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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:

Virginia Code 18.2-254.2 directs the Office of the Executive Secretary of the Supreme Court of Virginia to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of 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 Specialty Dockets Annual Report

REPORT OF THE
Office of the Executive Secretary
Supreme Court of Virginia

TO THE
General Assembly of Virginia

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PREFACE

Virginia Code § 18.2-254.2 (Appendix A) requires the Office of the Executive Secretary (OES) of the Supreme Court to "develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of Supreme Court of Virginia." Additionally, the section requires each local specialty docket to "submit evaluative reports to the Office of the Executive Secretary as requested." OES is further required to submit a report of these evaluations to the General Assembly by December 1 of each year. This report is submitted in compliance with that requirement.[1]

[1] This report includes information about veterans treatment dockets. Evaluation information on recovery courts and behavioral health dockets is reported separately, in accordance with Va. Code § 18.2-254.1 and Va. Code § 18.2-254.3.

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VIRGINIA SPECIALTY DOCKETS

The mission of the Virginia Judicial System is "to provide an independent, accessible, responsive forum for the just resolution of disputes in order to preserve the rule of law and to protect all rights and liberties guaranteed by the United States and Virginia Constitutions."[2] In response to numerous inquiries about various specialty dockets in Virginia, the Supreme Court of Virginia promulgated Rule 1:25, Specialty Dockets, which was last amended by Order dated June 21, 2024, and became effective on August 20, 2024. The Rule defines and establishes criteria for specialty dockets, including recognized types, the authorization process for establishing a docket, the process expanding the types of dockets, oversight structure, operating standards, funding, and evaluation.

The Supreme Court of Virginia currently recognizes the following three types of specialty dockets: (i) recovery courts as provided for in the Recovery Court Act, § 18.2-254.1, (ii) veterans treatment dockets, and (iii) behavioral health dockets as provided for in the Behavioral Health Docket Act, § 18.2-254.3. A circuit or district court intending to establish one or more types of these recognized specialty dockets must petition the Supreme Court of Virginia for authorization before beginning operation. These specialized dockets are designed to address local needs by leveraging local resources. This report will provide an annual summary of veterans treatment dockets.

Specialty dockets integrate treatment services with justice system case processing to promote public safety while safeguarding participants' due process rights. These dockets aim to slow the "revolving door" of criminal justice involvement by addressing the underlying issues contributing to criminal behavior. They seek to improve outcomes for victims, litigants, and communities, while often also offering alternatives to incarceration, such as case dismissal, charge reduction, and reduced supervision.

Mental illness is a widespread issue, affecting millions of people annually. In Virginia alone, over 1,200,000 adults live with a mental health condition. According to a 2022 CDC report, one American dies by suicide every 11 minutes. In Virginia, the suicide rate for the general population in 2022 was 13.3 deaths per 100,000.[3]

According to the National Institute of Mental Health (NIMH) at the National Institutes of Health, substance use disorders are mental health conditions that affect a person's brain and behavior, leading to an inability to control the use of substances such as legal or illegal drugs, alcohol, or medications. Although substance use disorder is classified as a brain disease, it is also a mental health condition. These terms are synonymous, describing how excessive substance use can alter the brain and impact both thinking and behavior.

Nearly a quarter-million adults in Virginia live with co-occurring mental health and substance use disorders. Individuals experiencing these conditions are disproportionately likely to encounter law enforcement, which often does not lead to appropriate care but instead contributes to their overrepresentation in the criminal justice system.

[2] https://www.vacourts.gov/static/courtadmin/aoc/djs/programs/cpss/reports/2009_strat_plan.pdf
[3] https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm

Specialty dockets incorporate evidence-based strategies within a public health framework to address the unique needs of offenders whose issues cannot be adequately resolved in traditional court settings. By integrating the criminal justice system with treatment services and community resources, these dockets enhance public safety while addressing the root causes of criminal behavior. Specialty dockets have been referred to by various names, including therapeutic jurisprudence courts, problem-solving dockets, and problem-solving justice. Their goal is to achieve outcomes that benefit offenders, victims, and society as a whole.

Specialty dockets were developed as an innovative judicial response to a range of offender issues, including substance use, mental illness, and challenges faced by military veterans. Research indicates that one in three veterans is diagnosed with at least one mental health disorder, with 41% diagnosed with either a mental health or behavioral adjustment disorder.[4] Additionally, many veterans develop substance use disorders (SUDs) as a result of or in combination with military-related conditions, and a significant number tragically die by suicide.[5]

Approximately 70–80% of participants in veterans treatment dockets, behavioral health dockets, or recovery courts have co-occurring disorders. Early studies suggest that veterans treatment dockets positively impact the lives of offenders and victims and, in many cases, reduce governmental costs by lowering the demand for jail and prison resources.[6]

Specialty dockets have experienced exponential growth across the country in recent years. This growth stems from a shared belief that courts and judges have a responsibility to utilize their resources and best efforts to address the underlying issues that bring people into court—whether as defendants, victims, or witnesses. To that end, specialty dockets typically involve hearings before a judge who, through frequent interaction, employs both incentives and sanctions to encourage compliance with appropriate treatment and intervention. These dockets embody the best practices of administering justice, reshaping how state courts address factors contributing to crime, including mental illness, substance use, domestic violence, and child abuse or neglect.

