



# COMMONWEALTH of VIRGINIA

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COMMISSIONER

DEPARTMENT OF  
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January 16, 2026

To: The Honorable L. Louise Lucas, Chair, Senate Finance & Appropriations Committee  
The Honorable Luke E. Torian, Chair, House Appropriations Committee

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: Item 295 X 2025 Appropriations Act

Item 295 X of the 2025 Appropriations Act directs the Department of Behavioral Health and Developmental Services (DBHDS) to report on participation in substance use disorder treatment utilizing non-narcotic, long-acting, injectable prescription drug treatment regimens. The language reads:

*X. Out of this appropriation, \$150,000 the first year and \$150,000 the second year from the general fund is provided to support substance use disorder treatment utilizing appropriate, long-acting, injectable prescription drug treatment regimens ("treatment") used in conjunction with specialty dockets. Such treatment may be utilized in approved specialty dockets. In allocating such funding, the department shall consider the rate of fatalities within the locality, whether a specialty docket is available and whether such program utilizes medication-assisted treatment. The specialty dockets utilizing this funding shall use these resources to support provider fees, counseling, monitoring services, medication management, and the cost of medication for participants for whom the costs of treatment services would not otherwise be covered. The Department of Behavioral Health and Developmental Services shall submit a report to the Chairs of the House Appropriations and Senate Finance and Appropriations Committees no later than December 1 of each year for the preceding fiscal year that provides information on the number of participants, the number of specialty dockets that utilized the funding and the number of treatments administered. Any adult specialty docket that accesses this funding shall provide all necessary information to the Department of Behavioral Health and Developmental Services to prepare this report.*

cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources



Virginia Department of Behavioral Health  
and Developmental Services

# **Specialty Dockets Report**

## **(Item 295 X, 2025 Appropriations Act)**

**December 1, 2025**

***DBHDS Vision: A Life of Possibilities for All Virginians***

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## **Item 295 X Specialty Docket Report**

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## Executive Summary

As authorized in §18.2-254.1 of the Code of Virginia, recovery courts aim to reduce substance use, recidivism, and the burden on the criminal justice system by integrating treatment and judicial supervision. This report provides a comprehensive overview of Virginia's efforts to expand access to Medication for Opioid Use Disorder (MOUD) within the recovery court system including use of funding appropriated in Item 295 X of the 2025 Appropriations Act for long-acting, injectable prescription drug treatment.

Since 2015, Virginia has aligned its recovery court policies with federal guidelines and best practices from the National Association of Drug Court Professionals (NADCP), ensuring that participants are not denied access to recovery court services based on their use of FDA-approved medications such as methadone, buprenorphine, or naltrexone. These efforts are further supported by protections under the Americans with Disabilities Act (ADA), which prohibits discrimination against individuals receiving MOUD.

The expansion of Medicaid in 2018 and the implementation of the Addiction and Recovery Treatment Services (ARTS) significantly increased access to treatment services across the Commonwealth. As a result, many recovery court participants can receive MOUD through Medicaid or Medicare, thereby reducing reliance on state-funded support mechanisms such as Item 295 X. In addition, the increase in overdose deaths prompted Virginia to prioritize and make available a wider and more comprehensive array of substance use treatment options and support systems, thus offering diverse pathways to recovery. The expansion of substance use services can be seen in the preliminary data from the Virginia Department of Health, which shows a 43 percent decrease in drug overdose deaths as of June 2025 compared to 2023, suggesting that expanded access to treatment is having a measurable impact.

Between FY 2016 and FY 2025, Virginia piloted and expanded MOUD access in multiple jurisdictions, including Henrico, Norfolk, Charlottesville/Albemarle, and the recovery courts serving Buchanan, Dickenson, Russell, and Tazewell Counties. While these programs initially received state funding to support injectable medications, most courts ultimately reported that participants' insurance coverage rendered the supplemental funding unnecessary.

