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November 25, 2025

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:hlb

Enclosure

cc: Division of Legislative Automated Systems

2025 VIRGINIA SPECIALTY DOCKETS ANNUAL REPORT

December 2025

Judicial Services
Office of the Executive Secretary
Supreme Court of Virginia

2025 Virginia Specialty Dockets Annual Report is prepared by

Specialty Dockets Services Division
Department of Judicial Services
Office of the Executive Secretary
Supreme Court of Virginia
100 North Ninth Street
Richmond, VA 23219

December 2025

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Preface

Pursuant to Virginia Code § 18.2-254.2 (Appendix A) the Office of the Executive Secretary (OES) of the Supreme Court of Virginia is required to "develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of Supreme Court of Virginia." The statute further directs each local specialty docket to "submit evaluative reports to the Office of the Executive Secretary as requested." In accordance with this requirement, OES must submit a report of these evaluations to the Virginia General Assembly by December 1 of each year. This report fulfills that statutory requirement and presents data and analyses for Fiscal Year 2025.[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 regarding specialty dockets across the Commonwealth, 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. Rule 1:25 defines and establishes the framework for specialty dockets, outlining recognized types, the authorization process for establishing and expanding dockets, oversight structures, operating standards, funding mechanisms, and evaluation requirements.

Pursuant to Rule 1:25(b), the Supreme Court of Virginia recognizes the following three types of specialty dockets:

1. Recovery courts, as provided for in the Recovery Court Act, § 18.2-254.1;
2. Veterans treatment dockets; and
3. Behavioral health dockets, as provided for in the Behavioral Health Docket Act, § 18.2-254.3.

Under Rule 1:25(c), any circuit or district court seeking to establish one or more of these types of recognized specialty dockets must petition the Supreme Court of Virginia for authorization prior to beginning operation. These specialized dockets are designed to address local needs by leveraging community resources and partnerships.

This report will provide an annual summary of veterans treatment dockets.

Specialty dockets integrate treatment services with judicial case processing to promote public safety while safeguarding participants' due process rights. These programs aim to slow the "revolving door" of criminal justice involvement by addressing the underlying issues contributing to criminal behavior. Through this approach, specialty dockets 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 remains a pervasive public health concern, affecting millions of people annually. In Virginia, more than 1.2 million adults live with a mental health condition. According to a 2023 Centers for Disease Control report, one American dies by suicide every 11 minutes. In that same year, Virginia's suicide rate was 13.6 deaths per 100,000, with 1,243 deaths reported statewide.[3]

The National Institute of Mental Health, part of the National Institute for Health, defines substance use disorders as mental health conditions that affect the brain and behavior, leading to an inability to control the use of substances such as drugs, alcohol, or medications.[4] Although substance use disorder is classified as a brain disease, it is also a mental health condition. These

[2] Supreme Court of Virginia, Office of the Executive Secretary. Virginia's Courts in the 21st Century: 2009 Strategic Plan. 2009.
[3] Centers for Disease Control, National Center for Health Statistics. Suicide Mortality. August 20, 2025.
[4] National Institute for Mental Health. Finding Help for Co-Occurring Substance Use and Mental Disorders. March 2025.

terms are closely related, as excessive substance use alters brain function and impacts both thinking and behavior.

Nearly a quarter-million adults in Virginia live with co-occurring mental health and substance use disorders.[5] Individuals experiencing these conditions are disproportionately likely to encounter law enforcement. Unfortunately, these encounters do not lead to appropriate treatment but instead contribute to their overrepresentation in the criminal justice system.

Specialty dockets incorporate evidence-based strategies within a public health framework to address the unique needs of offenders whose circumstances cannot be adequately addressed through traditional court processes. By integrating the criminal justice system with treatment services and community resources, these dockets enhance public safety while targeting the root causes of criminal behavior. Specialty dockets are also referred to as therapeutic jurisprudence courts, problem-solving dockets, and problem-solving justice. Their collective goal is to achieve outcomes that benefit participants, victims, and society as a whole.

