SUPREME COURT OF VIRGINIA

EXECUTIVE SECRETARY
KARL R. HADE

ASSISTANT EXECUTIVE SECRETARY & LEGAL COUNSEL
ALISA W. PADDEN

COURT IMPROVEMENT PROGRAM
KRISTI S. WRIGHT, DIRECTOR

EDUCATIONAL SERVICES
CAROLINE E. KIRKPATRICK, DIRECTOR

FISCAL SERVICES
STUART B. SMITH, DIRECTOR

HUMAN RESOURCES
RENÉE FLEMING MILLS, DIRECTOR

JUDICIAL INFORMATION TECHNOLOGY
JOBY KNUTH, DIRECTOR

JUDICIAL SERVICES
PAUL F. DELOSH, DIRECTOR

LEGAL RESEARCH
EILEEN A. LONGENECKER, DIRECTOR

LEGISLATIVE & PUBLIC RELATIONS
BRANDY S. SINGLETON, DIRECTOR

MAGISTRATE SERVICES
JONATHAN E. GREEN, DIRECTOR

OFFICE OF THE EXECUTIVE SECRETARY
100 NORTH NINTH STREET
RICHMOND, VIRGINIA 23219-2334
(804) 786-6455

November 9, 2026

The General Assembly of Virginia
201 N. Ninth Street
The General Assembly Building
Richmond, VA 23219

Dear Senators and Delegates:

Virginia Code § 18.2-254.2 directs the Office of the Executive Secretary of the Supreme Court of Virginia to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of the Supreme Court of Virginia. Please find attached the current annual report 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 SPECIALTY DOCKETS ANNUAL REPORT

December 2026

Judicial Services
Office of the Executive Secretary
Supreme Court of Virginia

2026 Virginia Specialty Dockets Annual Report is prepared by

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

December 2026

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Preface

Pursuant to Virginia Code § 18.2-254.2 (Appendix A) the Office of the Executive Secretary (OES) of the Supreme Court of Virginia is required to "develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rules of Supreme Court of Virginia." The statute further directs each local specialty docket to "submit evaluative reports to the Office of the Executive Secretary as requested." In accordance with this requirement, OES must submit a report of these evaluations to the Virginia General Assembly by December 1 of each year. This report fulfills that statutory requirement and presents data and analyses for Fiscal Year 2026.[1]

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

Virginia Specialty Dockets

The mission of the Virginia Judicial System is "to provide an independent, accessible, responsive forum for the just resolution of disputes in order to preserve the rule of law and to protect all rights and liberties guaranteed by the United States and Virginia Constitutions."[2]

In response to numerous inquiries regarding specialty dockets across the Commonwealth, the Supreme Court of Virginia promulgated Rule 1:25, Specialty Dockets, which was last amended by Order dated June 21, 2024, and became effective on August 20, 2024. Rule 1:25 defines and establishes the framework for specialty dockets, outlining recognized types, the authorization process for establishing and expanding dockets, oversight structures, operating standards, funding mechanisms, and evaluation requirements.

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

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

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

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

Mental illness remains a pervasive public health concern, affecting millions of people annually. In Virginia, more than 1.2 million adults live with a mental health condition. According to a 2023 Centers for Disease Control report, one American dies by suicide every 11 minutes. In 2024, 48,824 people died by suicide in the United States. Virginia recorded 1,196 suicide deaths, with an age-adjusted rate of 12.9 deaths per 100,000 residents. [3]

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

[2] Supreme Court of Virginia, Office of the Executive Secretary. Virginia's Courts in the 21st Century: 2009 Strategic Plan. 2009.
[3] Centers for Disease Control and Prevention, National Center for Health Statistics. Changes in Suicide Rates in the United States From 2023 to 2024. NCHS Data Brief No. 572. September 2026.
[4] National Institute of Mental Health. Finding Help for Co-Occurring Substance Use and Mental Disorders. March 2025.

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

Nearly a quarter-million adults in Virginia live with co-occurring mental health and substance use disorders.[5] Individuals experiencing these conditions are disproportionately likely to encounter law enforcement.