Specialty dockets rely on a collaborative, community-based team of experts who work with the judge to develop tailored case plans for individuals before the court. The primary goal is to protect public safety through individualized and meaningful treatment. In Virginia, specialty dockets include the following:

- *Veterans Treatment Dockets* serve military veterans and service members with identified substance use and/or mental health conditions. These dockets promote sobriety, recovery, and stability through a coordinated response that facilitates access to treatment and links participants to Veterans Affairs services or other resources specifically designed for their needs. Public safety is enhanced by reconnecting veterans with the camaraderie of fellow service members, leveraging the unique aspects of military and veteran culture to support their recovery

[4] https://pmc.ncbi.nlm.nih.gov/articles/PMC4671760/

[5] NIH, National Library of Medicine Published online 2015 Dec 1. doi: https://doi.org/10.2147/AMEP.S89479

[6] https://www.researchgate.net/publication/228297290_Veterans_Courts_Early_Outcomes_and_Key_Indicators_for_Success

and reintegration.

- *Behavioral Health Dockets* use evidence-based practices to diagnose and treat serious mental illness. These dockets aim to enhance public safety, reduce recidivism, ensure offender accountability, and promote offender self-management of mental health conditions within the community.

- *Recovery Courts* provide state and local governments a cost-effective approach to supporting offenders with substance use disorders. By incorporating evidence-based strategies, these courts aim to increase sustained recovery rates, improve public safety, and reduce costs associated with rearrest and incarceration.

Specialty dockets utilize a collaborative, multi-disciplinary team approach, effectively integrating local and state resources from the behavioral health and criminal justice systems. The teams typically include:

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

VETERANS TREATMENT DOCKETS

There are approximately 700,000 veterans living in Virginia.[7] Due to recent conflicts in Iraq and Afghanistan, the United States faces an additional influx of veterans returning home who are grappling with challenges such as mental illness, substance use, intimate partner violence, and homelessness.

Justice for Vets, a nonprofit organization dedicated to transforming how the justice system identifies, assesses, and treats veterans, reports that one in five veterans returning from combat exhibit symptoms of a mental health disorder or cognitive impairment. They report one in six veterans who served in Iraq and Afghanistan have a substance use disorder.[8]

Reports indicate that one in three female veterans and one in fifty male veterans have experienced military sexual trauma (MST).[9] Survivors of MST often face long-term mental health impacts, including post-traumatic stress disorder (PTSD), depression, and other conditions, which can take years to heal.[10]

High rates of suicide have been reported among veterans. In 2021, the suicide rate among veterans was 33.9 deaths per 100,000.[11] In 2022, Virginia was home to 614,631 veterans, representing a 15.59% decrease in the veteran population since 2012. Despite this decline, Virginia still has the sixth-largest veteran population in the United States.[12]

Many veterans show no outward signs of an intention to harm themselves before doing so. However, some may exhibit symptoms such as depression, anxiety, low self-esteem, hopelessness, or changes in behavior.

US military veterans also face high rates of alcohol and illicit drug addiction, along with elevated rates of tobacco use. While these rates are lower than those seen among active-duty military personnel, they remain significantly higher than those within the civilian population.[13]

There is a notable association between substance abuse and depression, as well as between depression and incarceration. Depression is the most prevalent non-substance-use mental illness among prisoners, with approximately 24% of inmates being diagnosed with major depression.[14] These statistics highlight the critical need for targeted interventions tailored to the unique challenges faced by justice-involved veterans.

The veterans treatment dockets serve military veterans with treatment needs who are facing possible incarceration. These dockets promote sobriety, recovery, and stability through a coordinated approach,

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[7] National Center for Veterans Analysis and Statistics, FY 2020 https://www.va.gov/vetdata/Veteran_Population.asp
[8] https://allrise.org/about/division/justice-for-vets/
[9] https://www.mentalhealth.va.gov/docs/mst_general_factsheet.pdf
[10] https://www.verywellmind.com/often-kept-secret-military-sexual-trauma-leaves-lasting-scars-5208647
[11] https://www.mentalhealth.va.gov/docs/data-sheets/2023/2023-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf%20
[12] https://www.recoveringself.com/addiction/why-veterans-turn-to-drugs-and-alcohol
[13] https://bjs.ojp.gov/content/pub/pdf/vpspi16st.pdf
[14] https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf

recognizing the profound bonds formed through military service and combat.

By allowing veterans to navigate the court process alongside others with similar experiences, veterans treatment dockets foster a sense of camaraderie and mutual understanding. They also connect participants with services provided by the U.S. Department of Veterans Affairs (VA), tailored specifically to meet their unique needs.

These dockets benefit significantly from the support of VA volunteer veteran mentors and veteran family support organizations, which play a critical role in the recovery and reintegration process.

Virginia's veterans treatment dockets are specialized criminal dockets designed to provide targeted services for veterans diagnosed with a substance use disorder or mental illness. These dockets share many elements with the recovery court and behavioral health docket models, including frequent court appearances, accountability, and individualized treatment plans.

As an alternative to traditional case processing, veterans treatment dockets offer substance use and mental health treatment tailored to the needs of justice-involved veterans. One key feature that distinguishes veterans treatment dockets from recovery courts is the involvement of veteran peer mentors. The camaraderie and shared experiences of fellow veterans, rooted in the unique aspects of military and veteran culture, serve as a distinctive component that supports program completion and enhances outcomes for participants.

In 2020, the Office of the Executive Secretary (OES) was awarded a three-year grant from the Office of Justice Programs under the Adult Drug Treatment Court and Veterans Treatment Court: Strategies to Support Adult Drug Courts and Veterans Treatment Courts solicitation. The grant was later extended to September 2025 and supports the expansion of veterans treatment dockets across Virginia.

Key goals of the grant include, but are not limited to:

- Implementing regional Veterans Reentry Search Services (VRSS) training in collaboration with the Virginia Department of Veterans Services to help local jails identify inmates or defendants who have served in the U.S. military.