Developed as an innovative judicial response to a range of offender-related issues, including substance use, mental illness, and challenges faced by military veterans, specialty dockets offer a rehabilitative alternative to conventional adjudication. Research indicates that one in three veterans is diagnosed with at least one mental health disorder, and 41% diagnosed with either a mental health or behavioral adjustment disorder. Additionally, many veterans develop substance use disorders related to, or concurrent with, military service conditions, and a significant number tragically die by suicide.[6]

Specialty dockets have experienced rapid growth nationwide in recent years, reflecting a shared recognition that courts and judges have a responsibility to use available resources to address the underlying issues that bring people before the court—whether as defendants, victims, or witnesses. Typically, specialty dockets participants appear before a judge who, through frequent and structured interaction, employs both incentives and sanctions to promote compliance with individualized treatment and intervention plans. These dockets represent a model of best practices in judicial administration, reshaping how state courts respond to the complex factors contributing to crime, such as mental illness, substance use, domestic violence, and child abuse or neglect.

Specialty dockets rely on collaborative, community-based teams composed of experts from multiple disciplines who work alongside the judge to develop tailored case plans for each participant. The overarching goal is to protect public safety while providing meaningful, individualized treatment.

In Virginia, specialty dockets include the following categories:

- *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 interventions that connects participants with treatment and support services. They also link participants to the U.S. Department of Veterans Affairs (VA) and other community resources tailored to their needs. Public safety is enhanced by

[5] Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2025.
[6]Olenick, M. et al. "US veterans and their unique issues: enhancing health care professional awareness" in *Advances in Medical Education and* Practice, December 2015. 1;6:635–639.

reconnecting veterans with the camaraderie of fellow service members and by leveraging the unique aspects of military and veteran culture to support recovery and reintegration.
- *Behavioral Health Dockets* employ evidence-based practices to identify, treat, and manage serious mental illness. Their goals include enhancing public safety, reducing recidivism, ensuring accountability, and promoting participant self-management of mental health conditions within the community.
- *Recovery Courts* offer state and local governments a cost-effective means of supporting offenders with substance use disorders. By incorporating evidence-based strategies, these courts aim to increase rates of sustained recovery, improve public safety, and reduce the costs associated with rearrest and incarceration.

Specialty dockets function through a multidisciplinary team approach, integrating local and state resources from both the behavioral health and criminal justice systems. Team composition varies by locality but typically include professionals, as illustrated in Table 1.

Table 1: Professions Involved in Teams at Different Types of Specialty Dockets

Docket Personnel	Veterans Treatment	Behavioral Health	Recovery Court
Judge	●	●	●
Prosecutor	●	●	●
Defense Counsel	●	●	●
Coordinator	●	●	●
Treatment Provider(s)	●	●	●
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

As of June 2024, Virginia ranks fifth among states in total veteran population, with 684,043 veterans residing in the Commonwealth.[7] Despite a 5.4% decrease from the previous year, Virginia continues to have one of the largest veteran populations in the nation.

Veterans are at increased risk for problematic alcohol or drug use due to a range of experiences linked directly to military service. Factors contributing to this elevated risk include military culture, exposure to stressors and trauma during service or combat, the development of mental health disorders such as post-traumatic stress disorder (PTSD), and chronic pain or other physical health issues. These influences often interact in complex ways, heightening vulnerability to substance use disorders.

Veterans treatment dockets have shown promise in addressing these issues. Early studies indicate that such programs not only improve outcomes for participants and victims but also reduce governmental costs by lowering the demand for jail and prison resources.[8] Through a coordinated, treatment-centered approach, veterans treatment dockets support rehabilitation and reintegration while promoting long-term public safety.

Reports reveal that one in three female veterans and one in fifty male veterans have experienced military sexual trauma (MST). Survivors of MST often face enduring mental health challenges, including PTSD, depression, anxiety and related conditions that can persist for years.[9]

High rates of suicide have also been documented among veterans. In 2023, the suicide rate among veterans was 13.6 deaths per 100,000.[10] Many veterans exhibit no outward signs of suicidal intent prior to an attempt; however, warning indicators may include depression, anxiety, low self-esteem, hopelessness, or noticeable behavioral changes. Veterans also experience elevated rates of alcohol and illicit drug use, as well as higher tobacco use compared to the general population.