Henrico and Norfolk Recovery Courts demonstrated strong collaboration with local behavioral health providers and jail-based programs to streamline insurance enrollment and ensure continuity of care. Both courts reported that all MOUD services provided during the most recent fiscal year were covered by insurance. However, they emphasized the importance of maintaining flexible funding in the event of future changes to Medicaid policy or participant eligibility. Findings from DBHDS indicate that while injectable medications are available and effective, some participants prefer oral formulations due to the psychological association of injections with past substance use. Barriers to utilization of injectable medications include insufficient knowledge, experience, or training regarding injectables and medication-assisted treatment (MAT).

In general, certain recovery ideologies and the logistical and coordination challenges between courts, treatment providers, and pharmacies may contribute to a preference for other treatment modalities.

To further support provider education and participant engagement, DBHDS has partnered with external stakeholders and submitted a technical assistance request to the Opioid Response Network to develop statewide training on injectable MOUD options. This report underscores the Commonwealth's commitment to evidence-based treatment, interagency collaboration, and continuous improvement in addressing the opioid crisis through its recovery court system.

## **Introduction**

Section 18.2-254.1 of the Code of Virginia, commonly referred to as the Recovery Court Act, establishes the foundational purpose and objectives of Recovery Court programs. These programs are designed to reduce drug addiction and dependency among justice-involved individuals, lower recidivism rates, alleviate the burden on drug-related court dockets, and foster accountability at the personal, familial, and societal levels. Additionally, they aim to promote effective planning and resource coordination across the criminal justice system and community-based agencies. As of September 2025, Virginia operates a total of 53 Adult Recovery Courts, alongside two Juvenile Recovery Courts, 10 Veterans Treatment Courts, 22 Behavioral Health Dockets, and four Family Treatment Courts. Item 295 X of the 2025 Appropriations Act provided \$150,000 in each fiscal year to expand access to long-acting, injectable prescription drug treatment in “specialty dockets”. Most MOUD services provided during FY 2025 in recovery court programs were covered by insurance. However, it is important to maintain flexible funding in the event of future changes to Medicaid policy or participant eligibility.

## **Recovery Courts**

Recovery Courts in Virginia serve as specialized judicial dockets that integrate treatment services with intensive court supervision. These courts are grounded in evidence-based practices and are tailored to address the complex needs of individuals with substance use disorders. The Recovery Court Act provides the legal framework for these programs, emphasizing rehabilitation over incarceration and encouraging collaboration among courts, treatment providers, and community stakeholders.

In 2015, the Governor's Task Force on Prescription Drug and Heroin Abuse convened to address the growing opioid crisis in Virginia. Among its recommendations was the expansion of access to MAT in both community-based and correctional settings. Recognizing the overlap between Recovery Court participants and jail populations, the Commonwealth implemented several initiatives to bridge service gaps. As part of this evolution, the term “Adult Drug Treatment Courts” was officially replaced with “Recovery Courts” in Fiscal Year 2024. This change reflects a more inclusive and recovery-oriented approach to treatment, emphasizing long-term wellness and individualized care.

Since 2015, Adult Recovery Court programs seeking federal funding have been required to affirm that participants will not be denied access to services based on their use of FDA-approved medications for the treatment of Opioid Use Disorder (OUD). This policy ensures that individuals using medications such as methadone, buprenorphine, or naltrexone are not excluded from participation or penalized for continuing their prescribed treatment. Furthermore, courts are prohibited from mandating the discontinuation of these medications as a condition for program

completion. These requirements are consistent with the standards set forth by the Bureau of Justice Assistance (BJA) and the Substance Abuse and Mental Health Services Administration (SAMHSA), and they align with the National Association of Drug Court Professionals (NADCP) Best Practice Standards published in 2013 and 2015. The NADCP Board of Directors' 2011 resolution on Medication-Assisted Treatment (MAT) further supports the individualized evaluation of MAT requests within Recovery Court settings.