- Providing additional training and technical assistance opportunities for specialty docket teams to ensure compliance with national best practices.

- Developing a Veterans Docket Tool-Kit with companion resources, including informational videos, downloadable reference documents, and interactive diagrams.

This report examines the basic operations and outcomes of Virginia's veterans treatment dockets during FY 2024. It provides information on program participants, including demographics, program entry offenses, program duration, and outcomes such as completion or termination. The data presented is drawn from the Specialty Dockets Database, established and maintained by OES. Local veterans treatment docket personnel entered participant data into this database.

Due to the small number of participants in each veterans treatment docket, the results should be interpreted with caution. In some instances, there were too few cases to draw definitive conclusions.

Veterans Treatment Dockets Operating in Virginia

The goals of Virginia's veterans treatment docket programs are:

1. To reduce substance use and serious mental illness associated with criminal behavior by engaging and retaining justice-involved veterans in need of treatment services.
2. To address additional needs through clinical assessment and effective case management.
3. To divert certain cases from traditional courtroom settings.

The first veterans treatment docket in Virginia began operations prior to the January 16, 2017, effective date of Virginia Supreme Court Rule 1:25 (see Appendix B).[15] Pursuant to Rule 1:25, members of the Veterans Treatment Docket Advisory Committee are appointed by the Chief Justice. In the latter half of 2017, the Veterans Treatment Docket Advisory Committee approved four dockets to begin operation. As additional applications for veterans treatment dockets were submitted, the committee convened to review and approve them.

By the end of FY 2024, there were nine approved and operational veterans treatment dockets in Virginia. These include four dockets operating in circuit courts, four operating in general district courts, and one in a juvenile and domestic relations district court (See Figure 1 and Table 1).

[15] Virginia Supreme Court Rule 1:25 was last amended by Order date June 21, 2024, effective August 20, 2024.

Figure 1. Operational Veterans Treatment Dockets in Virginia, FY 2024

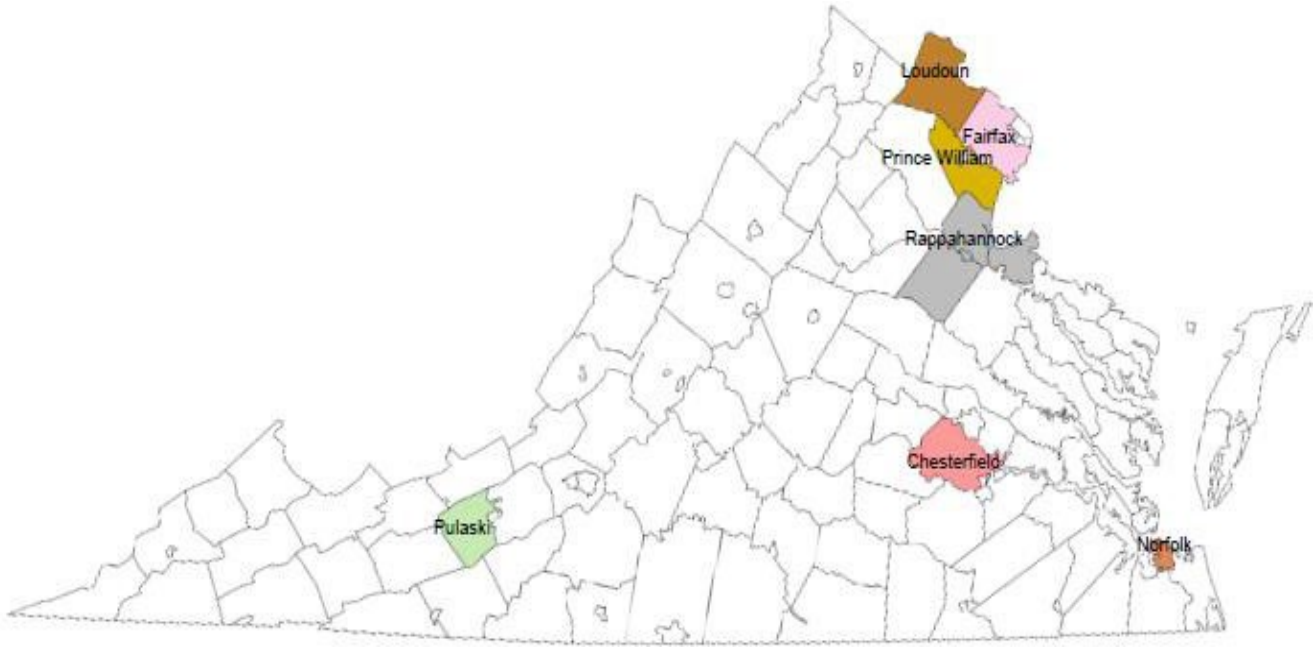
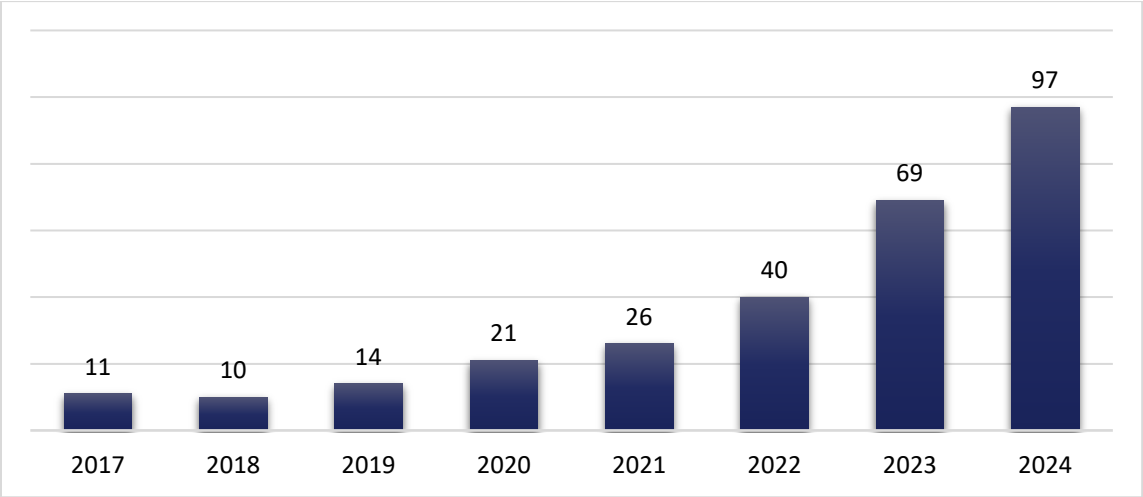