Studies estimate that more than 20% of service members who served in Iraq and Afghanistan experience PTSD.[11] The correlation between PTSD and substance use disorders is particularly strong, as many individuals seek temporary relief from psychological distress through alcohol or drugs. Research has found that 60–80% of individuals with PTSD also meet the diagnostic criteria for a co-occurring substance use disorder.[12]

Research indicates that approximately 20% of U.S. military veterans who experience PTSD subsequently develop a severe alcohol or drug addiction. Studies published by the Substance Abuse and Mental Health Services Administration (SAMHSA) also note that individuals with PTSD often experience reduced impulse control, which contributes to a significantly higher risk of substance dependence.[13]

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[7] National Center for Veterans Analysis and Statistics. Veteran Population. June 2024.
[8] Holbrook, Justin & Anderson, Sara. Veterans Courts: Early Outcomes and Key Indicators for Success. 2011
[9] Department of Veterans Affairs, Veterans Health Administration. Military Sexual Trauma Fact Sheet. March 2025.
[10] Centers for Disease Control, National Center for Health Statistics. Suicide Mortality. August 20, 2025.
[11] National Center for PTSD. How Common is PTSD in Veterans? April 25, 2025.
[12] Barnes, Chris. Why Veterans Turn to Drugs and Alcohol. June 27, 2019.
[13] Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2025.

Veterans treatment dockets serve military veterans with identified treatment needs who are facing possible incarceration. These dockets promote sobriety, recovery, and stability through a coordinated, treatment-centered approach, recognizing the profound bonds formed through military service and combat.

By allowing veterans to navigate the judicial process alongside peers with shared experiences, veterans treatment dockets foster a sense of camaraderie, accountability, and mutual understanding. Participants are also connected with the VA programs and community-based services specifically tailored to meet their needs.

These dockets benefit significantly from the involvement of VA volunteer veteran mentors and veteran family support organizations, both of which play a critical role in supporting recovery, resilience, and successful reintegration into the community.

Virginia's veterans treatment dockets are specialized criminal dockets designed to provide targeted, individualized services for veterans diagnosed with a substance use disorder or mental illness. They share several core components with recovery courts and behavioral health dockets, including:

- Frequent court appearances before a designated judge,
- Structured accountability measures, and
- Individualized treatment and supervision plans.

As an alternative to traditional case processing, veterans treatment dockets offer comprehensive behavioral health and substance use treatment tailored to the needs of justice-involved veterans. A defining feature of these programs is the integration of veteran peer mentorship—a hallmark that distinguishes them from recovery courts. The shared experiences and military culture that unite mentors and participants enhance engagement, promote program completion, and strengthen overall outcomes.

In 2020, OES was awarded a three-year grant from the U.S. Department of Justice, 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, later extended through September 2025, supports the expansion of veterans treatment dockets across Virginia.

The key objectives of the grant include:

- Implementing regional Veterans Re-entry 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 ongoing training and technical assistance opportunities for specialty docket teams to ensure compliance with national best practices and promote operational consistency; and
- Developing a Veterans Docket Toolkit with companion resources such as informational videos, downloadable reference documents, and interactive diagrams.

This report examines the operations and outcomes of Virginia's veterans treatment dockets during FY 2025. It provides an overview of key program elements and participant trends,

including demographic characteristics, program entry offenses, program duration and outcomes such as successful completion or termination.

All data presented in this report is drawn from the Specialty Dockets Docket Information Management System (DIMS) database, which is maintained by OES. Participant data is entered directly by local veterans treatment docket personnel, ensuring that information reflects the most current and accurate records available from each participating jurisdiction.

Veterans Treatment Dockets Operating in Virginia

The goals of Virginia's veterans treatment dockets are threefold:

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 participant needs through comprehensive clinical assessment and effective case management; and
3. To divert eligible cases from traditional court processes into a structured, treatment-focused judicial setting.

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). 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 Advisory Committee approved four veterans treatment dockets to begin operation. As additional applications were submitted, the committee convened to review and evaluate each proposal in accordance with the standards established by Rule 1:25.

By the end of FY 2025, there were ten approved and operational veterans treatment dockets across the Commonwealth. These included:

- Four dockets operating in circuit courts,
- Five operating in general district courts, and
- One docket operating in a juvenile and domestic relations district court.