### **Legal Protections Under the Americans with Disabilities Act (ADA)**

The Americans with Disabilities Act (ADA), specifically Title II under 28 CFR §35.130, provides critical protections for individuals diagnosed with OUD. These individuals may be considered “qualified individuals with a disability,” and as such, public entities, including courts, are prohibited from imposing blanket restrictions on the use of MAT. Such prohibitions may constitute unlawful discrimination. While the ADA allows public entities to withhold services from individuals currently engaged in the illegal use of drugs under 28 CFR §35.131, this exception does not apply to individuals using medications legally prescribed by licensed healthcare providers. The U.S. Department of Justice has issued guidance affirming that individuals in treatment or recovery from OUD are generally protected under the ADA, provided they are not actively using illegal substances.

### **Impact of Medicaid Expansion**

The expansion of Medicaid in Virginia in 2018 marked a significant turning point in the state's response to substance use disorders. Through the implementation of the Addiction and Recovery Treatment Services (ARTS), the Department of Medical Assistance Services (DMAS) expanded coverage for both behavioral health and medical services. This expansion not only increased the number of treatment providers across the Commonwealth but also enabled thousands of Virginians to access evidence-based treatment and recovery supports. The ARTS has been instrumental in integrating MAT into a broader continuum of care, particularly for individuals involved in the criminal justice system.

### **Preferred OBAT and OTP Programs**

As part of the ARTS initiative, DMAS established preferred Office-Based Addiction Treatment (OBAT) programs to deliver high-quality MAT services in outpatient settings. As of August 2025, 233 Preferred OBAT programs are operating across Virginia. In addition, the Department of Behavioral Health and Developmental Services (DBHDS), through its State Opioid Treatment Authority (SOTA), has recognized 54 licensed Opioid Treatment Programs (OTPs) as of September 2025. These programs play a vital role in ensuring access to comprehensive, evidence-based care for individuals with OUD and other substance use disorders.

### **Medications for the Treatment of OUD (MOUD)**

Virginia's Recovery Court system is authorized under **§18.2-254.1 of the Code of Virginia**, which establishes the legal foundation for the creation and operation of recovery courts across the Commonwealth. These specialized dockets are designed to reduce substance use, recidivism, and the burden on the criminal justice system by integrating judicial oversight with comprehensive treatment and recovery support services. The statute emphasizes public safety, accountability, and the efficient use of community and judicial resources.

To further strengthen recovery court outcomes, Virginia has prioritized access to Medication for Opioid Use Disorder (MOUD), particularly long-acting injectable formulations. These medications, such as Sublocade (buprenorphine), Brixadi® (buprenorphine), and Vivitrol (naltrexone), are FDA-approved and administered on a weekly or monthly basis.

Naltrexone, marketed under the brand name Vivitrol, was first approved by the U.S. Food and Drug Administration (FDA) in 1984 for opioid dependence and in 1994 for alcohol dependence. In 2006, an extended-release injectable formulation was approved for alcohol use disorder, and in 2010, it received approval for the treatment of opioid dependence. Naltrexone is not a controlled substance and does not require special certification to prescribe. It is administered by a healthcare provider and is not self-administered, which reduces the risk of misuse. However, individuals using Naltrexone must avoid sedating substances, as relapsing following a period of abstinence may increase the risk of overdose due to reduced tolerance.

Sublocade, a long-acting injectable form of buprenorphine, was approved by the FDA on November 30, 2017, as a once-monthly treatment for OUD. It is not intended for pain management and must be administered in certified healthcare settings. Before initiating Sublocade, individuals must first stabilize on oral buprenorphine, such as Suboxone or Subutex, for at least seven consecutive days. The medication is injected subcutaneously approximately every 26 days. Sublocade offers several advantages, including reduced risk of diversion, improved adherence, and the elimination of daily dosing requirements.

