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November 9, 2026

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 Docket 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 of these evaluations.

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:jrs
Attachment

# 2026 VIRGINIA BEHAVIORAL HEALTH DOCKETS ANNUAL REPORT

December 2026

Judicial Services
Office of the Executive Secretary
Supreme Court of Virginia

*2026 Virginia Behavioral Health Dockets Annual Report* is prepared by

Specialty Dockets Services Division
Department of Judicial Services
Office of the Executive Secretary
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December 2026

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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.

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 statutory requirements and presents data and analyses for Fiscal Year (FY) 2026.

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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 aim to achieve the following goals:

- Effective integration of appropriate treatment services with criminal justice system case processing;
- Enhanced public safety through intensive offender supervision and treatment;
- Prompt identification and placement of eligible participants;
- Efficient access to a continuum of related treatment and rehabilitation services;
- Verified participant abstinence through frequent alcohol and other drug testing and mental health status assessments, where applicable;
- Prompt response to participants' noncompliance with program requirements through a coordinated strategy;
- Ongoing judicial interaction with each behavioral health docket participant;
- Ongoing monitoring and evaluation of program effectiveness and efficiency;
- Ongoing interdisciplinary education and training in support of program effectiveness and efficiency; and
- Ongoing collaboration among behavioral health dockets, public agencies, and community-based organizations to enhance program effectiveness and efficiency.

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 2020 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.[1]

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.

[1] American Psychiatric Association. Resource Document on Mental Health Courts. October 2020.

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. Mental Health America estimates that 1,542,000 Virginia adults (23.25%) experienced any mental illness in the past year, based on the most recently available state-level data from 2022–2023.[2] In 2024, Virginia's age-adjusted suicide rate was 12.9 deaths per 100,000 residents.[3]

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.[4]

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.[5]

The behavioral health dockets application process incorporates the Essential Elements of a Mental Health Court,[6] 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

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[2] Mental Health America. *The State of Mental Health in America 2025.* "Adults with Any Mental Illness (AMI)."
[3] Centers for Disease Control and Prevention, National Center for Health Statistics. *Changes in Suicide Rates in the United States From 2023 to 2024.* NCHS Data Brief No. 572
[4] National Institute of Mental Health. Finding Help for Co-Occurring Substance Use and Mental Disorders. March 2025.
[5] Supreme Court of Virginia Rule 1:25(c)
[6] Michael Thompson, Fred Osher, and Denise Tomasini-Joshi, Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court (Bureau of Justice Assistance and Council of State Governments Justice Center, 2008).

6. Treatment Supports and Services
7. Confidentiality
8. Docket Team
9. Monitoring Adherence to Docket Requirements
10. Sustainability

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. The 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."[7]

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 support behavioral health dockets; and
- Monitoring and evaluating the effectiveness and efficiency of behavioral health dockets in the Commonwealth.[8]

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.

[7] 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.
[8] Va. Code § 18.2-254.3(E)

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.

## Best Practices

The Specialty Docket Services (SDS) Best Practices Specialists remained committed to supporting Virginia's specialty dockets through technical assistance, training, implementation support, and continuous quality improvement. In January 2026, All Rise published a comprehensively updated version of the Adult Treatment Court Best Practice Standards.[9] These standards synthesize the latest research in addiction science, behavioral health, pharmacology, and criminal justice to provide practical, evidence-based guidance for specialty dockets and improve responses for adults with substance use disorders, mental health conditions, and co-occurring disorders.

Throughout the reporting period, the SDS Best Practices Specialists supported the behavioral health dockets through the following activities:

- Conducted 10 behavioral health docket site visits to observe staffing meetings and court sessions, provided individualized feedback upon request, identified operational strengths and opportunities for improvement, and supported alignment with the All-Rise Adult Treatment Court Best Practice Standards.
- Co-facilitated five behavioral health docket implementation and refresher team trainings, providing education on evidence-based practices, specialty docket operations, and current Virginia Behavioral Health Docket Standards.
- Provided comprehensive technical assistance to eight behavioral health dockets during their application process by addressing operational questions, implementation challenges, and opportunities to strengthen alignment with evidence-based practices while ensuring policies and procedures reflected current Virginia behavioral health docket requirements.
- Delivered individualized technical assistance to two behavioral health dockets on a wide range of requested topics, including participant relapse and recovery, abstinence monitoring, eligibility criteria, treatment and service adjustments, peer support services, alumni development, grant funding opportunities, and community outreach strategies.
- Assisted two jurisdictions during the planning stages of developing new behavioral health dockets by providing implementation guidance, operational recommendations, and best practice consultation.
- Contacted all five behavioral health docket Byrne State Crisis Intervention Program (SCIP) grant recipients to offer individualized implementation support, technical assistance, and ongoing consultation as they developed or enhanced their specialty docket programs. Three of those behavioral health dockets reached out for technical assistance.