Table 1. Approved Veterans Treatment Dockets in Virginia, FY 2024

Virginia Veterans Treatment Dockets
Chesterfield Circuit Court
Fairfax Circuit Court
Fairfax County General District Court
Fairfax County Juvenile and Domestic Relations District Court
Loudoun General District Court
Norfolk Circuit Court
Prince William General District Court
Pulaski General District Court
Spotsylvania Circuit Court (Rappahannock Regional)

This specialty docket report specifically highlights participants actively enrolled in veterans treatment docket programs during FY 2024. There were 97 active participants, representing a 40.5% increase from the 69 active participants reported in FY 2023 (see Figure 2). In addition, there were 35 known veterans served by recovery courts and behavioral health dockets. These additional veterans were identified in the intake assessment and by a data match with the United States Department of Veteran Affairs Veterans Re-Entry Search Services (VRSS).

Figure 2. Number of Veterans Treatment Docket Participants by Fiscal Year, 2017-2024



Summary of Veterans Treatment Docket Activity

Of the 97 active veterans treatment docket participants during FY 2024, the majority were white (52.6%) and male (85.6%). The most common age group was 30-39 years old (38.1%) (see Table 2).

The following information does not include the 35 veterans served in other dockets, as details about these individuals are provided in their respective docket reports.

Referrals: In FY 2024, there were 90 referrals to veterans treatment dockets, representing a 16.8% increase from the 77 referrals reported in FY 2023.

Admissions: Of the 90 referrals, 44 participants were admitted resulting in an acceptance rate of 48.9%. This reflects a 3.3% increase compared to the 33 participants accepted in FY 2023.

Gender: The majority of participants (85.6%) identified as male, while 14.4% identified as female.

Ethnicity: Twelve participants (12.4%) identified as Hispanic/Latino.

Age: The largest age group was 30-39 years old, comprising of 37 participants (38.1%). The median age of participants was 37 years.

Marital Status: Excluding the 'unknown' category, the majority of participants (14 participants, 14.4%), were single, followed by divorced (13 participants, 13.4%) and married (10 participants, 10.3%) (see Table 3).

Employment: After the 'unknown' category, the most common employment status was full-time employment with benefits (21 participants, 21.6%).

Education: Excluding the 'unknown' category, the most commonly reported education level was a high school degree or equivalent (12 participants, 12.4%), followed by some college education (11 participants, 11.3%).

Table 2. Demographics of Veterans Treatment Docket Participants, FY 2024

Gender	**#**	**%**
Male	83	85.6%
Female	14	14.4%
Race		
Black/African American	38	39.2%
White	51	52.6%
Other	6	6.2%
Asian or Pacific Islander	1	1.0%
Unknown	1	1.0%
Ethnicity		
Hispanic	12	12.4%
Non-Hispanic	82	84.5%
Unknown	3	3.1%
Age at Start of Program		
18-29 years-old	12	12.4%
30-39 years-old	37	38.1%
40-49 years-old	23	23.7%
50-59 years-old	15	15.5%
60 years and older	10	10.3%
Total	**97**	**100.0**

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

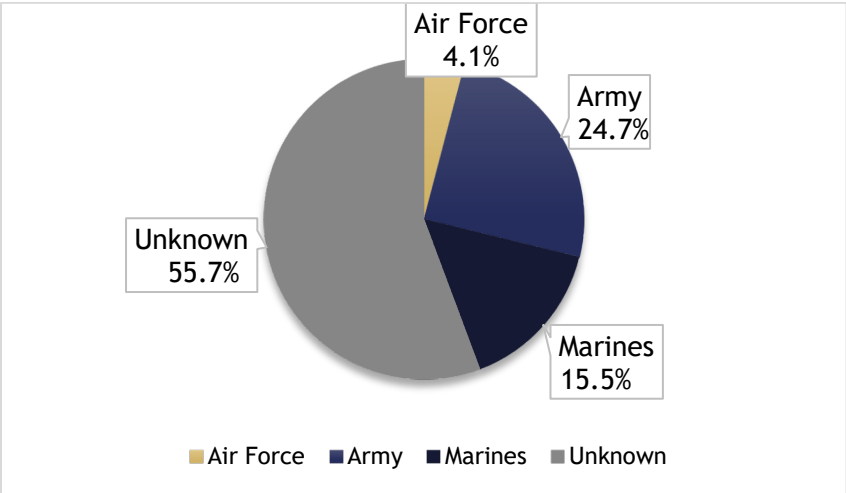
Table 3. Social Characteristics of Veterans Treatment Docket Participants, FY 2024

