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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:

The Virginia Behavioral Health Docket Act (Virginia Code 18.2-254.3) directs the Office of the Executive Secretary of the Supreme Court of Virginia, with the assistance of the state Behavioral Health Dockets Advisory Committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local behavioral health dockets. Please find attached the current annual report.

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

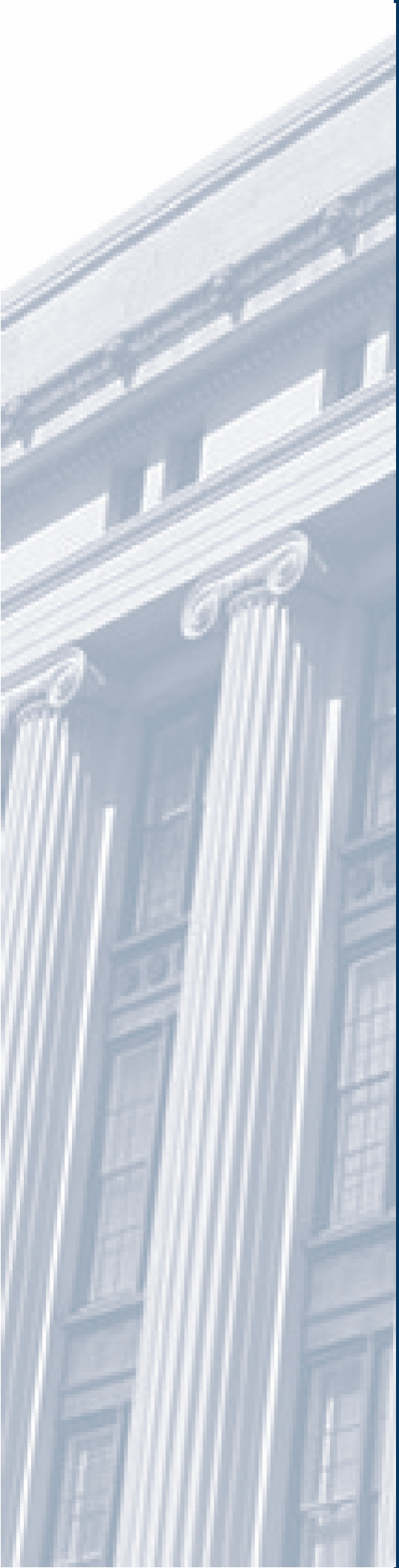
With best wishes, I am

Very truly yours,

KRH

Karl R. Hade

KRH:hlb



2025 VIRGINIA BEHAVIORAL HEALTH DOCKETS ANNUAL REPORT

December 2025

Judicial Services
Office of the Executive Secretary
Supreme Court of Virginia

2025 Virginia Behavioral Health 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
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December 2025

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Preface

Pursuant to Virginia Code § 18.2-254.3 (Appendix A), the Office of the Executive Secretary (OES) of the Supreme Court of Virginia, with assistance from the state Behavioral Health Docket Advisory Committee, is required to develop a statewide evaluation model and to conduct ongoing evaluations of the effectiveness and efficiency of all behavioral health dockets operation across the Commonwealth.[1]

The Behavioral Health Docket Act further directs OES to submit an annual 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] Va. Code §18.2-254.2 directs OES 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. The following behavioral health docket report also satisfies a component of that requirement.

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Behavioral Health Dockets

Behavioral health dockets, modeled after recovery courts, were developed to address the overrepresentation of individuals with behavioral health disorders in the criminal justice system. These programs aim to divert eligible defendants diagnosed with serious mental health illnesses into judicially supervised, community-based treatment programs designed and implemented through collaboration between court staff and mental health professionals.

Behavioral health dockets are characterized by several distinctive elements, including:

- A problem-solving focus,
- A collaborative team approach to decision-making,
- Integration of social and treatment services,
- Judicial monitoring of participant progress,
- Direct interaction between participants and the judge,
- Community outreach, and
- An active, engaged judicial role in promoting recovery.

Participation in these dockets is voluntary. Eligible defendants are invited to participate following a specialized screening and assessment process. Those who agree to the terms of community-based supervision work with a multidisciplinary team of court and treatment professionals to develop an individualized service plan. This team monitors progress, provides support, and adjusts services as needed to promote sustained recovery and compliance.

Research demonstrates that participants in behavioral health dockets exhibit lower rates of criminal activity and stronger connections to treatment services compared to defendants with serious mental illnesses who are processed through the traditional court system. According to the American Psychiatric Association's 2023 Resource Document on Mental Health Courts, these dockets improve public safety and reduce recidivism by engaging participants in intensive, coordinated treatment that addresses the signs and symptoms of their conditions.[2]

Behavioral health dockets integrate treatment services with justice system case processing to promote public safety while protecting participants' due process rights. They seek to interrupt the "revolving door" of criminal justice involvement by addressing the underlying causes of criminal behavior. These programs improve court outcomes not only for participants, but also for victims, litigants, and the broader community.

By providing access to mental health and substance use treatment as an alternative to traditional case processing, behavioral health dockets often result in alternatives to incarceration, including case dismissal, charge reduction, or reduced supervision requirements.

Mental illness remains a widespread public health concern, affecting millions of people nationwide. In Virginia, more than 1.5 million adults, about 23%, live with a mental health illness.[3] In 2023, Virginia's suicide rate was 13.6 deaths per 100,000 residents.[4]

[2] American Psychiatric Association. Resource Document on Mental Health Courts. October 2020.
[3] Mental Health America. The State of Mental Health in America 2025. October 2025.
[4] Centers for Disease Control, National Center for Health Statistics. Suicide Mortality. August 20, 2025.

Substance use disorders (SUDs) affect the brain and behavior, causing difficulties in work, school, or in relationships often resulting in an impaired ability to control the use of substances such as drugs, alcohol, or medications. These disorders involve patterns of behaviors that might include using more of the substance than planned, finding it difficult to stop, or continuing to use despite knowing it's causing harm. The relationship between substance use and mental illness is complex and often interconnected. Many people with SUDs also experience other mental disorders like depression, anxiety or bipolar disorder. Similarly, people with mental disorders are at a higher risk of developing substance use problems.[5]

Across Virginia's specialty dockets, including veterans treatment dockets, behavioral health dockets, and recovery courts, approximately 70–80% of participants present with co-occurring disorders (both mental illness and SUD). Individuals with co-occurring conditions are disproportionately likely to encounter law enforcement and, without appropriate treatment options, are often overrepresented in the criminal justice system. Behavioral health dockets directly address this gap by applying evidence-based strategies within a public health framework, offering tailored interventions that enhance public safety while improving participant outcomes.