Drug diversion control is the effort by agencies like the DEA's Diversion Control Division to prevent legitimately manufactured controlled pharmaceuticals from being misused or entering illicit traffic. Because Vivitrol is not an opioid and does not produce a "high," it is not subject to the same diversion risks as opioid-based addiction treatments like methadone or buprenorphine, making it an option sometimes preferred by certain justice systems and healthcare providers concerned with preventing medication diversion.

## **Implementation Status and Outcomes**

### **FY 2016 - FY 2020**

The initial pilot program to integrate long-acting injectable treatments into Adult Recovery Courts was launched in 2016 by the Office of the Executive Secretary (OES). Norfolk and Henrico were the first jurisdictions to participate, followed by Bristol. In July 2019, the administration of pilot funding and data collection responsibilities transitioned to DBHDS. In 2020, Bristol withdrew from the pilot due to challenges in enrolling participants. Local officials cited methamphetamine as the primary substance of concern in their area, and currently, there is no FDA-approved medication for the treatment of methamphetamine use.

### **FY 2021 – FY 2024**

DBHDS issued a Request for Proposal (RFP) in December 2020, with awards finalized in April 2021. These awards retroactively covered Fiscal Year 2020 and were distributed through Memoranda of Agreement (MOAs) for two years, covering FY 2021 and FY 2022. The funding supported the development of new programs in jurisdictions that had not previously participated.

During this period, eight Adult Recovery Courts received funding, with five ARC administrators overseeing the implementation of the MOAs.

During Fiscal Year 2021, the Charlottesville/Albemarle Adult Recovery Court (ARC) joined the Norfolk and Henrico Recovery Courts, the Smyth County Recovery Court, and the ARCs serving Buchanan, Dickenson, Russell, and Tazewell Counties in expressing interest in providing access to long-acting injectable medications for the treatment of Opioid Use Disorder (OUD). These programs had the necessary infrastructure in place to begin or continue participant enrollment under the funding initiative.

Memoranda of Agreement (MOAs) were renewed for an additional two-year term, effective July 1, 2022, through June 30, 2024, for the ARCs in Buchanan, Dickenson, Russell, Tazewell, Henrico, and Norfolk. However, the Charlottesville ARC declined to continue with the funding opportunity and did not renew its contract beyond June 30, 2022. By September 2023, the ARCs in Buchanan, Dickenson, Russell, and Tazewell also opted out of continued participation, citing that most participants were already receiving Medicaid or Medicare benefits that covered the cost of Medication for Opioid Use Disorder (MOUD) treatment.

Also of important note, that several recovery courts participating in this funding opportunity between FY 2020 and FY 2023 reported that many participants declined injectable medications due to the psychological association with active addiction (injecting) and instead opted for oral medications.

## **FY 2025 - FY 2026**

### *Henrico Adult Recovery Court (ARC)*

The Henrico ARC entered a new MOA for the period of July 1, 2024, through June 30, 2026, in the amount of \$20,000 to support injectable medications for uninsured or underinsured participants. The program continued its collaboration with Henrico County Mental Health for behavioral health services. Between July 1, 2024, and June 30, 2025, the program enrolled 27 participants. Of these, 25 had Medicaid insurance and one had Medicare. Four participants received monthly Vivitrol injections, all of which were covered by insurance. In total, 18 participants were prescribed MOUD, including one on oral Naltrexone, four on Methadone, two on Sublocade, eleven on Suboxone, and four on injectable Vivitrol. All MOUD services were funded through insurance.