(See Figure 1 and Table 2)

Figure 1: Operational Veterans Treatment Dockets in Virginia, FY 2025

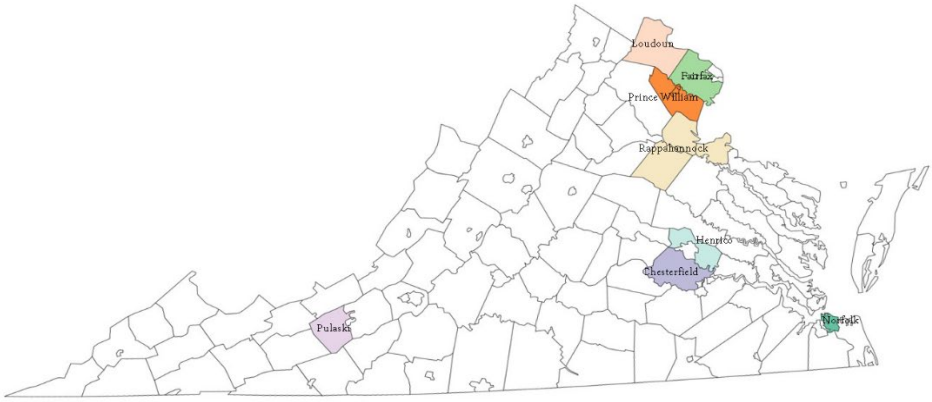


Table 2: Approved Veterans Treatment Dockets in Virginia, FY 2025

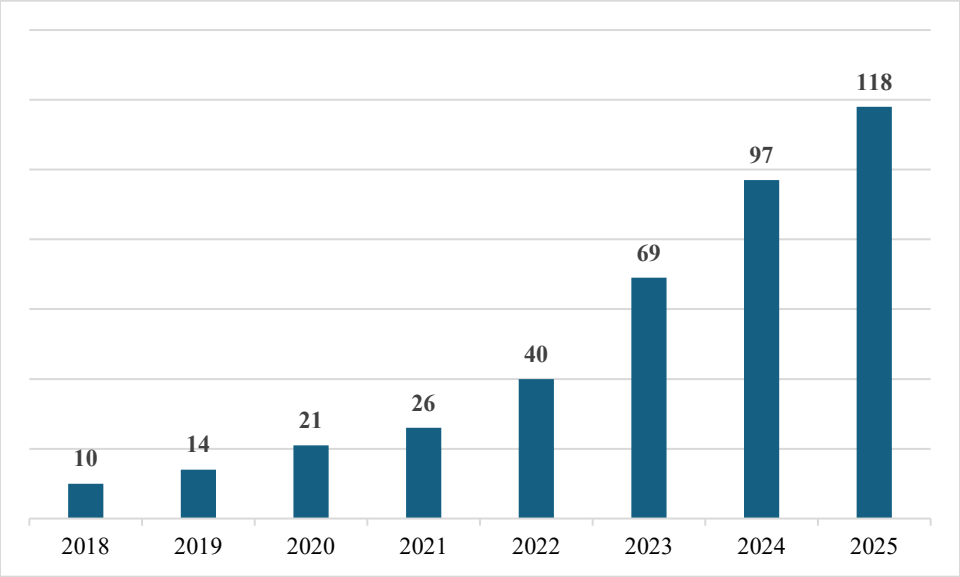
Veterans Treatment Dockets
Chesterfield Circuit Court
Fairfax Circuit Court
Fairfax County General District Court
Fairfax County Juvenile and Domestic Relations District Court
Henrico County General District Court
Loudoun General District Court
Norfolk Circuit Court
Prince William General District Court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

This report specifically highlights participants actively enrolled in Virginia's veterans treatment dockets during FY 2025. A total of 118 participants were actively engaged in these programs during the reporting period, representing a 17.8% increase from the 97 active participants reported in FY 2024 (see Figure 2).

In addition to these participants, 42 veterans were identified as being served by recovery courts and behavioral health dockets. These additional veterans were identified through intake assessments and data matching with the VRSS.

For the purposes of this report, the analysis focuses exclusively on demographic characteristics and recidivism outcomes for participants served by one of Virginia's veterans treatment dockets.

Figure 2: Number of Veterans Treatment Docket Participants by Fiscal Year, 2018–2025



Summary of Veterans Treatment Docket Activity

The following information does not include the 42 veterans served in other dockets, as details about their participation are provided in their respective reports.