[9] All Rise, Adult Treatment Court Best Practice Standards (Jan. 2026).

- Collaborated in revising the SDS implementation and refresher training curriculum to ensure consistency with current evidence-based research and the 2026 All Rise Adult Treatment Court Best Practice Standards.
- Developed best practice resource materials highlighting key evidence-based principles, including incentives and sanctions, treatment and service adjustments, multidisciplinary team roles and responsibilities, phase structure, testing for substances, due process, and participant engagement, etc.
- Supported statewide standards development by contributing to the revision of Virginia Specialty Docket Standards. In August 2026, the State Behavioral Health Docket Advisory Committee and the Specialty Dockets Advisory Committee approved the updated Virginia Behavioral Health Docket Standards.[10]
- Led the comprehensive revision of the Virginia Behavioral Health Docket application to ensure consistency with updated standards, evidence-based practices, and current program requirements.

Collectively, these efforts demonstrated the ongoing commitment of OES, the Department of Judicial Services (DJS), and SDS to continue to strengthen Virginia's specialty dockets through evidence-based research and continuous training and technical assistance.

## 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 Mental Health Court: An Interdisciplinary Curriculum[11] 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

[10] Supreme Court of Virginia, Office of the Executive Secretary, Behavioral Health Dockets Standards (rev. Aug. 2026)
[11] Bureau of Justice Assistance & Justice Center at The Council on State Governments. “Developing a Mental Health Court: An Interdisciplinary Curriculum.” September 2013.

- Ensure adherence to research-based models that incorporate evidence-based best practices.

## Funding for Virginia's Behavioral Health Dockets

The Behavioral Health Dockets Advisory Committee continues to encourage jurisdictions to establish behavioral health dockets to assist individuals diagnosed with a serious mental illness involved in the criminal justice system. OES actively seeks funding to eventually support all eligible Virginia behavioral health dockets; however, state funds are not intended to be the sole source of support. Therefore, each docket must demonstrate sufficient local commitment to sustain operations.

All behavioral health dockets receiving state funds from OES must:

- Obtain approval from the state Behavioral Health Dockets Advisory Committee to begin operations;
- Request funds through a grant application assuring to use the funds for the behavioral health docket operations
- Enter all required data into the Specialty Dockets DIMS Database (SDDD);
- Submit quarterly grant reports on time;

Currently, OES administers funds to eight behavioral health dockets totaling $620,733.91, an increase of $79,260.52 from 2025. In FY 2025, seven behavioral health dockets were funded totaling $541,473.39. In FY 2025 and FY 2026, the Department of Behavioral Health and Developmental Services provided funding to six operating Virginia behavioral health dockets totaling $912,552. All funds are used to support personnel essential to the docket's operations. Dockets that do not receive state funding rely on a combination of local funds, in-kind services, federal grants, and other available resources.

## Behavioral Health Dockets in Operation

This report reviews the operations and outcomes of Virginia's behavioral health dockets during FY 2026. 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, 2025, and June 30, 2026.

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.

Behavioral health dockets employ evidence-based practices to diagnose and treat serious mental illness (SMI). SMI is defined as a diagnosable mental, behavioral, or emotional disorder that causes serious functional impairment, substantially interfering with or limiting one or more major life activities.[12] Their core objectives include:

- Enhancing public safety,
- Reducing recidivism,

[10]American Psychiatric Association. Patients and Families, What is Serious Mental Illness? 2026.

- Ensuring accountability, and
- Promoting participant self-management of mental illness within the community.

During FY 2026, 27 approved behavioral health dockets (covering 38 localities) were operating in Virginia. Of these, 21 were in general district courts, 4 in circuit courts, and 2 in juvenile and domestic relations district courts.