Marital Status	#	%
Single	14	14.4%
Married	10	10.3%
Divorced	13	13.5%
Separated	7	7.2%
Cohabitating	1	1.0%
Widowed	1	1.0%
Unknown	51	52.6%
Employment		
Unemployed	12	12.4%
32+ hours/week	4	4.1%
Disabled	6	6.2%
Full-Time w/Benefits	21	21.6%
Less than 32+ hours/week	2	2.1%
Seasonal Employment	1	1.0%
Unknown	51	52.6%
Education		
Some College	11	11.3%
High School/GED	12	12.4%
Bachelor's Degree	9	9.3%
Post-Bachelor's	5	5.2%
Vocational Training	2	2.1%
Associate degree	4	4.1%
Unknown	54	55.6%
Total	**97**	**100.0**

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

Military Service History

Figure 3. Military Service Branch, Veterans Treatment Docket Participants, FY 2024

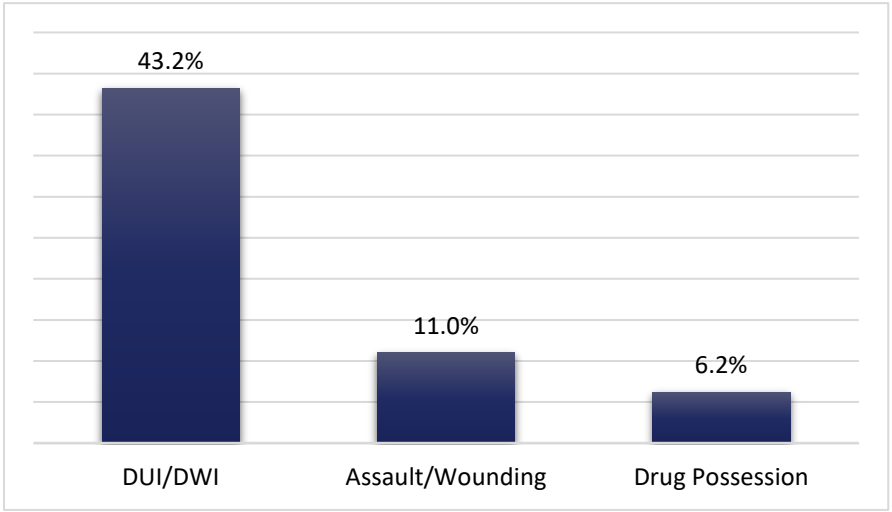


Branch of Service: Branch of service information was not recorded in the database for 54 participants (55.7%). Among the participants for whom this information was available, the most commonly reported branch was the Army, with 24 participants (24.7%) (see Figure 3).

Offenses

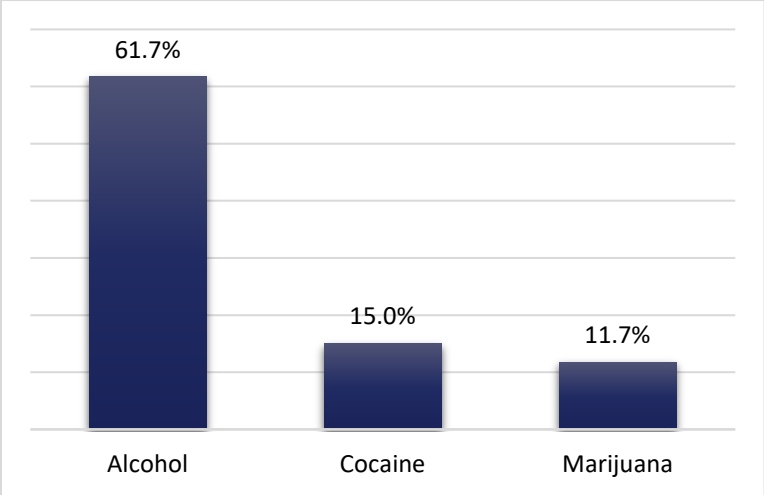
Figure 4. Offense Types: Veterans Treatment Docket Participants, FY 2024

The most common criminal charges against active veteran participants prior to referral included DUI/DWI (63 persons, 43.2%), assault/wounding (16 persons, 11.0%) and drug possession (9 persons, 6.2%).



Drug History and Drug Screens

Figure 5. Drugs Most Frequently Used by Veterans Treatment Docket Participants, FY 2024



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

Drug History: Upon referral to a veterans treatment docket, participants were asked to disclose substances they had previously misused. Participants could report multiple substances. The three most frequently reported substances were alcohol (37 participants, 61.7%), cocaine (9 participants, 15.0%), and marijuana (7 participants, 11.7%) (see figure 4).

Table 4. Veterans Treatment Docket Drug Screens, FY 2024

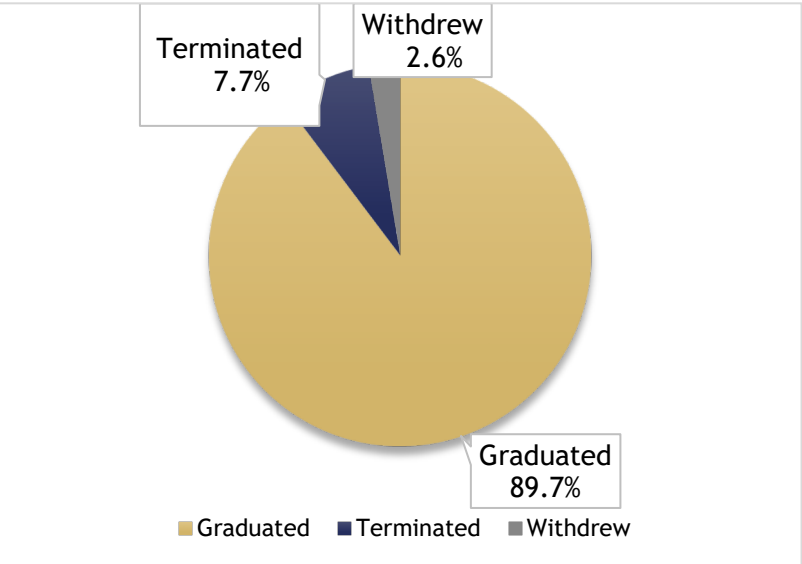
	#	%
Negative	1,275	97.2%
Positive	25	1.9%
Administrative Positive*	12	0.9%
Total Screens	**1,312**	**100.0**