Of the 118 active veterans treatment docket participants during FY 2025, the majority were white (49.2%) and male (90.7%). The most common age group was 35–49 years old (48.3%) (see Table 3).

Referrals & Admissions: In FY 2025, there were 84 referrals to veterans treatment dockets. Of the 84 referrals, 59 participants were admitted, resulting in an acceptance rate of 70.2%.

Gender: The majority of participants (90.7%) identified as male, while 9.3% identified as female.

Ethnicity: Eighteen participants (15.3%) identified as Hispanic/Latino.

Age: The largest age group was 35–49 years old, comprised of 57 participants (48.3%).

Marital Status: Excluding the individuals whose data was not reported, the majority of participants (24 participants, 36.4%), were married, followed by divorced (22 participants, 33.4%) (see Table 4).

Employment: The most common employment status for the reported data was full-time employment (46 participants, 63.1%).

Table 3: Demographics of Veterans Treatment Docket Participants, FY 2025

Gender	**#**	**%**
Male	107	90.7%
Female	11	9.3%
Race		
Black/African American	45	38.1%
White	58	49.2%
Other	13	11.0%
Asian or Pacific Islander	1	0.8%
No Data	13	0.8%
Ethnicity		
Hispanic	18	15.3%
Non-Hispanic	98	83.1%
No Data	12	10.2%
Age at Start of Program		
24 years and under	4	3.4%
35–34 years-old	20	16.9%
35–49 years-old	57	48.3%
50 years and older	37	31.4%
Total	**118**	**100.0**

Table 4: Reported Social Characteristics of Veterans Treatment Docket Participants, FY 2025

Marital Status	**#**	**%**
Single	9	13.6%
Married	24	36.4%
Divorced	22	33.4%
Separated	9	13.6%
Cohabitating	1	1.5%
Widowed	1	1.5%
Total	**66**	**100.0**

Employment		
Unemployed	9	12.3%
35+ hours/week	46	63.1%
Disabled	8	11.0%
Not in labor force	2	2.7%
Less than 35 hours/week	2	2.7%
Student	1	1.4%
Self-employment	2	2.7%
Retired	3	4.1%
Total	**73**	**100.0**

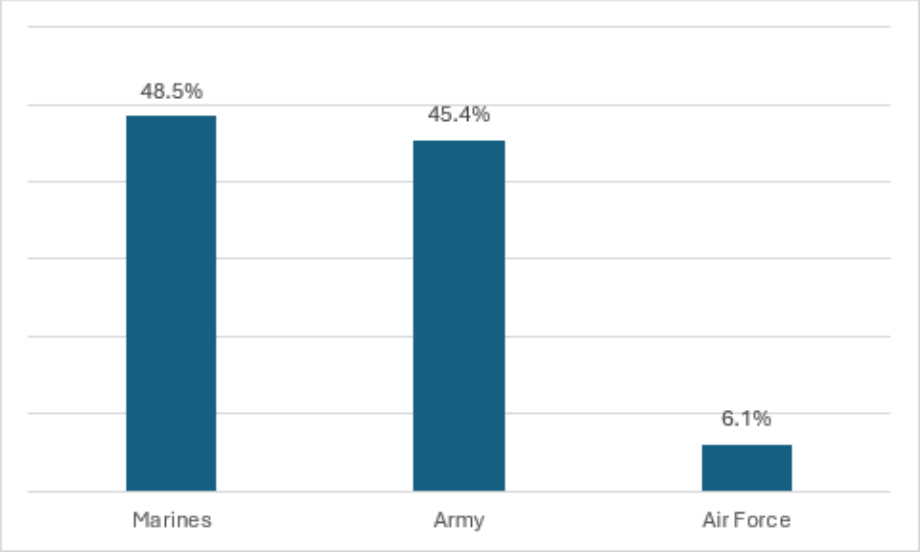
Education		
High school/GED completed	9	17.0%
High school/GED not completed	3	5.7%
2-yr college degree	8	15.1%
4-yr college degree	7	13.1%
Trade or technical school	15	28.3%
Advanced degree	11	20.8%
Total	**53**	**100.0**

Note: Excludes participants with no information reported by the local docket

Military Service History

Branch of Service: Branch of service information was not recorded in the database for 52 participants (44.1%). Among the participants for whom this information was available, the most reported branch was the Marines, with 32 participants (48.5%) (see Figure 3).