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

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

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

In Virginia, specialty dockets include the following categories:

- *Veterans treatment dockets* serve military veterans and service members with identified substance use and/or mental health conditions. These dockets promote sobriety, recovery, and stability through coordinated interventions that connect participants with treatment and support services. They also link participants to the VA and other community resources tailored to their needs. Public safety is enhanced by reconnecting veterans with the camaraderie of fellow service members and by leveraging the unique aspects of military and veteran culture to support recovery and reintegration.
- *Behavioral health dockets* employ evidence-based practices to identify, treat, and manage serious mental illness. Their goals include enhancing public safety, reducing recidivism, ensuring accountability, and promoting participant self-management of mental health conditions within the community.
- *Recovery courts* offer state and local governments a cost-effective means of supporting offenders with substance use disorders. By incorporating evidence-based strategies, these courts aim to increase rates of sustained recovery, improve public safety, and reduce the costs associated with rearrest and incarceration.

[5] Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2025.

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

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

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

Docket Personnel	Veterans Treatment	Behavioral Health	Recovery Court
Judge	●	●	●
Prosecutor	●	●	●
Defense Counsel	●	●	●
Coordinator	●	●	●
Treatment Provider(s)	●	●	●
Probation Officer (State/Local Community Corrections)	●	●	●
Law Enforcement	●	●	●
Veterans Justice Outreach Liaison (VJO)	●		
Mentor Coordinator (Mentors)	●		
Virginia Department of Veterans Services Representative	●		
Peer Support Specialist		●	●
Researcher			●
U.S. Department of Veterans Affairs	●		
Case Manager	●	●	●
Sponsor	●	●	●

Veterans Treatment Dockets

As of June 2024, Virginia ranks fifth among states in total veteran population, with 684,043 veterans residing in the Commonwealth.[6] Despite a 5.4% decrease from the previous year, Virginia continues to have one of the largest veteran populations in the nation.

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

[6] National Center for Veterans Analysis and Statistics. Veteran Population. June 2024.

use disorders related to, or concurrent with, military service conditions, and a significant number tragically die by suicide.[7]

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

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

Reports reveal that one in three female veterans and one in fifty male veterans have experienced military sexual trauma. Among veterans screened for military sexual trauma in the VA health care, approximately one in three women and one in forty men reported experiencing military sexual trauma.[9]

High rates of suicide have also been documented among veterans. VA's 2025 National Veteran Suicide Prevention Annual Report identifies 6,398 veteran suicide deaths in 2023.[10] Many veterans exhibit no outward signs of suicidal intent prior to an attempt; however, warning indicators may include depression, anxiety, low self-esteem, hopelessness, or noticeable behavioral changes. Veterans also experience elevated rates of alcohol and substance use, as well as higher tobacco use compared to the general population.

VA reports that approximately 15% of veterans from the Operations Iraqi Freedom and Enduring Freedom service eras experienced PTSD in the past year, while approximately 29% experienced PTSD at some point in their lives.[11] The correlation between PTSD and substance use disorders is particularly strong, as many individuals seek temporary relief from psychological distress through alcohol or substances. Research has found that 60–80% of individuals with PTSD also meet the diagnostic criteria for a co-occurring substance use disorder.[12]

Research indicates that approximately 20% of U.S. military veterans who experience PTSD subsequently develop a severe substance use disorder. Studies published by the Substance Abuse and Mental Health Services Administration also note that individuals with PTSD often

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[7]Olenick, M. et al. "US veterans and their unique issues: enhancing health care professional awareness" in *Advances in Medical Education and* Practice, December 2015.
[8] Holbrook, Justin & Anderson, Sara. Veterans Courts: Early Outcomes and Key Indicators for Success. 2011
[9] U.S. Department of Veterans Affairs, Veterans Health Administration. Military Sexual Trauma Fact Sheet. March 2026.
[10] U.S. Department of Veterans Affairs, Office of Suicide Prevention. 2025 National Veteran Suicide Prevention Annual Report. Part 2: Report Findings. March 2026.
[11] U.S. Department of Veterans Affairs, National Center for PTSD. How Common Is PTSD in Veterans? September 2026.
[12] Barnes, Chris. Why Veterans Turn to Drugs and Alcohol. June 27, 2019.

experience reduced impulse control, which contributes to a significantly higher risk of substance dependence.[13]

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

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

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

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

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

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

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

The key objectives of the grant included:

- Implementing regional Veterans Re-entry Search Services (VRSS) training in collaboration with the Virginia Department of Veterans Services to help local jails identify offenders or defendants who have served in the U.S. military;
- Providing ongoing training and technical assistance opportunities for specialty docket teams to ensure compliance with national best practices and promote operational consistency; and

[13] Substance Abuse and Mental Health Services Administration. National Survey on Drug Use and Health. 2025.