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

Program Drug Screenings: In FY 2024, of the 1,312 total screenings, 97.2% (1,275) were negative, a 1.9% (25) were positive screens.

Summary of Departures

Figure 6: Departures for Veterans Treatment Docket Participants, FY 2024



Graduation Rates: Among the 97 active veterans treatment docket participants during FY 2024, 39 participants departed the program. Of the 39 departures, 35 graduated. The graduation rate was 89.7% (see Figure 6).

Termination Rates: Three participants were terminated in FY 2024. One participant withdrew from the program in FY 2024.

Table 5. Veterans Treatment Docket Length of Stay, Departures, FY 2024

Length of Stay: The length of stay was calculated as the number of days between the program entry date (acceptance date) and the program completion date, which could be either the graduation date or termination date. On average, graduates had a length of stay of 479 days.

	Mean Length of Stay (Days)
Graduates	479
Terminations	93
Withdrawals	323

Recidivism results are not included in this report because insufficient data exists with which to draw a conclusion.

REFERENCES

Bronson J, Berzofsky M. Indicators of Mental Health Problems Reported by Prisoners and Jail Inmates, 2011-12. U.S. Department of Justice, Bureau of Justice Statistics; 2017. https://bjs.ojp.gov/content/pub/pdf/imhprpji1112.pdf

Bronson J, Carson, E.A, Noonan, M., Berzofsky M. U.S. Department of Justice. Office of Justice Programs, Bureau of Justice Statistics. "Veterans in Prison and Jail, 2011-12" Special Report, December 2015. NCJ249144. Retrieved at https://bjs.ojp.gov/content/pub/pdf/vpj1112_sum.pdf

Department of Defense. "Department of Defense Annual Report on Sexual Assault in the Military Fiscal Year 2018." Retrieved on October 23, 2023 from: https://www.sapr.mil/sites/default/files/DoD_Annual_Report_on_Sexual_Assault_in_the_Military.pdf

Holbrook, Justin & Anderson, Sara. (2011). Veterans Courts: Early Outcomes and Key Indicators for Success. Retrieved at https://www.researchgate.net/publication/228297290_Veterans_Courts_Early_Outcomes_and_Key_Indicators_for_Success

Marlowe, Douglas B. (2010, Dec). Research Update on Adult Drug Courts. Retrieved at: Research Update on Adult Drug Courts | Office of Justice Programs (ojp.gov)

Maruschak, L, Bronson, J, Alper, M. U.S. Department of Justice. Office of Justice Programs, Bureau of Justice Statistics. "Survey of Prison Inmates, 2016 Veterans in Prisons" News release, March 2021.NCJ252646. Retrieved at: https://bjs.ojp.gov/content/pub/pdf/vpspi16st.pdf

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

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

Rossman, S. & Zweig, J. (2012, May) The Multisite Adult Drug Court Evaluation. https://nij.ojp.gov/library/publications/multi-site-adult-drug-court-evaluation-impact-drug-courts-volume-4

SAMHSA National Survey on Drug Use and Health (NSDUH), Retrieved on November 2, 2023 from: https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

U.S Department of Veterans Affairs, available https://www.mentalhealth.va.gov/docs/data-sheets/2022/2022-National-Veteran-Suicide-Prevention-Annual-Report-FINAL-508.pdf

APPENDICES

Appendix A: § 18.2-254.2. Specialty Dockets Report

A. The Office of the Executive Secretary of the Supreme Court shall develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of Supreme Court of Virginia. Each local specialty docket shall submit evaluative reports to the Office of the Executive Secretary as requested. The Office of the Executive Secretary of the Supreme Court of Virginia shall submit a report of such evaluations to the General Assembly by December 1 of each year.

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

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

Appendix B: Rule 1:25 Specialty Dockets

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 C: Veterans Treatment Docket Advisory Committee Membership Roster

Chair:

The Honorable Penney Azcarate
Judge
Fairfax County Circuit Court

Members:

Karl Hade
Executive Secretary
Office of the Executive Secretary

Anetra Robinson
Assistant Commonwealth's Attorney
City of Norfolk

Joey Carico, Esq.
Executive Director
Southwest Legal Aid

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

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

Catherine French-Zagurskie
Chief Appellate Counsel
Virginia Indigent Defense Commission

The Hon. Lisa Maye
Judge
Fairfax General District Court

Chuck Zingler
Commissioner
Department of Veterans Services

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

Cory Bentley, LCSW
Program Director
New River Valley Community Services

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

Staff:

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

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

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

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

Danny Livengood
Specialty Dockets Training Coordinator
Department of Judicial Services
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
Department of Judicial Services
Office of the Executive Secretary