Understanding behavioral health dockets requires recognizing the continuum of options available to courts in responding to defendants with behavioral health needs. In Virginia, these specialized dockets are locally designed to address community-specific challenges using available resources. Any circuit, general district, or juvenile and domestic relations district court seeking to establish one or more behavioral health dockets must petition the Supreme Court of Virginia for authorization prior to initiating operations.[6]

The behavioral health docket application process incorporates the Essential Elements of a Mental Health Court,[7] which includes the following components:

1. Planning and Administration
2. Target Population
3. Timely Participant Identification and Linkage to Services
4. Terms of Participation
5. Informed Choice
6. Treatment Supports and Services
7. Confidentiality
8. Docket Team
9. Monitoring Adherence to Docket Requirements
10. Sustainability

[5] National Institute of Mental Health. Finding help for Co-Occurring Substance use and Meatal Disorders. March 2025.
[6] Supreme Court of Virginia Rule 1:25(c)
[7] Bureau of Justice Assistance. *The Essential Elements of a Mental Health Court*. 2007. This document was developed as part of a technical assistance program provided by the Council of State Governments Justice Center through the Bureau of Justice Assistance (BJA) Mental Health Courts Program. The BJA Mental Health Courts Program, which was authorized by America's Law Enforcement and Mental Health Project (Public Law 106-515) provided grants to support the development of mental health courts in 23 jurisdictions in Fiscal Year (FY) 2002 and 14 jurisdictions in FY 2003. The Council of State Governments Justice Center currently provides technical assistance to the grantees of BJA's Justice and Mental Health Collaboration Program, the successor to the Mental Health Courts Program.

In November 2017, the Council of State Governments Justice Center convened the "50-State Summit on Public Safety" in Washington, D.C. to help teams examine national criminal justice system trends and learn about emerging best practices. Each state team included representatives from law enforcement, behavioral health, corrections, and the legislature. Virginia delegation included Senator Creigh Deeds, Senator Charles Carrico, Harold Clarke (then-Director of Virginia Department of Corrections) and Michael Herring (then-Commonwealth's Attorney for Richmond). The Virginia team expressed interest in adopting a justice reinvestment approach, emphasizing data-driven strategies to improve outcomes across behavioral health and criminal justice systems.

Behavioral Health Dockets in Virginia

Virginia Supreme Court Rule 1:25, Specialty Dockets, sets forth the type of court proceedings appropriate for grouping in a specialty docket as "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."[8]

The Virginia General Assembly enacted the Behavioral Health Docket Act in 2020 (see Appendix A). Administrative oversight of the implementation of behavioral health dockets lies with the Supreme Court of Virginia.

Pursuant to the Act, the Court's oversight responsibilities include the following:

- Providing the oversight of the distribution of funds for behavioral health dockets;
- Providing technical assistance to behavioral health dockets;
- Providing training to judges who preside over behavioral health dockets;
- Providing training to the providers of administrative, case management, and treatment services to supporting behavioral health dockets; and
- Monitoring and evaluating the effectiveness and efficiency of behavioral health dockets in the Commonwealth.[9]

The state Behavioral Health Docket Advisory Committee (see Appendix B), established by statute, is responsible for reviewing all applications for authorization in accordance with the approved Virginia Behavioral Health Docket Standards and Adult Treatment Court Best Practice Standards.

To support this process, the Committee has developed a formal application process (see Appendix C) for reviewing and evaluating requests from localities seeking authorization to establish a behavioral health docket. The Department of Judicial Services Specialty Dockets Services Division of OES provides training and technical assistance to local planning teams upon request. All applications must be submitted to the state Behavioral Health Docket Advisory Committee.

[8] The Supreme Court of Virginia Rule 1:25 was last amended by Order dated June 21, 2024, effective August 20, 2024, to reflect the 2024 legislation renaming the Drug Treatment Court Act as the Recovery Court Act.
[9] Va. Code § 18.2-254.3(e)

Behavioral Health Docket Training

The planning and administration of a behavioral health docket should reflect extensive collaboration among professionals from multiple systems, including the judiciary, behavioral health, law enforcement, and community-based service providers, as well as meaningful engagement with community stakeholders. Completion of the Developing a Mental Health Court: An Interdisciplinary Curriculum[10] training is required for all behavioral health docket applicants. This curriculum provides comprehensive guidance to ensure that dockets uphold the highest standards of access, fairness, timeliness, accountability, and the use of evidence-based practices by both criminal justice and behavioral health professionals.

In addition to this required training, the following supplemental training and technical assistance opportunities are available to assist localities in planning and implementing behavioral health dockets:

- Assist with planning and implementation of new behavioral health dockets;
- Guide training efforts for key team members and collaborating entities;
- Establish a framework for accountability and program integrity;
- Provide structures to ensure continuity during transitions in judicial or administrative leadership;
- Demonstrate the effectiveness of dockets in meeting their stated goals and performance benchmarks;
- Offer a framework for internal monitoring, including the development of performance measures; and
- Ensure adherence to research-based models that incorporate evidence-based best practices.

Behavioral Health Dockets in Operation

This report reviews the operations and outcomes of Virginia's behavioral health dockets during FY 2025. The analyses are based on data entered from the local dockets for participants who were enrolled in a behavioral health docket at any time between July 1, 2024, and June 30, 2025.

The report includes measures related to participant demographics, entry offenses, program duration, and case outcomes such as graduation, termination, rearrest, and reconviction rates following program exit. All data presented in this report were extracted from the Specialty Dockets Division's database, which is maintained by OES. The database includes information that is reported by local behavioral health dockets. Information that is not reported by a local docket is not included in the data provided in this report.