- Developing a Veterans Dockets Toolkit with companion resources such as informational videos, downloadable reference documents, and interactive diagrams.

This report examines the operations and outcomes of Virginia's veterans treatment dockets during FY 2026. It provides an overview of key program elements and participant trends, including demographic characteristics, program entry offenses, program duration and outcomes such as successful completion or termination.

All data presented in this report are drawn from the Specialty Dockets DIMS Database (SDDD), which is maintained by OES. Participants' data are entered by local veterans treatment docket staff and reflect the records submitted by each participating jurisdiction.

Best Practices

The Specialty Docket Services (SDS) Best Practices Specialists remained committed to supporting Virginia's veterans treatment 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[14]. 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 veterans treatment dockets through the following activities:

- Conducted three veterans treatment docket site visits to observe staffing meetings and court sessions, provided individualized feedback upon request, identified operational strengths and opportunities for improvement, and support alignment with the All-Rise Adult Treatment Court Best Practice Standards.
- Co-facilitated two veterans treatment docket implementation and refresher team trainings, and provided education on evidence-based practices, veterans treatment docket operations, and current Virginia Veterans Treatment Docket Standards.
- Delivered individualized technical assistance to a veterans treatment docket on a wide range of requested topics.
- Assisted a jurisdiction during the planning stages of developing a new veterans treatment docket by providing implementation guidance, operational recommendations, and best practice consultation.
- 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 practices, including incentives and sanctions, treatment and service adjustments, multidisciplinary

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

team roles and responsibilities, phase structure, testing for substances, due process, and participant engagement.
- Supported statewide standards development by contributing to the revision of Virginia Specialty Docket Standards. In August 2026, the state Veterans Treatment Docket Advisory Committee and the Specialty Dockets Advisory Committee approved and adopted the updated Virginia Veterans Treatment Docket Standards[15].
- Led the comprehensive revision of the Virginia veterans treatment 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 veterans treatment dockets through evidence-based research and continuous training and technical assistance.

Funding for Virginia's Veterans Treatment Dockets

The Veterans Treatment Dockets Advisory Committee continues to encourage jurisdictions to establish veterans treatment dockets to address substance misuse and mental illness emphasizing adherence to national evidence-based criteria to ensure predictable and consistent outcomes among veteran participants.

While the committee actively seeks funding to eventually support all eligible Virginia veterans treatment dockets, state funds are not intended to be the sole source of support. Therefore, each veterans treatment docket must demonstrate sufficient local commitment to sustain operations.

All veterans treatment dockets receiving state funds must:

- Obtain approval from the state Veterans Treatment Dockets Advisory Committee to begin operations;
- Request funds through a grant application process to use the funds for the veterans treatment docket operations;
- Enter all required data into the SDDD;
- Submit quarterly grant reports on time;
- Submit a Memorandum of Agreement (MOA) with their local CSB for treatment services and/or the VA; and
- Submit a MOA with the Virginia Department of Corrections (DOC) or local community corrections for participant supervision.

Currently, state funds are administered to two veterans treatment dockets totaling $203,634.00 in awarded funding, an increase of $28,434.00 from 2025. These funds primarily support personnel essential to veterans treatment docket operations.

These agreements outline personnel responsibilities and financial commitments. Dockets that do not receive state funding rely on a combination of local funds, in-kind services, federal grants,

[15] Supreme Court of Virginia, Office of the Executive Secretary, Virginia Veterans Treatment Docket Standards (rev. Aug. 2024).

and other available resources. Specific to veterans treatment dockets, participants are linked to the VA.