Appendix D: Standards for Veterans Treatment Dockets in Virginia

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

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

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

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

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

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

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

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

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

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

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

Appendix E: **Revised Standards for Veterans Treatment Dockets in Virginia**

VIRGINIA VETERANS TREATMENT DOCKETS STANDARDS

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INTRODUCTION

Veterans Treatment Dockets present a single orientation from which the judicial branch, including judges and all court personnel, can work with prosecutors, the defense bar, corrections officials, local government, law enforcement, public and private treatment providers, U.S. Department of Veterans Affairs healthcare networks, the Veterans Benefits Administration, State Departments of Veteran Affairs, volunteer veteran mentors and veterans family support organizations to promote sobriety, recovery and stability through a coordinated response with the understanding that the bonds of military service and combat run very deep. The Virginia Veteran's Treatment Docket standards have been revised to align with the All Rise National Best Practice Standards and Justice for Vets' Ten Key Components of Veterans Treatment Courts. Elements from the newly released second edition of All Rise's Adult Treatment Court Best Practice Standards have also been included in this revised manual. It is important to recognize that the second edition incorporates research and best practice standards specific for veteran's treatment dockets. Therefore, this document is an attempt to outline the fundamental standards and practices to which all Veteran's Treatment Dockets in the Commonwealth of Virginia should conform.

STANDARD I
Administration

Veterans treatment dockets 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 Veterans treatment docket. At least one member of the planning committee should be a military veteran.
- **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 Veterans Treatment Docket Standards.

c. Treatment requirements and expectations are understood and agreed upon by the planning group.

1.2 The Veterans treatment docket has demonstrated participation in a planning process to ensure a coordinated, systemic, and multidisciplinary approach. New Veterans treatment dockets are encouraged to participate in the planning process available 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, (i) the veteran's treatment docket 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 veteran's treatment docket is located; (v) a representative of the Virginia Department of Corrections or the Department of Juvenile Justice, or both, from the local office that 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 treatment providers, or both; (ix) a representative of the local community services board or behavioral health authority; (x) the veteran's treatment docket administrator; (xi) a public health official; (xii) the county administrator or city manager; (xiii) a certified peer recovery specialist or veteran mentor; and (xiv) any other persons selected by the local veteran's treatment docket advisory committee. For this specific docket, a representative from the Veteran's Administration as well as the Department of Veteran's Services should be included.

1.5 Forging partnerships among Veterans Treatment Dockets, Veterans Administration, public agencies, and community-based organizations generates local support and enhances Veteran Treatment Docket effectiveness. Because of their unique position in the criminal justice system, Veterans Treatment Dockets are well suited to develop coalitions among private community-based organizations, public criminal justice agencies, the Veteran's Administration, veterans, and veterans' families support organizations, and substance use disorder and mental health treatment delivery systems. Forming such coalitions expands the continuum of services available to Veterans Treatment Docket participants and informs the community about Veterans Treatment Docket concepts. The Veterans Treatment Docket fosters system wide involvement through its commitment to share responsibility and participation of program partners.

1.6 The local advisory committee conducts quarterly meetings during the first three years of the docket being approved, and twice a year thereafter.

1.7 Mechanisms for sharing decision making and resolving conflicts among Veterans treatment docket team members, such as multidisciplinary committees, are established, emphasizing professional integrity.

STANDARD II
Veterans Treatment Docket Team

A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Veterans Treatment Docket, 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 Veterans treatment docket team includes, at a minimum, the judge, veterans treatment docket 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, a representative from the Public Defender's Office or local defense bar, a representative from the Commonwealth's Attorney, a Veterans Justice Liaison, a representative from the local Department of Veterans Services, a veteran mentor coordinator and a law enforcement officer.

2.2 Veteran peer mentors are essential to the Veterans Treatment Docket team. Veteran peer mentors uphold an active, supportive relationship, maintained throughout treatment. This increases the likelihood that a veteran will remain in treatment and improves the chances for sobriety and law-abiding behavior.

2.3 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.

2.4 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.

2.5 Participation in a Veterans treatment docket 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.

2.6 The Veterans treatment docket 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.

2.7 Staff of the Veterans treatment docket 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 Veterans treatment docket will have published objective eligibility and exclusion criteria that have been collaboratively developed, reviewed, and agreed upon by members of the Veterans treatment docket team, and the local advisory committee, and emphasize early identification and placement of eligible participants.

3.1 Veterans treatment dockets are most effective for people who are diagnosed with moderate to high substance use disorder and or have a diagnosed mental illness (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). The Veterans Treatment Docket team should also consider co-occurring issues such as primary medical problems, transmittable diseases, homelessness, basic educational deficits, unemployment, poor job preparation, spouse and family troubles—especially domestic violence—and the ongoing effects of war time trauma, and military sexual trauma. This is to be determined by using validated risk-assessment and clinical assessment tools. Veterans treatment dockets should serve participants that are high-risk and high need, though there can be separate tracks for other risk and need groups to ensure different risk levels are not mixed.

3.2 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 Veterans treatment docket participants using validated risk- and clinical-assessment tools. The Veterans treatment docket 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.

3.3 The docket shall not prohibit acceptance or graduation of eligible participants who are on Medication Assisted Treatment (MAT).

3.4 Narcan training and distribution to all participants should be available onsite.

3.5 Members of all sociodemographic and sociocultural groups[16] receive the same opportunities as other individuals to participate and succeed in the docket.

3.6 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.

[16] 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.

STANDARD IV
Treatment

Veterans treatment dockets are structured to integrate substance use disorder treatment and mental health services with justice system processing, as well as 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 Veterans treatment docket should make counsel available to advise participants about their decision to enter the docket.