Behavioral health dockets employ evidence-based practices to diagnose and treat serious mental illness. Their core objectives include:

- Enhancing public safety,
- Reducing recidivism,
- Ensuring accountability, and

[10] Bureau of Justice Assistance & Justice Center at The Council on State Governments. "Developing a Mental Health Court: An Interdisciplinary Curriculum." September 2013.

- Promoting participant self-management of mental illness within the community.

During FY 2025, 23 behavioral health dockets were approved to operate in Virginia. Of these, 19 were located in general district courts, 3 in circuit courts, and 1 in a juvenile and domestic relations district court.

The analyses presented in this section are based on data entered by the local dockets for participants enrolled in these behavioral health dockets during the reporting period, regardless of participation outcomes. The report examines measures including participant demographics, entry offenses, program duration, and completion rates, as well as post-exit outcomes such as rearrest and reconviction.

Data for this report were drawn from two primary sources:

1. The Virginia Specialty Dockets Division database maintained by OES, and
2. Arrest data obtained from the Virginia State Police (VSP).

This year's data has been updated and expanded from the 2024 annual report, as additional FY 2024 data was entered into the Specialty Dockets Division database following that report's publication. For the section on criminal recidivism, analyses focus on individuals who exited a recovery court in 2022, consistent with established longitudinal reporting practices.

The Colonial Area Behavioral Health Docket and Washington County Behavioral Health Docket were both approved for operation during FY 2025 but did not enroll participants during this reporting period. Essex County General District Behavioral Health Docket, approved in FY 2024, has not yet accepted its first participant due to staff turnover. Consequently, no participant data from these three dockets, or any docket where data was not entered into the database, are included in this year's statistics.

Figure 1: Approved Behavioral Health Dockets in Virginia, FY 2025

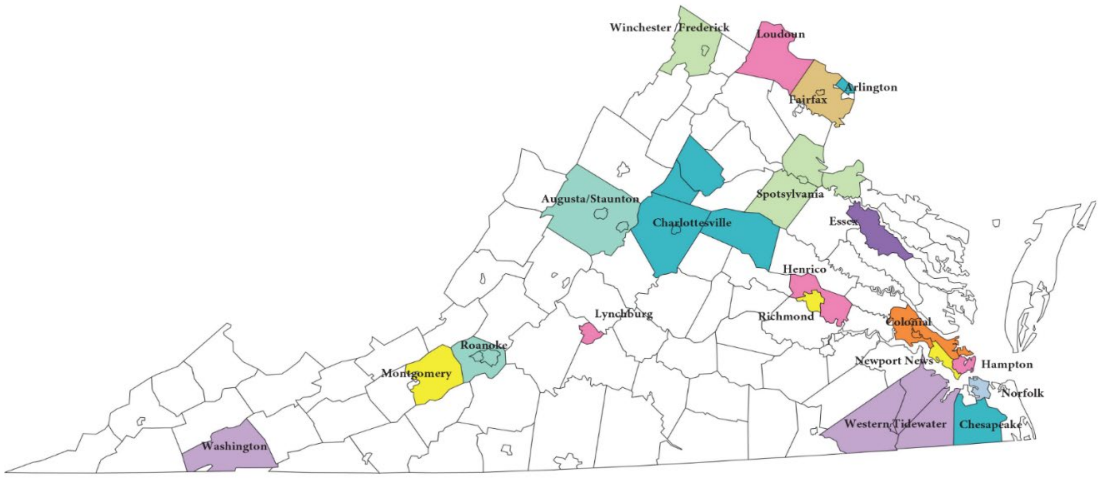


Table 1: Approved Behavioral Health Dockets in Virginia, FY 2025

Arlington General District Court	Hampton General District Court	Richmond Circuit Court
Albemarle General District Court (Charlottesville/Albemarle)	Henrico General District Court	Richmond General District Court
Augusta General District Court (Augusta/Staunton)	Loudoun General District Court	Richmond Juvenile and Domestic Relations District Court
Chesapeake General District Court	Lynchburg General District	Roanoke General District Court (Roanoke City, Roanoke County, and Salem)
Colonial Area General District Court (Williamsburg /Yorktown/Poquoson/James City County)	Montgomery General District Court	Spotsylvania Circuit Court (Fredericksburg/Spotsylvania/ Stafford/ King George Counties)
Essex County General District Court	Newport News General District Court	Western Tidewater in Suffolk General District Court (Isle of Wight/Southampton/Suffolk and Surry)
Fairfax County General District Court	Norfolk Circuit Court	Washington County General District Court
Fredericksburg General District Court	Northwest Regional General District Court (Winchester/Frederick)	

Note: Localities served are in parenthesis.

Summary of Behavioral Health Docket Activity FY 2025

These results are based on data entered in the Specialty Dockets Division database by the local dockets. The data provided in the categories of social characteristics excludes the number of participants whose characteristics were unknown or not entered into the database by a local docket.

Active Participants: Behavioral health dockets reported 412 active participants in FY 2025, a 4.8% increase from the 393 reported in FY 2024.

Referral and Admissions: There were 345 referrals to behavioral health dockets in FY 2025. Of these, 194 were accepted, a 56.2% acceptance rate.

Gender: The majority of the 412 active behavioral health docket participants in FY 2025 were male (57.8%).

Race: Most participants self-identified as white (51.2%) or Black/African American (42.7%).

Age: The largest set of active participants were 35–49 years old (34.0%), followed by 25–34 years old (31.6%).

Marital Status: The largest group of participants with reported data (76%) stated being single at the time of referral.

Employment: Of the reported data, the most frequent response among active participants was being unemployed (28.1%) at the time of referral.

Education: The most frequent level of education reported by local dockets for active participants was high school/GED (39.8%).