Data for this report was drawn from two primary sources:

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

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.

For the section on criminal recidivism, analyses focus on individuals who exited a behavioral health docket in FY 2023, consistent with established longitudinal reporting practices.

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 this docket, 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 2026**

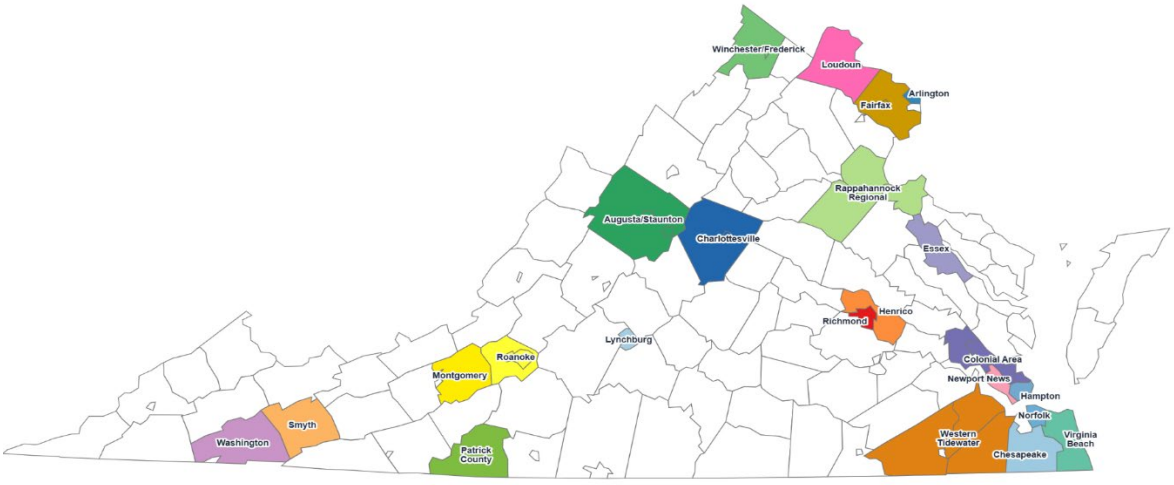


**Table 1: Approved Behavioral Health Dockets in Virginia, FY 2026**

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

*Note: Where more than one locality is served, the localities served are listed in parentheses.*

# Summary of Behavioral Health Dockets Activity, FY 2026

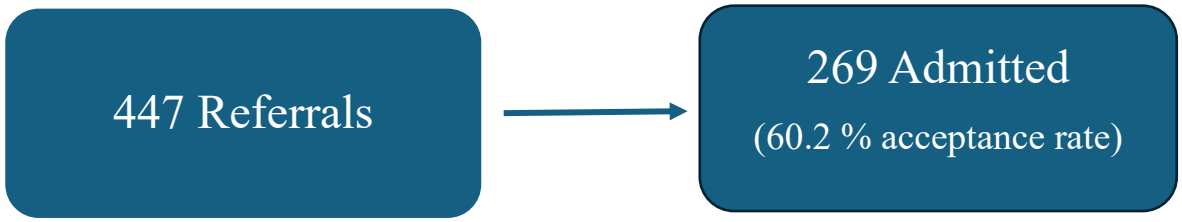
These results are based on data entered in the SDDD by the local courts. Records with no reported information for a characteristic are excluded from that characteristic's denominator. Totals therefore vary across tables.

Key Definitions:

- Referrals: Individuals presented to the specialty dockets team for review to determine if the individual meets eligibility criteria
- Admissions: Referred individuals who have been determined to meet eligibility criteria and have been formally inducted into a specialty docket.
- Participants: Individuals who were actively engaged in the specialty docket (at any point within this reporting fiscal year) and who are subject to the program's requirements, including court monitoring, treatment services, and community supervision.