Veterans Treatment Dockets Operating in Virginia

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

1. To reduce substance use and serious mental illness associated with criminal behavior by engaging and retaining justice-involved veterans in need of treatment services;
2. To address additional participant needs through comprehensive clinical assessment and effective case management; and
3. To divert eligible cases from traditional court processes into a structured, treatment-focused judicial setting.

The first veterans treatment docket in Virginia began operations prior to January 16, 2017, the date Virginia Supreme Court Rule 1:25 was promulgated (see Appendix B). Pursuant to Rule 1:25, members of the Veterans Treatment Docket Advisory Committee are appointed by the Chief Justice.

In FY 2026, there were 10 approved and operational veterans treatment dockets (covering 11 localities) across the Commonwealth. These included:

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

Figure 1: Operational Veterans Treatment Dockets in Virginia, FY 2026

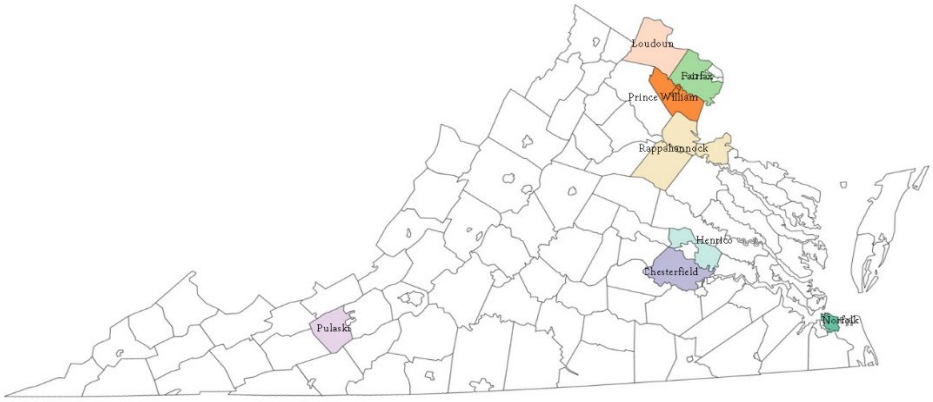


Table 2: Approved Veterans Treatment Dockets in Virginia, FY 2026

Chesterfield, Circuit Court
Fairfax County, Circuit Court
Fairfax County, General District Court
Fairfax County Juvenile and Domestic Relations District Court
Henrico, General District Court
Loudoun County, General District Court
Norfolk, Circuit Court
Prince William, General District Court
Rappahannock Regional, Circuit Court (Fredericksburg/Spotsylvania/ Stafford/ King George Counties)
Pulaski, General District Court

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

Summary of Veterans Treatment Dockets Activity

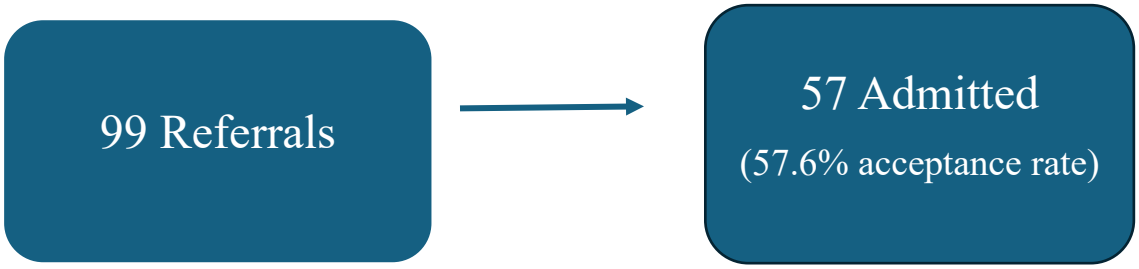
These results are based on data entered in the SDDD by the local courts. Records with no reported information for a characteristic are excluded from that characteristic's denominator. Totals therefore vary across tables.

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.