Table 2: Reported Social Characteristics of Behavioral Health Docket Participants, FY 2025

Marital Status	**#**	**%**
Single	152	76.0%
Married	18	9.0%
Divorced	15	7.5%
Separated	10	5.0%
Cohabitating	1	0.5%
Widowed	2	1.0%
Other	2	1.0%
Total	**200**	**100.0**

Employment		
Unemployed	83	28.1%
35+ hours/week	59	20.0%
Less than 32 hours/week	41	13.9%
Disabled	82	27.8%
Not in labor force	20	6.8%
Self employed	1	0.3%
Student	3	1.1%
Stay at home	1	0.3%
Retired	5	1.7%
Total	**295**	**100.0**

Education		
High school/GED	125	39.8%
High school not completed	78	24.8%
Trade or technical school completed	58	18.5%
2-year college degree	28	8.9%
4-year college degree	20	6.4%
Advanced degree	5	1.6%
Total	**314**	**100.0**

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

Table 3: Reported Demographics of Behavioral Health Docket Participants, FY 2025

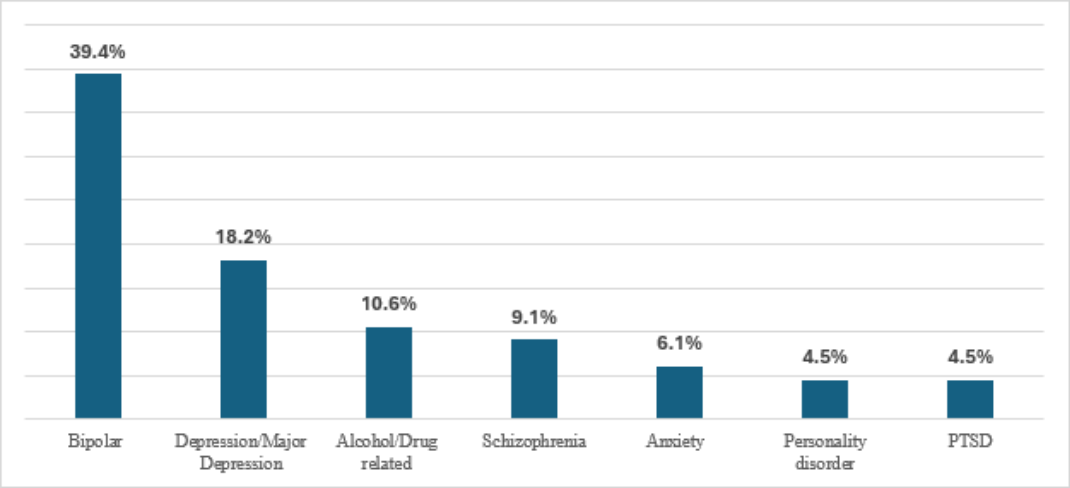
Gender	#	%
Male	238	57.8%
Female	173	42.0%
Transwoman	1	0.2%
Race		
White	211	51.2%
Black/African	176	42.7%
Asian/Pacific Islander	5	1.2%
Other	18	4.4%
No data	2	0.5%
Ethnicity		
Hispanic	12	2.9%
Non-Hispanic	367	89.1%
No data	33	8.0%
Age at Start of Program		
24 years and under	73	17.7%
25–34 years old	130	31.6%
35–49 years old	140	34.0%
50–59 years and older	64	15.5%
No data	5	1.2%
Total	**412**	**100.0**

Behavioral Health Diagnosis Information

The seven most common diagnoses amongst the behavioral health docket participants were:

- Bipolar disorder: 39.4%
- Depression/major depressive disorder: 18.2%
- Alcohol/drug related disorder: 10.6%
- Schizophrenia: 9.1%
- Anxiety disorders: 6.1%
- Personality disorders: 4.5%
- Post-traumatic stress disorder (PTSD): 4.5%

Figure 2: Percentage of Behavioral Health Docket Participants with Major Diagnoses, FY 2025

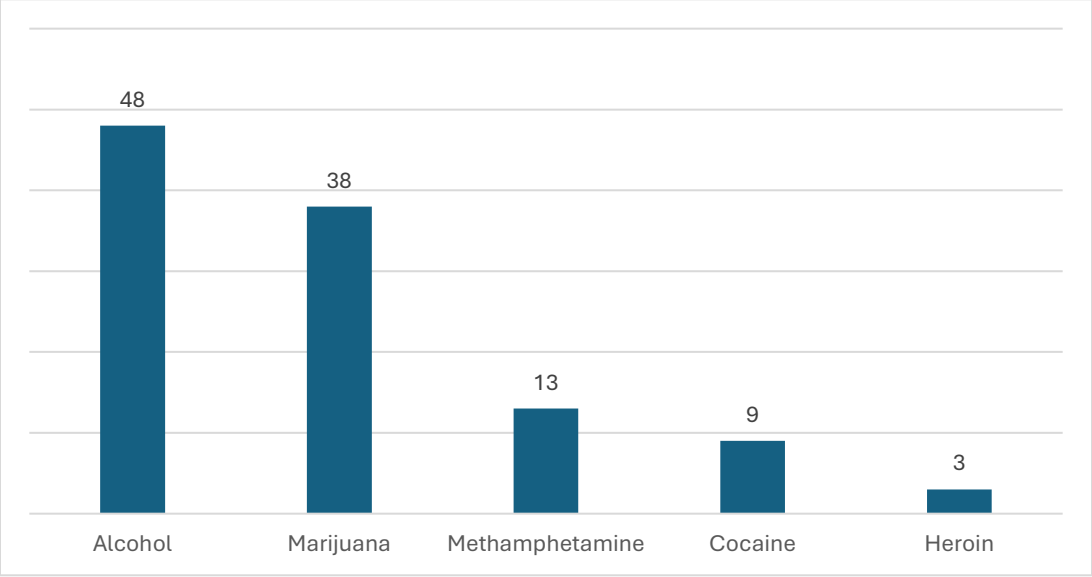


Note: Excludes persons with unknown diagnosis or where no information was reported by the local docket.

Drugs of Choice and Drug Screens

Drug History*:* When referred to a behavioral health docket, participants are asked to disclose previously used primary, secondary and tertiary drugs. The five most frequently reported primary substances were alcohol (48 participants), followed by marijuana (38 participants), methamphetamine (13 participants), cocaine (9 participants), and heroin (3 participants). This excludes participants with no information reported by the local docket.

Figure 3: Drugs Most Frequently Used by Behavioral Health Docket Participants, FY 2025



Note: Figure 3 should be interpreted with caution. Data are based on self-reported drug use. Participants may report using more than one substance or may choose to not disclose previous drug use.