## Referrals and Admissions

**Figure 2: Referrals and Admissions, FY 2026**




## Participants

**Table 2: Behavioral Health Docket Participants and Change, FY 2025**

| Participants FY 2026 | Increase from FY 2025 |
|---|---|
| 493 | +81 participants (+19.7%) |

*Note: Specialty Dockets often take over one year. The participant count in this table includes all active participants, including FY 2026 admissions as well as those admitted previously.*

# Demographics of Behavioral Health Docket Participants, FY 2026

**Table 3: Behavioral Health Docket Participants by Gender, FY 2026**

| Sex | # | % |
|---|---|---|
| Male | 302 | 61.3% |
| Female | 189 | 38.3% |
| Other | 2 | 0.4% |
| **Total** | **493** | **100.0%** |

**Table 4: Behavioral Health Docket Participants by Race, FY 2026**

| Race | # | % |
|---|---|---|
| White | 252 | 51.9% |
| Black/African American | 188 | 38.7% |
| Asian/Pacific Islander | 8 | 1.6% |
| Native American | 0 | 0.0% |
| Other | 38 | 7.8% |
| **Total** | **486** | **100%** |

*Note: Excludes participants (7) with no information reported by the local court.*

**Table 5: Behavioral Health Docket Participants by Ethnicity, FY 2026**

| Ethnicity | # | % |
|---|---|---|
| Non-Hispanic | 415 | 95.0% |
| Hispanic | 22 | 5.0% |
| **Total** | **437** | **100%** |

*Note: Excludes participants (56) with no information reported by the local court.*

**Table 6: Behavioral Health Docket Participants by Age Group, FY 2026**

| Age Group | # | % |
|---|---|---|
| 25–34 | 148 | 30.8% |
| 35–44 | 126 | 26.2% |
| 18–24 | 93 | 19.3% |
| 45–54 | 69 | 14.3% |
| 55–64 | 41 | 8.5% |
| 65–74 | 4 | 0.8% |
| **Total** | **481** | **100%** |

*Note: Excludes participants (12) with no information reported by the local court. Percentages may not sum to exactly 100% due to rounding.*

# Social Characteristics of Behavioral Health Docket Participants, FY 2026

**Table 7: Behavioral Health Docket Participants by Marital Status, FY 2026**

| Marital Status | # | % |
|---|---|---|
| Single | 314 | 71.0% |
| Married | 46 | 10.4% |
| Divorced | 36 | 8.1% |
| Separated | 26 | 5.9% |
| Cohabitating | 10 | 2.3% |
| Widowed | 9 | 2.0% |
| Other | 1 | 0.2% |
| **Total** | **442** | **100%** |

*Note: Excludes participants (51) with no information reported by the local court. Percentages may not sum to exactly 100% due to rounding.*

**Table 8: Behavioral Health Docket Participants by Education Category, FY 2026**

| Education | # | % |
|---|---|---|
| High School/Alternative/GED Completed | 223 | 50.8% |
| Trade / Technical / 2-Year School Completed | 106 | 24.1% |
| High School Did Not Complete | 64 | 14.6% |
| College Graduate | 35 | 8.0% |
| Professional Graduate/Advanced Degree | 11 | 2.5% |
| **Total** | **439** | **100%** |

*Note: Excludes participants (54) with no information reported by the local court.*

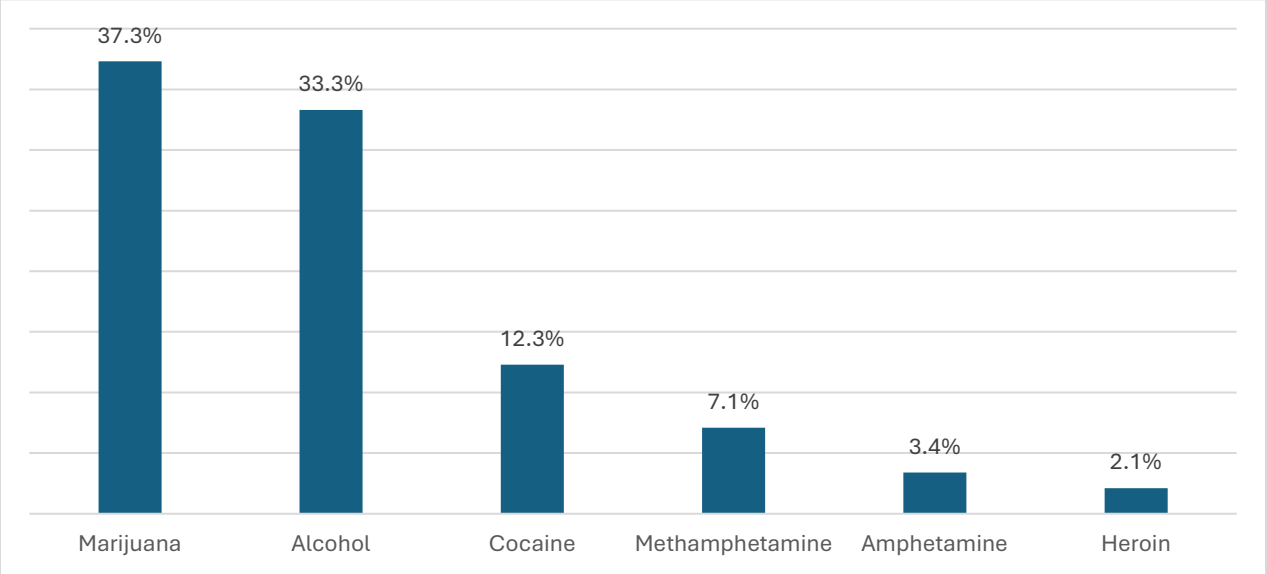
**Table 9: Behavioral Health Docket Participants by Employment Category, FY 2026**