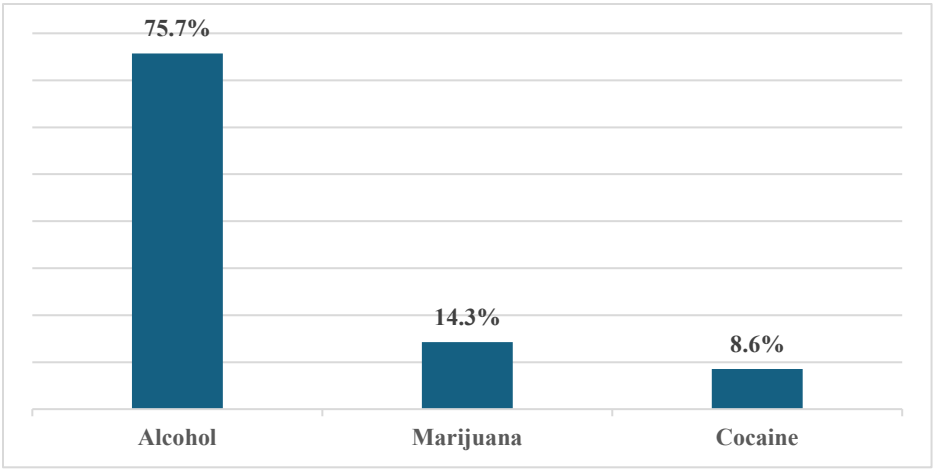
Figure 3: Reported Military Service Branch Veterans Treatment Docket Participants, FY 2025



Drug History and Drug Screens

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 (75.7%), marijuana (14.3%), and cocaine (8.6%) (see Figure 4).

Figure 4: Drugs Most Frequently Used by Veterans Treatment Docket Participants, FY 2025



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.

Docket Drug Screenings: In FY 2025, of the 4,459 total screenings, 91.5% (4,082) were negative and 2.7% (122) were positive.

Table 5: Veterans Treatment Docket Drug Screens, FY 2025

	#	%
Negative	4,082	91.6%
Positive	122	2.7%
Administrative positive*	255	5.7%
Total Screens	**4,459**	**100.0**

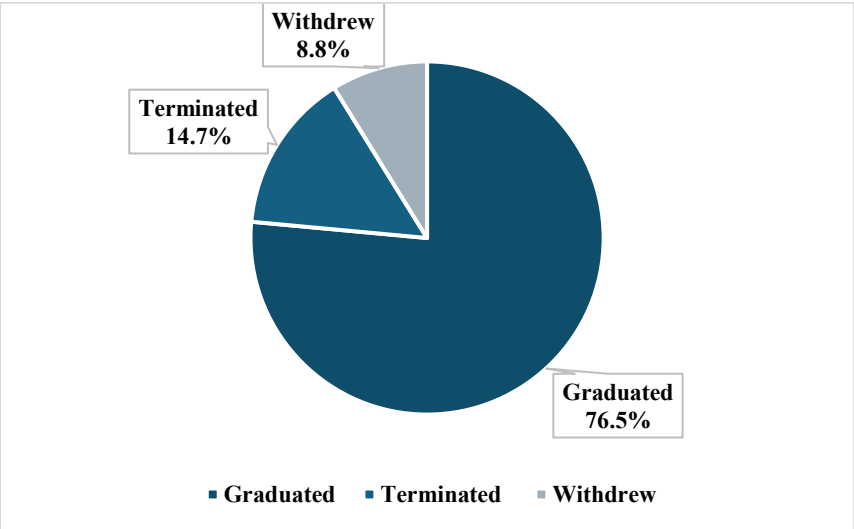
Note: An administrative positive screen occurs when a participant fails to appear for screening and is assumed to be positive.

Summary of Departures

Graduation Rates: Among the 118 active veterans treatment docket participants during FY 2025, 34 participants departed the program. Of the 34 departures, 26 graduated. The graduation rate was 76.5% (see Figure 5).

Termination Rates: Five participants were terminated in FY 2025. Three participants withdrew from the program in FY 2025.

Figure 5: Departures for Veterans Treatment Docket Participants, FY 2025



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 408 days.