Drug Screens: In behavioral health dockets, 2,955 drug screens were conducted, with the data available with results. Out of 2,955 screenings, 2,246, or 76%, returned negative results (see Table 4).

Table 4: Behavioral Health Docket Drug Screens, FY 2025

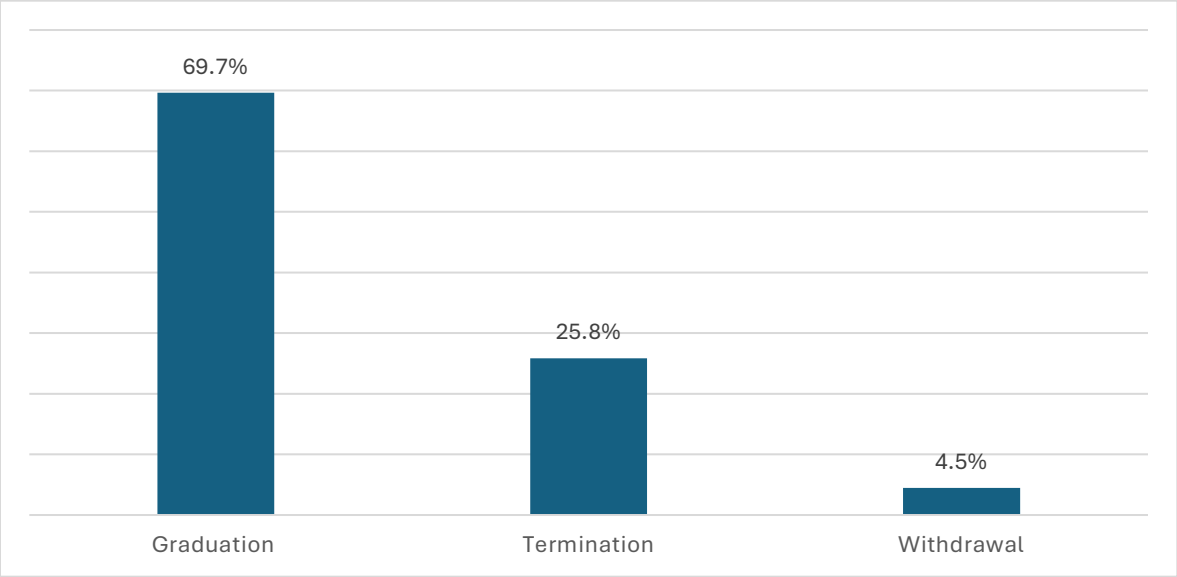
Result	#	%
Negative	2246	76.0%
Positive	567	19.2%
Positive: Allowed substances	84	2.8%
Administrative Positive	58	2.0%
Total Screens	2955	100.0

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

Summary of Departures

Graduation and Termination Rates: In FY 2025, 178 behavioral health docket participants exited the program through graduation, termination, or withdrawal. Of those, 69.7% (124 participants) graduated from the docket. The termination rate was 25.8% (46 participants), while a small percentage (4.5%, 8 participants) voluntarily withdrew from the program (see Figure 4).

Figure 4: Behavioral Health Docket Completions by Type, FY 2025



Length of Stay: The length of stay was calculated as the number of days from docket entry to departure (graduation, termination, or withdrawal). The average length of stay was 417 days for graduates, 350 days for those who were terminated, and 332 days for participants who voluntarily withdrew (see Table 5).

Table 5: Behavioral Health Docket Length of Stay, Departures, FY 2025

Mean Length of Stay (Days)	
Graduations	417
Terminations	350
Withdrawals	332

Behavioral Health Docket Recidivism

Criminal history records obtained from the Virginia State Police for all behavioral health docket participants who exited in FY 2022 were used to calculate recidivism rates.

For the purpose of this report, recidivism is defined as any rearrest or reconviction occurring after a participant's departure from the program. Offenses classified as good behavior violations, probation violations, and contempt of court were excluded from the analysis to maintain consistency with national reporting standards.

In accordance with national best practices, recidivism was calculated over one-, two-, and three-year intervals, as follows:

- One-year recidivism rate: Participants whose first rearrest occurred within 0–365 days of docket departure.
- Two-year recidivism rate: Participants whose first rearrest occurred within 0–730 days of docket departure.
- Three-year recidivism rate: Participants whose first rearrest occurred within 0–1,095 days of docket departure.

Findings were compared between graduates and participants with unsuccessful program departures to identify potential differences in post-program criminal activity.

It is important to exercise caution when comparing these results to recidivism rates reported in other studies, as methodologies, data sources, and inclusion criteria may differ across jurisdictions and program types.

Rearrest Rate of FY 2022 exits
The overall rearrest rate for non-graduates was 2.1 times that of graduates (see Figure 5 and Table 6).

Figure 5: Behavioral Health Docket Graduate and Non-Graduate Rearrest Rates, Post-Departure, Persons Exiting a Docket During FY 2022