| Employment | # | % |
|---|---|---|
| Unemployed | 176 | 37.1% |
| Disabled | 119 | 25.1% |
| Employed Full Time | 74 | 15.6% |
| Other | 53 | 11.2% |
| Employed Part Time | 44 | 9.3% |
| Self-Employed | 8 | 1.7% |
| **Total** | **474** | **100%** |

Note: Excludes participants (19) with no information reported by the local court.

# Substance Use History

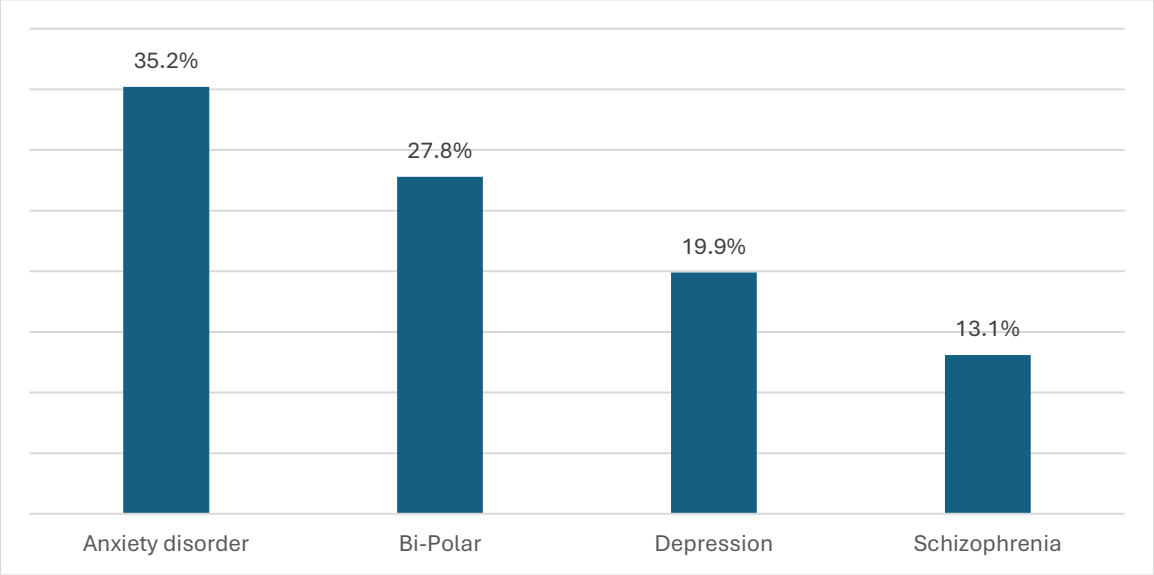
**Figure 3: Six Most Frequently Used Substances by Behavioral Health Docket Participants, FY 2026**




*Note: Figure 3 should be interpreted with caution. Data is based on self-reported primary drug use. This excludes participants (112) with no information reported by the local court).*