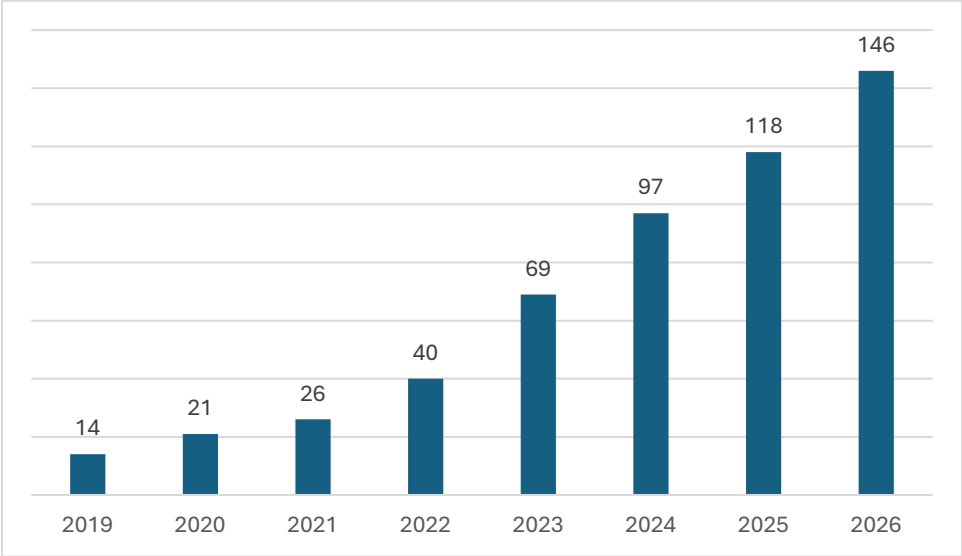
Referrals and Admissions

Figure 2: Referrals and Admissions, FY 2026



Participants

Figure 3: Number of Veterans Treatment Docket Participants, FY 2019–2026



Note: Specialty Docket participation often takes over one year. The participant count includes all active veterans treatment docket participants, including FY 2026 admissions as well as those admitted previously.

This report specifically highlights active participants in Virginia's veterans treatment dockets during FY 2026. A total of 146 participants were actively enrolled in these dockets during the reporting period, representing a 23.7% increase from the 118 active participants reported in FY 2025 (see Figure 3).

In addition to these participants, 39 veterans were identified as participants in Virginia recovery courts (18) and behavioral health dockets (21). These additional veterans were identified through intake assessments and data matching with the VRSS.

Demographics of Veterans Treatment Docket Participants, FY 2026

Table 3: Veterans Treatment Docket Participants by Gender, FY 2026

Category	#	%
Male	132	90.4%
Female	14	9.6%
Total	**146**	**100%**

Table 4: Veterans Treatment Docket Participants by Race, FY 2026

Category	#	%
White	69	47.9%
Black/African American	59	41.0%
Other	13	9.0%
Asian/Pacific Islander	2	1.4%
Native American	1	0.7%
Total	**144**	**100%**

Note: Excludes participants (2) with no information reported by the local court.

Table 5: Veterans Treatment Docket Participants by Ethnicity, FY 2026

Category	#	%
Non-Hispanic	121	87.7%
Hispanic	17	12.3%
Total	**138**	**100%**

Note: Excludes participants (8) with no information reported by the local court.

Table 6: Veterans Treatment Docket Participants by Age Group, FY 2026

Age Group	#	%
18–24	3	2.1%
25–34	33	22.6%
35–44	45	30.8%
45–54	34	23.3%
55–64	16	11.0%
65+	15	10.3%
Total	**146**	**100%**

Note: Percentages may not sum to exactly 100% due to rounding.

Social Characteristics of Veterans Treatment Docket Participants, FY 2026

Table 7: Veterans Treatment Docket Participants by Employment Category, FY 2026

Category	Count	Percent
Employed Full-Time	54	41.9%
Unemployed	25	19.4%
Disabled	20	15.5%
Retired	16	12.4%
Other	6	4.7%
Employed Part-Time	4	3.1%
Self-Employed	4	3.1%
Total	**129**	**100%**

Note: Excludes participants (17) with no information reported by the local court). Percentages may not sum to exactly 100% due to rounding.

Table 8: Veterans Treatment Docket Participants by Marital Status, FY 2026

Category	Count	Percent
Divorced	38	29.5%
Married	38	29.5%
Single	32	24.8%
Separated	16	12.4%
Widowed	2	1.6%
Cohabitating	2	1.6%
Other	1	0.8%
Total	**129**	**100%**

Note: Excludes participants (17) with no information reported by the local court. Percentages may not sum to exactly 100% due to rounding.