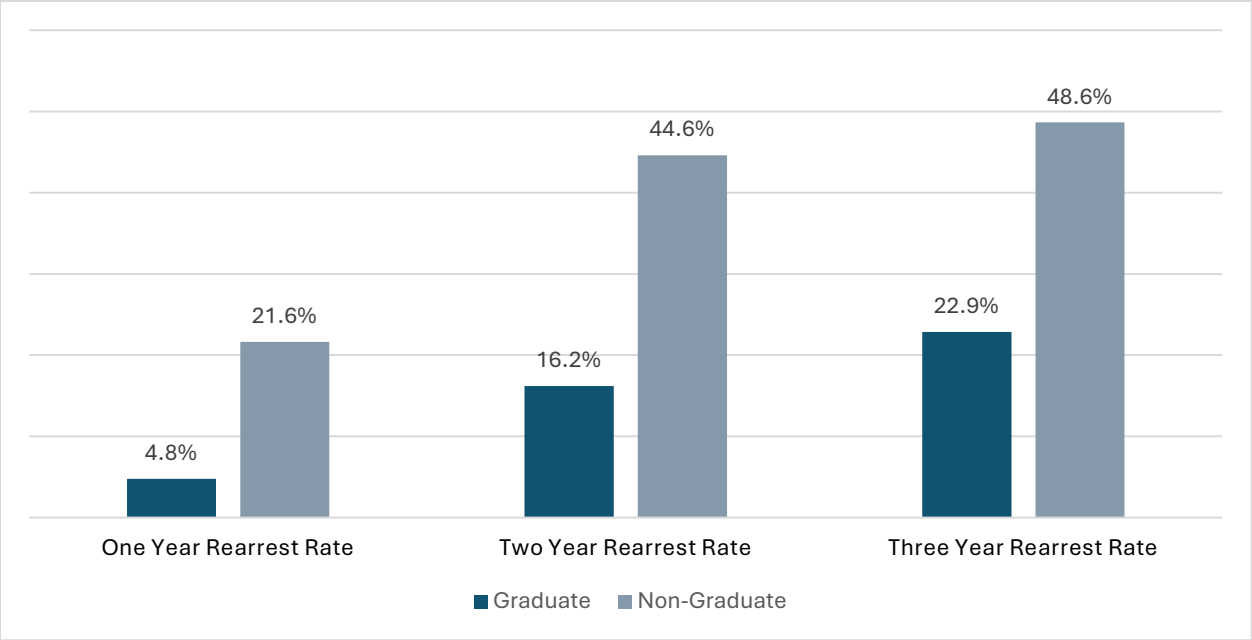


Table 6: Behavioral Health Docket Graduate and Non-Graduate Rearrest Rates, Post-Departure, Persons Exiting a Docket During FY 2022

Time Post Departure	Graduates	Non-Graduates	Total
One Year Count	5	16	21
One Year Rearrest Rate	4.8%	21.6%	11.7%
Two Year Count	17	33	50
Two Year Rearrest Rate	16.2%	44.6%	27.9%
Three Year Count	24	36	60
Three Year Rearrest Rate	22.9%	48.6%	33.5%
Total Departures	**105**	**74**	**179**

**Note:* The one-, two-, and three-year reconviction rates are cumulative

Reconviction Rates of participants exiting FY 2022

The overall reconviction rate for unsuccessful completion was higher than that of graduates (see Figure 6 and Table 7).

Figure 6: Behavioral Health Docket Graduate and Non-Graduate Reconviction Rates, Post-Departure, Persons Exiting a Docket During FY 2022

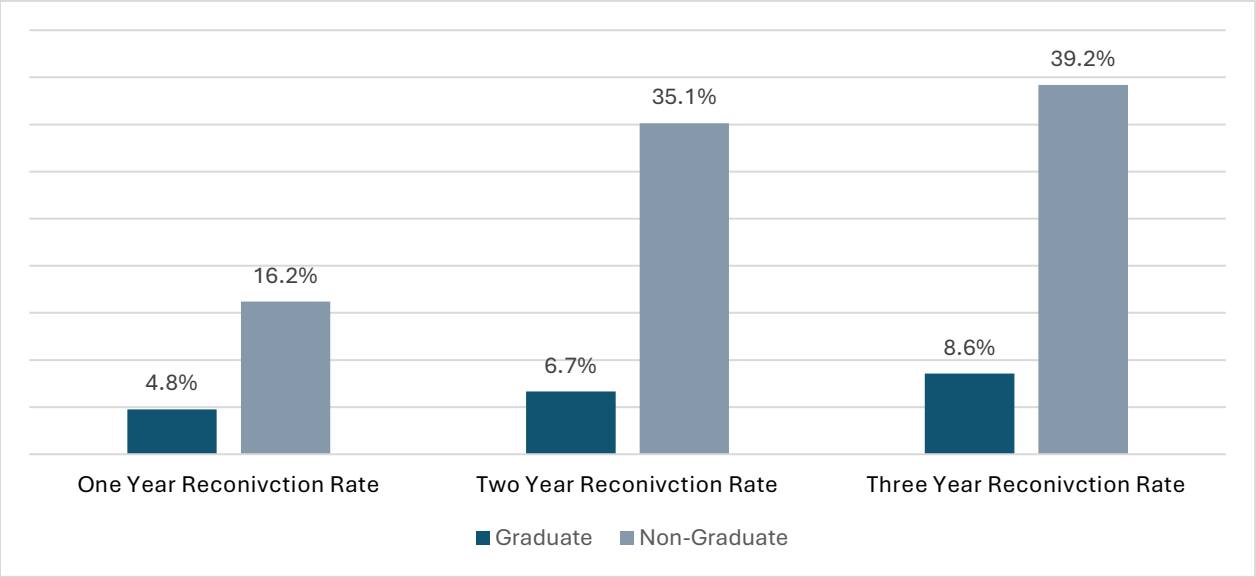


Table 7: Behavioral Health Docket Graduate and Non-Graduate Reconviction Rates, Post-Departure, Persons Exiting a Docket During FY 2022

Time Post Departure	Graduates	Non-Graduates	Total
One Year Count	5	12	17
One Year Reconviction Rate	4.8%	16.2%	9.5%
Two Year Count	7	26	33
Two Year Reconviction Rate	6.7%	35.1%	18.4%
Three Year Count	9	29	38
Three Year Reconviction Rate	8.6%	39.2%	21.2%
Total Departures	**105**	**74**	**179**

**Note:* The one-, two-, and three-year reconviction rates are cumulative

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Appendices

Appendix A: § 18.2-254.3. Behavioral Health Docket Act

A. This section shall be known and may be cited as the "Behavioral Health Docket Act."

B. The General Assembly recognizes the critical need to promote public safety and reduce recidivism by addressing co-occurring behavioral health issues, such as mental illness and substance abuse, related to persons in the criminal justice system. It is the intention of the General Assembly to enhance public safety by facilitating the creation of behavioral health dockets to accomplish this purpose.

C. The goals of behavioral health dockets shall include (i) reducing recidivism; (ii) increasing personal, familial, and societal accountability among offenders through ongoing judicial intervention; (iii) addressing mental illness and substance abuse that contribute to criminal behavior and recidivism; and (iv) promoting effective planning and use of resources within the criminal justice system and community agencies. Behavioral health dockets promote outcomes that will benefit not only the offender but society as well.