# Behavioral Health Diagnoses

**Figure 4: Most Common Diagnoses Among Behavioral Health Docket Participants, FY 2026**



## Screens for Substance Use

**Table 10: Behavioral Health Dockets Screens for Substance Use, FY 2026**

| Test Results | Count | Percentage |
|---|---|---|
| **Positive** | **1,405** | **20.5% of all tests** |
| Includes: Administrative positive | 112 | 8.0% of positive tests |
| **Negative** | **5,460** | **79.5% of all tests** |
| Includes: MAT detected | 331 | 6.1% of negative tests |
| **Total** | **6,865** | **100.0%** |

*Note: Administrative positive results are included in the positive category and may include missed or refused tests, failure to provide a required sample, or diluted or invalid samples classified as positive under program policy. Medication Assisted Treatment (MAT) is an evidence-based approach that combines approved medications with counseling and behavioral therapies to treat opioid and alcohol use disorders effectively. MAT-detected results are included in the negative category as they reflect prescribed treatment rather than prohibited substance use.*

# Summary of Exits

Key Definitions:

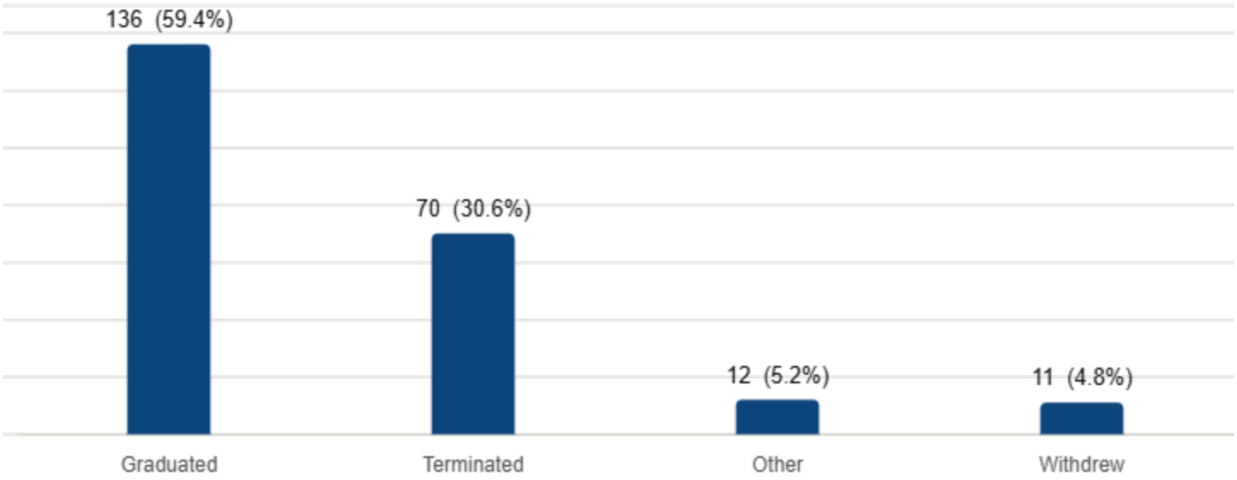
- Graduate: Participants who have successfully met the requirements of their participation in the specialty docket. Graduates are no longer enrolled in the specialty docket or subject to its program requirements.
- Termination: Participants who have not successfully met the requirements of their participation in the specialty docket and who are removed as recommended by the docket team following a hearing. Terminated individuals are no longer enrolled in the specialty docket or subject to its program requirements. Their legal case is returned to traditional case processing in accordance with the conditions established upon entry into the specialty docket.
- Withdrawal: Participants who have voluntarily removed themselves from the program. Individuals who withdraw are no longer enrolled in the specialty docket or subject to its program requirements. Their legal cases return to traditional case processing in accordance with the conditions established upon entry into the specialty docket.

## Graduation and Termination Rates

**Table 11: Behavioral Health Docket Exits by Type, FY 2026**

| Outcome | Count | % |
|---|---|---|
| Graduated | 136 | 59.4% |
| Terminated | 70 | 30.6% |
| Other | 12 | 5.2% |
| Withdrew | 11 | 4.8% |
| **Total Exits** | **229** | **100.0%** |

**Figure 5: Behavioral Health Docket Exits by Type, FY 2026**




## Length of Stay

Length of stay is measured in days from docket entry to exit (graduation, termination, or withdrawal).

