10.3** All recovery court personnel attend continuing education programs. Regional and national recovery court training programs provide critical information on innovative developments across the nation. Sessions are most productive when recovery court personnel attend as a group.
- 10.4** Interdisciplinary education is provided for every person involved in recovery court in order to develop a shared understanding of the values, goals, and operating procedures of both the treatment and justice system components. This includes participating in a How Being Trauma Informed Improves Criminal Justice System Responses training offered by the Office of the Executive Secretary Specialty Dockets team.
- 10.5** All members of the recovery court team receive at least annual training on trauma-informed practices and ways to avoid causing or exacerbating trauma and mental health symptoms in all facets of the docket, including courtroom procedures, community supervision practices, drug and alcohol testing, and the delivery of incentives, sanctions, and service adjustments.