D. Behavioral health dockets are specialized criminal court dockets within the existing structure of Virginia's court system that enable the judiciary to manage its workload more efficiently. Under the leadership and regular interaction of presiding judges, and through voluntary offender participation, behavioral health dockets shall address offenders with mental health conditions and drug addictions that contribute to criminal behavior. Behavioral health dockets shall employ evidence-based practices to diagnose behavioral health illness and provide treatment, enhance public safety, reduce recidivism, ensure offender accountability, and promote offender rehabilitation in the community. Local officials shall complete a planning process recognized by the state behavioral health docket advisory committee before establishing a behavioral health docket program.

E. Administrative oversight of implementation of the Behavioral Health Docket Act shall be conducted by the Supreme Court of Virginia. The Supreme Court of Virginia shall be responsible for (i) providing oversight of the distribution of funds for behavioral health dockets; (ii) providing technical assistance to behavioral health dockets; (iii) providing training to judges who preside over behavioral health dockets; (iv) providing training to the providers of administrative, case management, and treatment services to behavioral health dockets; and (v) monitoring the completion of evaluations of the effectiveness and efficiency of behavioral health dockets in the Commonwealth.

F. A state behavioral health docket advisory committee shall be established in the judicial branch. The committee shall be chaired by the Chief Justice of the Supreme Court of Virginia, who shall appoint a vice-chair to act in his absence. The membership of the committee shall include a behavioral health circuit court judge, a behavioral health general district court judge, a behavioral health juvenile and domestic relations district court judge, the Executive Secretary of the Supreme Court or his designee, the Governor or his designee, and a representative from each of the following entities: the Commonwealth's Attorneys' Services Council, the Virginia Court Clerks' Association, the Virginia Indigent Defense Commission, the Department of Behavioral Health and Developmental Services,

the Virginia Organization of Consumers Asserting Leadership, a community services board or behavioral health authority, and a local community-based probation and pretrial services agency.

G. Each jurisdiction or combination of jurisdictions that intend to establish a behavioral health docket or continue the operation of an existing behavioral health docket shall establish a local behavioral health docket advisory committee. Jurisdictions that establish separate adult and juvenile behavioral health dockets may establish an advisory committee for each such docket. Each local behavioral health docket advisory committee shall ensure quality, efficiency, and fairness in the planning, implementation, and operation of the behavioral health dockets that serve the jurisdiction or combination of jurisdictions. Advisory committee membership may include, but shall not be limited to, the following persons or their designees: (i) the behavioral health 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 behavioral health 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 behavioral health docket administrator; (xi) a public health official; (xii) the county administrator or city manager; (xiii) a certified peer recovery specialist; and (xiv) any other persons selected by the local behavioral health docket advisory committee.

H. Each local behavioral health docket advisory committee shall establish criteria for the eligibility and participation of offenders who have been determined to have problems with drug addiction, mental illness, or related issues. The committee shall ensure the use of a comprehensive, valid, and reliable screening instrument to assess whether the individual is a candidate for a behavioral health docket. Once an individual is identified as a candidate appropriate for a behavioral health court docket, a full diagnosis and treatment plan shall be prepared by qualified professionals. Subject to the provisions of this section, neither the establishment of a behavioral health docket nor anything in this section shall be construed as limiting the discretion of the attorney for the Commonwealth to prosecute any criminal case arising therein that he deems advisable to prosecute, except to the extent that the participating attorney for the Commonwealth agrees to do so.

I. Each local behavioral health docket advisory committee shall establish policies and procedures for the operation of the docket to attain the following goals: (i) effective integration of appropriate treatment services with criminal justice system case processing; (ii) enhanced public safety through intensive offender supervision and treatment; (iii)

prompt identification and placement of eligible participants; (iv) efficient access to a continuum of related treatment and rehabilitation services; (v) verified participant abstinence through frequent alcohol and other drug testing and mental health status assessments, where applicable; (vi) prompt response to participants' noncompliance with program requirements through a coordinated strategy; (vii) ongoing judicial interaction with each behavioral health docket participant; (viii) ongoing monitoring and evaluation of program effectiveness and efficiency; (ix) ongoing interdisciplinary education and training in support of program effectiveness and efficiency; and (x) ongoing collaboration among behavioral health dockets, public agencies, and community based organizations to enhance program effectiveness and efficiency.

J. If there is cause for concern that a defendant was experiencing a crisis related to a mental health or substance abuse disorder then his case will be referred, if such referral is appropriate, to a behavioral health docket to determine eligibility for participation. Participation by an offender in a behavioral health 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. If an offender determined to be eligible to participate in a behavioral health docket resides in a locality other than that in which the behavioral health docket is located, or such offender desires to move to a locality other than that in which the behavioral health docket is located, and the court determines it is practicable and appropriate, the supervision of such offender may be transferred to a supervising agency in the new locality. If the receiving agency accepts the transfer, it shall confirm in writing that it can and will comply with all of the conditions of supervision of the behavioral health docket, including the frequency of in-person and other contact with the offender and updates from the offender's treatment providers. If the receiving agency cannot comply with the conditions of supervision, the agency shall deny the transfer in writing and the sending agency shall notify the court. Where supervision is transferred, the sending agency shall be responsible for providing reports on an offender's conduct, treatment, and compliance with the conditions of supervision to the court.

K. An offender may be required to contribute to the cost of the treatment he receives while participating in a behavioral health docket pursuant to guidelines developed by the local behavioral health docket advisory committee.

L. Nothing contained in this section shall confer a right or an expectation of a right to treatment for an offender or be construed as requiring a local behavioral health docket advisory committee to accept for participation every offender.

M. The Office of the Executive Secretary shall, with the assistance of the state behavioral health docket advisory committee, develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all behavioral health dockets. The Executive Secretary shall submit an annual report of these evaluations to the General Assembly by December 1 of each year. The annual report shall be submitted as a report document as provided in the procedures of the Division of Legislative Automated Systems

for the processing of legislative documents and reports and shall be posted on the General Assembly's website. Each local behavioral health docket advisory committee shall submit evaluative reports, as provided by the Behavioral/Mental Health Docket Advisory Committee, to the Office of the Executive Secretary as requested.

2020, c. 1096; 2021, Sp. Sess. I, c. 191.