**Table 12: Behavioral Health Dockets Length of Stay, Exits, FY 2026**

| Mean Length of Stay (Days) | |
|---|---|
| Graduations | 421 |
| Terminations | 337 |
| Withdrawals | 136 |

# Behavioral Health Dockets Recidivism

Criminal history records obtained from VSP for all behavioral health dockets participants who exited in FY 2023 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 exit 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 cumulatively over one-, two-, and three-year intervals, as follows:

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

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 Rates of FY 2023 Exits

At three years after departure, the rearrest rate was 57.6% for non-graduates and 34.0% for graduates, approximately 1.7 times as high for non-graduates.

**Figure 6: Behavioral Health Dockets Graduate and Non-Graduate Rearrest Rates, Persons Exiting a Docket During FY 2023**

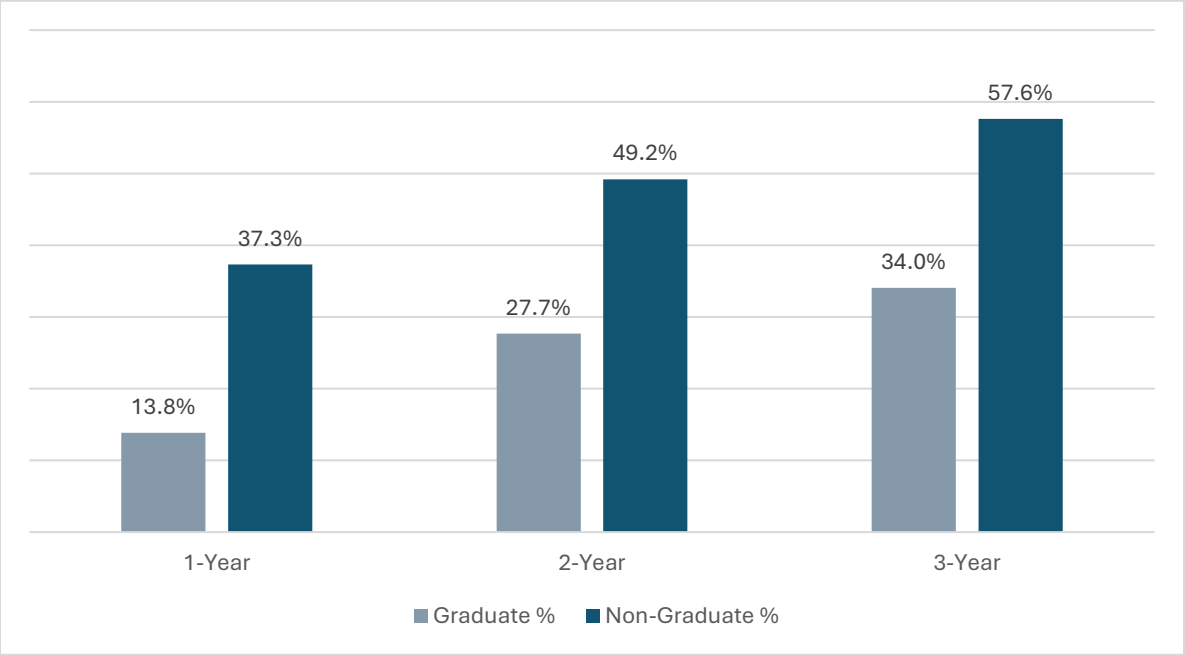


**Table 13: Behavioral Health Dockets Graduate and Non-Graduate Rearrest Rates, Persons Exiting a Docket During FY 2023**

| Time Post Exit | Graduates | Non-Graduates | Total |
|---|---|---|---|
| One-year count (0–365 days) | 13 | 22 | 35 |
| One-year rearrest rate | 13.8% | 37.3% | 22.9% |
| Two-year count (0–730 days) | 26 | 29 | 55 |
| Two-year rearrest rate | 27.7% | 49.2% | 35.9% |
| Three-year count (0–1,095 days) | 32 | 34 | 66 |
| Three-year rearrest rate | 34.0% | 57.6% | 43.1% |
| Total Exits | 94 | 59 | 153 |

*Note: Counts are cumulative and will not add up to the total exits. Total exits are provided for percentage calculation reference. The graduate non-rearrest count is 62. The non-graduate non-rearrest count is 25. The total non-rearrest count is 87*

# Reconviction Rates of Participants Exiting FY 2023

The overall reconviction rates for unsuccessful completion were higher than that of graduates.