As of September 18, 2025, Henrico ARC reported that its collaboration with newer jail-based substance use disorder programs had expedited insurance applications for participants, enabling timely coverage for MOUD services. On April 15, 2025, the Henrico ARC met virtually with DBHDS for a site visit and technical assistance regarding expenditure of funds. The program completed all required training with Alkermes, planned to attend the All-Rise Conference in Kissimmee, Florida, and scheduled a “Tune-Up” session with Chesterfield, Prince George’s, and Hopewell Recovery Courts. Despite these efforts, the ARC Administrator confirmed that due to Medicaid expansion, the program would not utilize the \$20,000 in allocated funds. On September 18, 2025, DBHDS notified the program during a virtual site visit that the contract would be terminated due to non-utilization of funds. The DBHDS Office of Procurement and Administration Services will close out the contract effective October 13, 2025.



### *Norfolk Adult Recovery Court (ARC)*

The Norfolk ARC program also entered an MOA for the period of July 1, 2024, through June 30, 2026, in the amount of \$50,000 to support MOUD services. Administered by the Norfolk Circuit Court, the program is a collaborative effort involving the Norfolk Community Services Board, the Commonwealth's Attorney, the Public Defender, the Sheriff's Department, and the Police Department. The program integrates treatment, probation, counseling, and case management to support participants in maintaining sobriety. It follows a five-phase model with a minimum duration of 18 months. Norfolk Community Services Board provides outpatient substance use and mental health treatment, individual and group counseling, family therapy, health education, and trauma counseling.

During the reporting period from July 1, 2024, to June 30, 2025, the program served 38 participants, with a census capacity of 50. On July 30, 2025, the City of Norfolk Finance Department submitted an invoice for \$3,411.22 to fund Vivitrol injections for two participants in May 2025. As of September 30, 2025, the program had a remaining balance of \$46,588.78. Nine participants were prescribed injectable Vivitrol, all of whom had Medicaid or Medicare coverage. Two participants received Vivitrol, funded by Item 295 X. The program also reported one participant each on Methadone and Suboxone, while no participants were prescribed oral Naltrexone or Sublocade. As of September 9, 2025, the court noted that the availability of insurance coverage for Vivitrol continued to present challenges in utilizing the allocated funding.

On October 14, 2025, during a virtual site visit, the Norfolk ARC Administrator was notified that DBHDS would be ending the contract due to non-utilization of the funds. The DBHDS Office of Procurement and Administration Services will close out the contract effective October 13, 2025.

Both Henrico and Norfolk ARCs reported that participants qualified for Medicaid or Medicare benefits, which accounted for the lack of utilization of Item 295 X funds for MOUD services. However, both courts noted that if changes to Medicaid affect SUD coverage in the future, this funding may become necessary to support MOUD access.

Findings from DBHDS also indicated that while injectable medications are available and effective, some participants preferred oral formulations due to the psychological association of injections with past substance use. Barriers to utilization of injectable medications included insufficient knowledge, experience, or training regarding injectables and medication-assisted treatment (MAT). In general, certain recovery ideologies; and the logistical and coordination challenges between courts, treatment providers, and pharmacies may contribute to a preference for other treatment modalities.

## **Conclusion**

The Commonwealth continues to make progress in reducing overdose deaths through expanded access to treatment. Data from the Virginia Department of Health shows a 43 percent decrease in drug overdose deaths as of June 2025 compared with 2023, suggesting that expanded access to treatment is having a measurable impact.

Item 295 X of the 2025 Appropriations Act provides for the use of state general funds to support long-acting injectable prescription drug treatment as part of substance use disorder treatment in specialty courts. DBHDS continued to meet biannually with participating recovery courts to evaluate and provide technical assistance in the utilization of awarded funds.

To further support provider education, the DBHDS team met with to discuss strategies for expanding professional knowledge and training about injectable medications. A technical assistance request (TA9033) was submitted to the Opioid Response Network (ORN) through the DANYA Institute on August 4, 2025, to develop training for Virginia in 2026. Development of this training is currently in progress.

Due to Medicaid expansion and the DMAS ARTS program, most participants in specialty dockets already have insurance that covers MOUD services. However, it is important to maintain flexible funding in the event of future changes to Medicaid policy or participant eligibility.