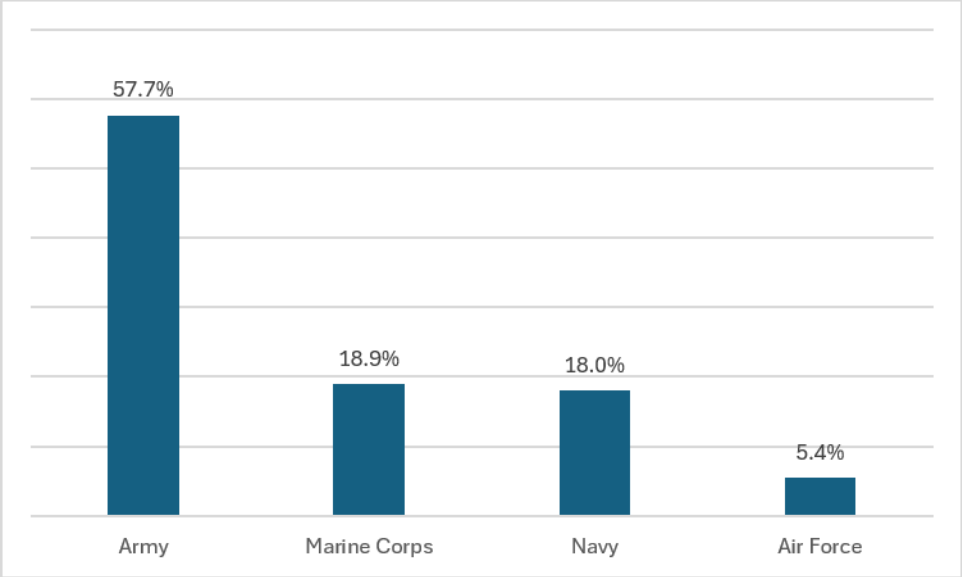
Table 9: Veterans Treatment Docket Participants by Education Category, FY 2026

Category	Count	Percent
Trade/Technical/2-Year School Completed	32	35.2%
High School/Alternative/GED Completed	28	30.8%
4-Year College Graduate	14	15.4%
Advanced Degree (Master's/PhD)	13	14.3%
High School Did Not Complete	4	4.4%
Total	**91**	**100%**

Note: Excludes participants (55) with no information reported by the local court. Percentages may not sum to exactly 100% due to rounding.

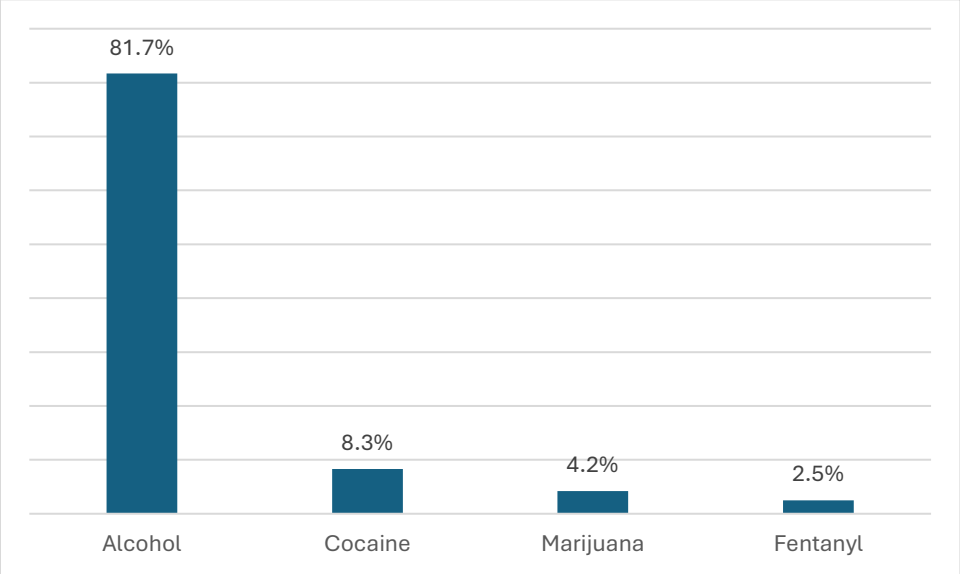
Military Service History

Figure 4: Reported Military Service Branch of Veterans Treatment Docket Participants, FY 2026