**Figure 7: Behavioral Health Dockets Graduate and Non-Graduate Reconviction Rates, Persons Exiting a Docket During FY 2023**

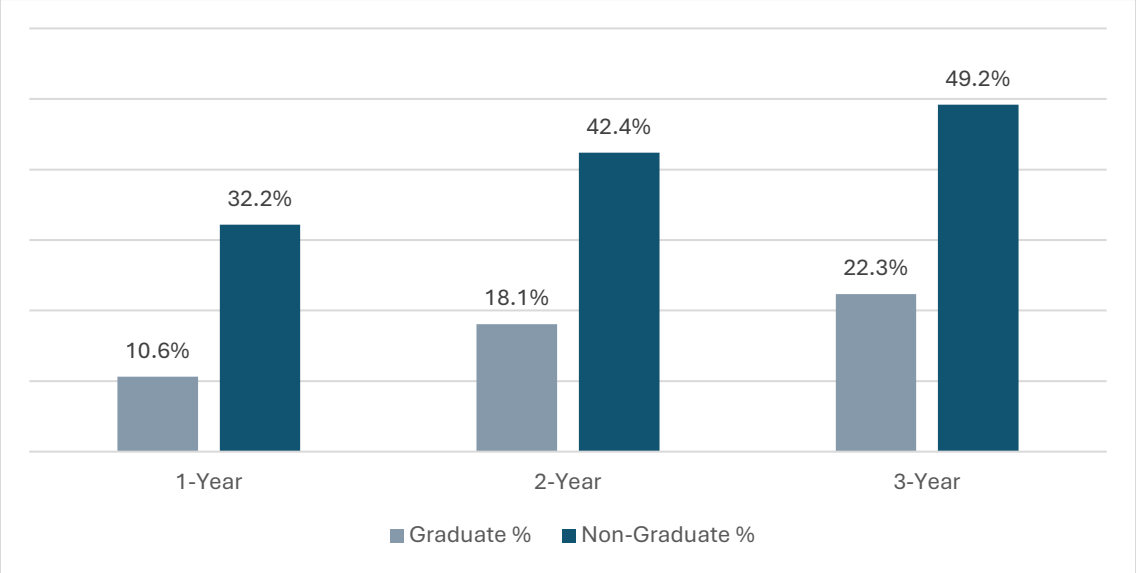


**Table 14: Behavioral Health Dockets Graduate and Non-Graduate Reconviction Rates, Persons Exiting a Docket During FY 2023**

| Time Post Exit | Graduates | Non-Graduates | Total |
|---|---|---|---|
| One-year count (0–365 days) | 10 | 19 | 29 |
| One-year reconviction rate | 10.6% | 32.2% | 19.0% |
| Two-year count (0–730 days) | 17 | 25 | 42 |
| Two-year reconviction rate | 18.1% | 42.4% | 27.5% |
| Three-year count (0–1,095 days) | 21 | 29 | 50 |
| Three-year reconviction rate | 22.3% | 49.2% | 32.7% |
| Total Exits | 94 | 59 | 153 |

*Note: Counts are cumulative and will not add up to the total exits. Total exits are provided for percentage calculation reference. The graduate non-reconviction count is 73. The non-graduate non-reconviction count is 30. The total non-reconviction count is 103.*

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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 rate 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

**Vice Co-Chairs**

The Honorable Jacqueline F. Ward Talevi
Presiding Judge, Chief Judge
23rd Judicial District of Virginia
Salem General District 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, University of Virginia Department of Public Health Services; Associate Director of Mental Health Policy Research at the UVA Institute of Law, Psychiatry, and Public Policy

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

Karen Mask
Deputy Chief of Staff for Operations
Office of the Governor

Jalna M. Harris
Network Program Director
Virginia Organization of Consumers Asserting Leadership (VOCAL)

Catherine French-Zagurskie
Chief Appellate Counsel
Virginia Indigent Defense Commission

Shannon McDowney
Community Corrections Operations Manager
Virginia Department of Corrections

Hon. Erin Evans-Bedois
Judge
Chesapeake General District Court

G. Ryan Mehaffey
Commonwealth's Attorney
Spotsylvania County

Hon. Christalyn M. Jett
Clerk
Spotsylvania Circuit Court
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