4.2 Veterans treatment dockets 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 any necessary evidence-based substance use disorder and mental health treatment services based on their validly assessed treatment needs. 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 receive a sufficient dosage and duration of treatment; participants ordinarily receive six to ten hours of counseling per week during the initial phase of treatment and approximately 200 hours of counseling over nine to twelve months; however, the Docket allows for flexibility to accommodate individual differences in each participant's response to treatment.

4.5 Participants are assessed using a validated instrument for trauma history, trauma-related symptoms, posttraumatic stress disorder (PTSD) and military sexual trauma (MST). 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 re-traumatization. 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, receive formal training on delivering trauma-informed services from the Office of the Executive Secretary.

4.6 The Veterans treatment docket 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 Least restrictive supervision conditions should be considered for all participants, especially those charged with misdemeanors.

4.8 Participants attend group counseling and meet individually with a clinical case manager or comparable treatment professional at least weekly during the first phase of the Veterans treatment docket. 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.

4.9 All participants shall be paired with a veteran mentor to navigate them through the program and assist with Veteran's Administration healthcare.

4.10 All substance use disorder and mental health treatment services are provided by programs licensed by the appropriate state or federal agency.

4.11 Cost of treatment can be required by the docket. The docket supervises such payments and considers the participant's financial ability to fulfill these obligations.

4.12 The inability to pay the cost of treatment will not prevent someone from phase progression, graduation, or result in a sanction.

4.13 The Veterans treatment docket 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.

4.14 All prospective candidates for, and participants in, Veterans treatment dockets are screened as soon as possible after arrest or upon entering custody for their potential overdose risk and other indications for medication for addiction 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. Veterans treatment docket 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 a Veterans treatment docket and

execute a release of information enabling the prescriber to communicate with the treatment court team about their progress in treatment and response to the medication. All members of the treatment court team receive at least annual training on how to enhance program utilization of MAT and ensure safe and effective medication practices.

4.15 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.

4.16 In the first phase of the Veterans treatment docket, 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 the Veterans treatment docket, 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 the Veterans treatment docket, participants receive services designed to maintain treatment gains by enhancing their long-term adaptive functioning, such as vocational or educational counseling.

4.17 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 Veterans Treatment Docket administers evidence-based treatments that are effective for use with members of all sociodemographic and sociocultural groups who are represented in the Veterans Treatment Docket population.

4.18 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 mental health and substance use disorder and are likely to interfere with their compliance in the Veterans treatment docket, 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 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.

5.3 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.

5.4 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 treatment court services. Staff members engage in active outreach efforts to educate prospective employers about the benefits and safety of hiring treatment court participants who are being closely monitored, receiving evidence-based services, and held safely accountable for their actions on the job.

5.5 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 delivers family interventions based on an assessment of the participant's goals and preferences, current phase in treatment court, and the needs and developmental levels of the participant and impacted family members. In the early phases of treatment 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 pre-implementation 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.

5.6 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 Veterans treatment docket to each participant's performance and progress.

6.1 The Veterans treatment docket 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 Veterans treatment docket's operating documents and are Veterans treatment docket 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.

6.4 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 the cost of 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.

6.5 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.

6.6 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 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.

6.7 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.

6.8 The treatment court does not deny admission, advancement, impose sanctions, or discharge participants unsuccessfully for the prescribed use of prescription medications,

including MAT, psychiatric medication, and medications for other diagnosed medical conditions such as pain or insomnia.

6.9 Staff deliver sanctions or 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 treatment court and execute a release of information enabling the practitioner to communicate with the treatment court team about the person's progress in treatment and response to marijuana. Staff deliver sanctions or service adjustments pursuant to best practices for the nonmedically recommended use of medically certified marijuana.

6.10 Participants facing possible unsuccessful discharge from a Veterans treatment docket 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 treatment 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.

6.11 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 reduction or dismissal of the cost of treatment.

STANDARD VII
Testing

Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized[17] 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 random[18] 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.

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[2] 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.

[18] 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 Veterans treatment docket judge stays abreast of current law and research on best practices in treatment 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 Veterans treatment docket participants appear at each session. This gives the judge the opportunity to educate both the offender at the bench and those waiting[19] 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 pre-court 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 Veterans Treatment Docket. 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 treatment court policies or procedures. The team also briefs substitute judges on Veterans treatment docket best practices per their docket operations manual and the state standards.

[19] Docket participants should stay for the duration of the docket.

8.4 The judge attends training conferences or seminars at least annually on judicial best practices in treatment 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 treatment 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 Veterans treatment docket has results that are measured, evaluated, and communicated to the public.

9.1 The goals of the Veterans treatment docket are described concretely and in measurable terms. Minimum goals are:

a. Reducing substance use among participants;

b. *Reducing the severity of symptoms of Serious Mental Illness;*

b. Reducing crime;

c. Improving public safety, including highway safety;

d. Reducing recidivism;

e. Reducing veteran substance use and behavioral health 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 Veterans treatment docket 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 Veterans treatment docket's adherence to best practices and participant outcomes no less frequently than once every five years. The Veterans treatment docket 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 Veterans treatment docket 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 Veterans treatment docket'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 Veterans treatment docket must use and maintain current data in an information technology system as prescribed by the Office of the Executive Secretary.

9.6 The Veterans treatment docket 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 Veterans treatment docket 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 Veterans treatment docket. 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 Veterans treatment docket, 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 Veterans treatment docket 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 Veterans treatment docket 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 Veterans treatment docket 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 Veterans treatment docket personnel attend continuing education programs. Regional and national Veterans treatment docket training programs provide critical information on innovative developments across the nation. Sessions are most productive when Veterans treatment docket personnel attend as a group.

10.4 Interdisciplinary education is provided for every person involved in Veterans treatment docket operations 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 Veterans treatment docket 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.