Substance Use History

Figure 5: Four Most Frequently Used Substances by Veterans Treatment Docket Participants, FY 2026



Screens for Substance Use

Table 10: Veterans Treatment Dockets Screens for Substance Use, FY 2026

Test Results	Count	Percentage
Positive	**376**	**6.0% of all tests**
Includes: Administrative positive	141	37.5% of positive tests
Negative	**5,902**	**94.0% of all tests**
Includes: MAT detected	106	1.8% of negative tests
Total	**6,278**	**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:

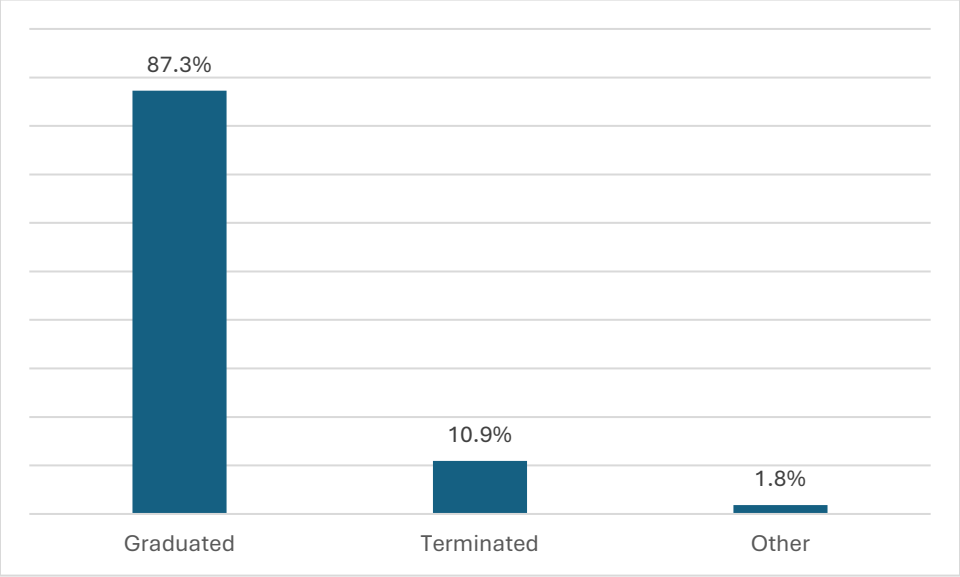
- Graduate: Participants who have successfully met the requirements of their participation in the specialty docket. Graduates are no longer enrolled in the specialty docket or subject to its program requirements.
- Termination: Participants who have not successfully met the requirements of their participation 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: Veterans Treatment Dockets Exits, FY 2026

Outcome	Count	Percentage
Graduated	48	87.3%
Terminated	6	10.9%
Other	1	1.8%
Total Exits	**55**	**100.0%**

Figure 6: Veterans Treatment Dockets Exits by Outcome, FY 2026



Length of Stay

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

Table 12: Veterans Treatment Dockets Length of Stay, Exits, FY 2026

Mean Length of Stay (Days)	
Graduations	423
Terminations	329

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

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Appendices

Appendix A: § 18.2-254.2. Specialty Dockets; Report.

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

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

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

Appendix B: Rule 1:25 Specialty Dockets

Rule 1:25. Specialty Dockets.

(a) Definition of and Criteria for Specialty Dockets. —

(1) When used in this Rule, the term "specialty dockets" refers to specialized court dockets within the existing structure of Virginia's circuit and district court system offering judicial monitoring of intensive treatment, supervision, and remediation integral to case disposition.

(2) Types of court proceedings appropriate for grouping in a "specialty docket" are those which (i) require more than simply the adjudication of discrete legal issues, (ii) present a common dynamic underlying the legally cognizable behavior, (iii) require the coordination of services and treatment to address that underlying dynamic, and (iv) focus primarily on the remediation of the defendant in these dockets. The treatment, the services, and the disposition options are those which are otherwise available under law.