Table 6: Veterans Treatment Docket Length of Stay, Departures, FY 2025

	Mean Length of Stay (Days)
Graduated	408
Terminated	316
Withdrew	248

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

References

Barnes, Chris. Why Veterans Turn to Drugs and Alcohol. June 27, 2019. “Recovering the Self.” https://www.recoveringself.com/addiction/why-veterans-turn-to-drugs-and-alcohol

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. et al. Veterans in Prison and Jail, 2011-12. Special Report NCJ249144. December 2015. U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. https://bjs.ojp.gov/content/pub/pdf/vpj1112_sum.pdf

Centers for Disease Control, National Center for Health Statistics. Suicide Mortality. August 20 2025. https://www.cdc.gov/nchs/state-stats/deaths/suicide.html?CDC_AAref_Val=https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm

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

Marlowe, Douglas B. Research Update on Adult Drug Courts. NCJ Number 234287. December 2010. https://www.ojp.gov/ncjrs/virtual-library/abstracts/research-update-adult-drug-courts

Maruschak, L. et al. Survey of Prison Inmates, 2016 Veterans in Prisons. U.S. Department of Justice. Office of Justice Programs, Bureau of Justice Statistics. News release NCJ252646. March 2021. https://bjs.ojp.gov/content/pub/pdf/vpspi16st.pdf

National Center for Veterans Analysis and Statistics. Veteran Population. https://www.va.gov/vetdata/Veteran_Population.asp

Department of Veterans Affairs, National Center for PTSD. How Common is PTSD in Veterans? https://www.ptsd.va.gov/PTSD/understand/common/common_veterans.asp/

National Institute for Mental Health. Finding Help for Co-Occurring Substance Use and Mental Disorders. March 2025. https://www.nimh.nih.gov/health/topics/substance-use-and-mental-health

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

Olenick, M. et al. “US veterans and their unique issues: enhancing health care professional awareness” in *Advances in Medical Education and Practice*. December 2015. 1; 6:635–639. https://www.dovepress.com/us-veterans-and-their-unique-issues-enhancing-health-care-professional-peer-reviewed-fulltext-article-AMEP

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

Substance Abuse and Mental Health Services Administration. (2025). 2024 Companion infographic report: Results from the 2021 to 2024 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP25-07-006). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health/national-releases

Supreme Court of Virginia. Rules of the Supreme Court of Virginia. https://www.vacourts.gov/static/courts/scv/rulesofcourt.pdf

Supreme Court of Virginia, Office of the Executive Secretary. Virginia's Courts in the 21st Century: 2009 Strategic Plan. 2009. https://www.vacourts.gov/static/courtadmin/aoc/djs/programs/cpss/reports/2009_strat_plan.pdf

U.S. Department of Veterans Health, Veterans Health Administration. Military Sexual Trauma Fact Sheet. March 2025. https://www.mentalhealth.va.gov/docs/mst_general_factsheet.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 S. Bernard Goodwyn
Chief Justice
Supreme Court of Virginia

Vice 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, Esquire
Executive Director
Southwest Legal Aid

Wendy Goodman
Administrator/Case Manager
Program Infrastructure Re-entry Unit
Virginia Department of Corrections

Catherine French-Zagurskie
Chief Appellate Counsel
Virginia Indigent Defense Commission

Steven Combs
Deputy Commissioner
Department of Veterans Services

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

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

Cory Bentley
Coordinator
Pulaski Veterans Treatment Docket

Hon. Christalyn M. Jett
Clerk
Spotsylvania Circuit Court
Virginia Court Clerks' Association

Hon. Michael Joseph Holleran
Chief Judge
Fairfax County General District Court

Staff:

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

Anna Powers
Specialty Dockets Coordinator
Department of Judicial Services
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Heather Borland
Specialty Dockets Administrative Assistant
Department of Judicial Services
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Danny Livengood
Specialty Dockets Training Coordinator
Department of Judicial Services
Office of the Executive Secretary

Liane Hanna
Specialty Dockets Best Practices Specialist
Department of Judicial Services
Office of the Executive Secretary

Monica DiGiandomenico
Specialty Dockets Best Practices Specialist
Department of Judicial Services
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Renee Rosales
Specialty Dockets Budget Analyst
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 Database Analyst
Department of Judicial Services
Office of the Executive Secretary