Appendix B: Behavioral Health Docket Advisory Committee Membership Roster

Chair:

The Honorable S. Bernard Goodwyn Chief

Justice Supreme Court of Virginia

Vice Co-Chairs:

The Honorable Jacqueline F. Ward Talevi

Presiding Judge, Chief Judge

23rd Judicial District of Virginia

Salem Juvenile and Domestic Relations Court

&

The Honorable Jacqueline S. McClenney

Presiding Judge, Chief Judge

13th Judicial Circuit of Virginia

Richmond Circuit Court

Members:

Hon. Marilyn Goss Thornton
Judge
Richmond Juvenile & Domestic Relations
District Court

Jennifer MacArthur
Adult Justice Programs Manager
Department of Criminal Justice Services

Heather Zelle, J.D., Ph.D.
Assistant Professor of Research
Department of Public Health Services
Associate Dir. of Mental Health Policy
Institute of Law, Psychiatry, Public Safety

Sarah Davis, MA
Forensic Operations Manager
Department of Behavioral Health &
Developmental Services

Leah Mills
Deputy Secretary
Office of Health & Human Resources

J. Martin Mash
Network Program Director
Virginia Organization of Consumers Asserting
Leadership (VOCAL)

Catherine French-Zagurskie
Chief Appellate Counsel
Virginia Indigent Defense Commission

Wendy Goodman
Administrator
Infrastructure Reentry and Programs Unit
Virginia Department of Corrections

Hon. Erin Evans-Bedois
Judge
Chesapeake General District Court

Hon. Nathan R. Green

Commonwealth's Attorney
Williamsburg, VA

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

Staff:

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

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

Heather Borland
Specialty Dockets Administrative Assistant
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
Office of the Executive Secretary

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

Auriel Diggs
Specialty Dockets Grants Management 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

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

Appendix C: Application for Behavioral Health Docket

Application for Behavioral Health Docket

Submitted by:

_____ _____

Signature of Judge Signature of Coordinator

_____

Name of Court

_____

Date

APPLICATION GUIDELINES

The Supreme Court of Virginia has established a standardized review process to use in evaluating requests from any locality seeking permission to establish a behavioral health docket. The application should be completed by the local planning committee created to plan the docket. Applications should be submitted to the Supreme Court of Virginia. All application packages should be sent to:

Supreme Court of Virginia

Office of the Executive Secretary
100 North 9th Street

Richmond, Virginia 23219
Email: apowers@vacourts.gov

In order to evaluate the quality, efficiency and fairness of dockets requesting approval to establish a behavioral health docket the following information shall be submitted by the requesting local advisory committee.

Behavioral Health Docket Application

Jurisdiction Name: _____

Court: _____Circuit _____District

Problem Solving Docket Model: _____Veterans _____Behavioral Health

Supervising Judge:

Name:_____ Telephone:

Address:_____ E-mail:

Program Coordinator:

Name:_____ Telephone:

Address:_____ E-mail:

Target Population – (list all that apply):

Proposed Start Date: ____/____/

Approved Docket Planning Training:

_____ _____

Date Location

_____ _____

Date Location

_____ _____

Location

Veterans Treatment Court Planning Initiative (VTCPI)

Developing a Mental Health Court: An Interdisciplinary Curriculum (CSG)

Other:_____

Date Location

Date Location

Application Contact Person:

Name:_____ Telephone:

Address:_____ E-mail:

Please submit your policy and procedures manual, all forms and the following information as attachments to this application. If any of the information described in an attachment is included in the docket's policy and procedures manual, please reference its location in the policy and procedures manual on the application form.

Attachment A: Project Abstract and the Ten Essential Elements of Behavioral Health Dockets

This attachment must include the project abstract and how it will implement and comply with the Ten Essential Elements of Behavioral Health Dockets as well as incorporate evidence-based practices into the daily operations of the behavioral health docket.

Attachment B: Statement of the Problem

Attachment C: Docket Goals and Objectives

This attachment must include a description of the behavioral health docket goals and objectives. Each docket goal should include measurable objectives and should reflect the docket's proposed operations.

Attachment D: Description of the Behavioral health docket

This attachment must include a case flow chart outlining a description of the docket's operational and administrative structure to include:

1. Screening and eligibility
2. Structure of the docket
3. Length of stay
4. Graduation requirements
5. Expulsion criteria

This attachment should include a detailed description of the legal eligibility for behavioral health docket participation as well as any other factors taken into consideration when determining eligibility.

Attachment E: Policy and Procedures Manual

This attachment must include a current copy of the behavioral health docket policy and procedures manual. The policy and procedures manual should incorporate the principles of problem-solving courts, the ten (10) essential elements of behavioral health dockets, and include information related to participant eligibility, the screening and referral process, docket services and requirements, graduation criteria, case management procedures, judicial interaction, team meetings and court session schedule, incentives and sanctions, compliance monitoring, confidentiality policies and termination procedures. It should also include all docket forms, such as the participation agreement, consent for release of confidential information, orientation information, and referral agreements.

Attachment F: Estimated Budget

This attachment must include the estimated behavioral health docket budget including all projected income (user- fees, grants, county general funds) and expenses. All fees must be assessed and collected in compliance with financial management general principles.

Attachment G: Organizational Plan

This attachment must include an organizational chart and a description of the docket's operational and administrative structure to include:

Behavioral Health Docket Staff Requirements (For each staff position include the person's name, agency, address, telephone and fax numbers, and e-mail address.) This attachment must include documentation that the behavioral health docket coordinator, each case manager and any volunteer who performs one or more job functions for the docket is appropriately trained and credentialed. Use the Justice for Vets staff core competencies as a guide to design your staff position.

Treatment Provider Information (Include name, agency, address, telephone and fax numbers, and e-mail address for each treatment agency providing services to participants.)

Referring Courts/Dockets (names of other courts referring or transferring cases to the behavioral health docket)

Monitoring and Evaluation

Ongoing Interdisciplinary Education and Training

Ongoing Collaboration/Sustainability

Attachment H: Memoranda of Understanding (MOU)

This attachment must include information on each partner and a copy of their MOU with the docket. If the problem-solving docket is not using contractors, this attachment does not apply.

Attachment I: Certification and Assurances

Attachment J: Applicant Disclosure of Pending Grant Applications