(3) Dockets which group cases together based simply on the area of the law at issue, e.g., a docket of unlawful detainer cases or child support cases, are not considered "specialty dockets."

(b) *Types of Specialty Dockets. —* The Supreme Court of Virginia currently recognizes only the following three types of specialty dockets: (i) recovery court dockets as provided for in the Recovery Court Act, § 18.2-254.1, (ii) veterans dockets, and (iii) behavioral health dockets as provided for in the Behavioral Health Docket Act, § 18.2-254.3. Recovery court dockets offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases. Veterans dockets offer eligible defendants who are veterans of the armed services with substance dependency or mental illness a specialized criminal specialty docket that is coordinated with specialized services for veterans. Behavioral health dockets offer defendants with diagnosed behavioral or mental health disorders judicially supervised, community-based treatment plans, which a team of court staff and mental health professionals design and implement.

(c) *Authorization Process*. — A circuit or district court which intends to establish one or more types of these recognized specialty dockets must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty docket or, in the instance of an existing specialty docket, continuing its operation. A petitioning court must demonstrate sufficient local support for the establishment of this specialty docket, as well as adequate planning for its establishment and continuation.

(d) *Expansion of Types of Specialty Dockets*. — A circuit or district court seeking to establish a type of specialty docket not yet recognized under this rule must first demonstrate to the Supreme Court that a new specialty docket of the proposed type meets the criteria set forth in subsection (a) of this Rule. If this additional type of specialty docket receives recognition from the Supreme Court of Virginia, any local specialty docket of this type must then be authorized as established in subsection (c) of this Rule.

(e) *Oversight Structure*. — By order, the Chief Justice of the Supreme Court may establish a Specialty Docket Advisory Committee and appoint its members. The Chief Justice may also establish separate committees for each of the approved types of specialty dockets. The members of the Veterans Docket Advisory Committee, the Behavioral Health Docket Advisory Committee, and the committee for any other type of specialty docket recognized in the future by

the Supreme Court will be chosen by the Chief Justice. The Recovery Court Advisory Committee established under Code § 18.2-254.1 constitutes the Recovery Court Docket Advisory Committee.

(f) *Operating Standards*. — The Specialty Docket Advisory Committee, in consultation with the committees created under subsection (e), will establish the training and operating standards for local specialty dockets.

(g) *Financing Specialty Dockets.* — Any funds necessary for the operation of a specialty docket will be the responsibility of the locality and the local court but may be provided via state appropriations and federal grants.

(h) *Evaluation*. — Any local court establishing a specialty docket must provide to the Specialty Docket Advisory Committee the information necessary for the continuing evaluation of the effectiveness and efficiency of all local specialty dockets.

Last amended by Order date June 21, 2024; effective August 20, 2024

Appendix C: Veterans Treatment Docket Advisory Committee Membership

Chair

The Honorable Cleo E. Powell, Chief Justice
Supreme Court of Virginia

Vice Chair

The Honorable Stephen C Shannon, Judge
Fairfax County Circuit Court

Members:

Karl Hade
Executive Secretary
Office of the Executive Secretary

Anetra Robinson
Assistant Commonwealth's Attorney
City of Norfolk

Joseph Carico, Esquire
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Shannon McDowney
Community Corrections Operations Manager
Virginia Department of Corrections

Catherine French-Zagurskie
Chief Appellate Counsel
Virginia Indigent Defense Commission

Steven Combs
Deputy Commissioner
Department of Veterans Services

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

Caleb Stone, J.D. Associate Clinical
Associate Clinical Professor of Law
Director, Notre Dame Veterans Law Clinic
University of Notre Dame

Cory Bentley
Coordinator
Pulaski Veterans Treatment Docket

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

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

Staff:

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

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

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

Madison Brown
Specialty Dockets Administrative Assistant
Department of Judicial Services
Office of the Executive Secretary

Renee Rosales
Specialty Dockets Budget Analyst
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

Angela Dodson
Specialty Dockets Training Coordinator
Department of Judicial Services
Office of the Executive Secretary

Corlin Job
Specialty Dockets Database Analyst
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

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