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November 29, 2021

The General Assembly of Virginia  
900 East Main Street  
The Pocahontas Building  
Richmond, VA 23219

Dear Senators and Delegates:

The Virginia Drug Treatment Court Act (Virginia Code 18.2-254.1) directs the Office of the Executive Secretary of the Supreme Court of Virginia, with the assistance of the state drug treatment court advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all drug treatment court dockets established in accordance with the Rules of Supreme Court of Virginia. Please find attached the current annual report.

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

With best wishes, I am

Very truly yours,

Handwritten signature of Karl R. Hade in black ink.

Karl R. Hade

KRH: atp

Enclosure

cc: Division of Legislative Systems

Where Treatment and Accountability Meet Justice



# **Virginia Drug Treatment Court Dockets 2021 Annual Report**

**Office of the Executive Secretary  
Supreme Court of Virginia**

## **PREFACE**

The Virginia Drug Treatment Court Act (Code of Virginia §18.2-254.1) requires the Office of the Executive Secretary of the Supreme Court of Virginia (OES), with the assistance of the State Drug Treatment Court Advisory Committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. The Act further requires OES to annually provide the General Assembly with a report of these evaluations. This report reflects fiscal years 2014-2021 data prepared for the 2021 General Assembly.<sup>1</sup>

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<sup>1</sup> Virginia Code §18.2-254.2 requires the Office of the Executive Secretary of the Supreme Court 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 following Drug Treatment Court Annual Report also satisfies a component of that requirement.

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## EXECUTIVE SUMMARY

During fiscal year (FY) 2021, there were sixty-one (61) drug treatment court dockets approved to operate in Virginia. Approved programs included: forty-seven (47) adult, seven (7) juvenile, four (4) family and three (3) regional driving under the influence (DUI) drug treatment court dockets. Data from some of these dockets are not included in this report due to their recent start date or non-operational status.

The goals of Virginia drug treatment court dockets are to:

- Reduce drug addiction and drug dependency among offenders;
- Reduce recidivism;
- Reduce drug-related court workloads;
- Increase personal, familial, and societal accountability among offenders; and
- Promote effective planning and use of resources among the criminal justice system and community agencies.

Drug treatment court dockets continue to grow in the Commonwealth. Much of the growth is attributed to the 2012 budget language, which remains in the 2021 Appropriation Act, authorizing the Drug Treatment Court Advisory Committee to consider approval of new drug treatment court dockets provided they utilize existing resources and not request state funds. The budget provision provides:

*“Notwithstanding the provisions of subsection O. of §18.2-254.1, Code of Virginia, any locality is authorized to establish a drug treatment court supported by existing state resources and by federal or local resources that may be available. This authorization is subject to the requirements and conditions regarding the establishment and operation of a local drug treatment court advisory committee as provided by §18.2-254.1 and the requirements and conditions established by the state Drug Treatment Court Advisory Committee. Any drug court treatment program established after July 1, 2012, shall limit participation in the program to offenders who have been determined, through the use of nationally recognized, validated assessment tool, to be addicted to or dependent on drugs. However, no such drug court treatment program shall limit its participation to first-time substance abuse offenders only; nor shall it exclude probation violators from participation.”<sup>2</sup>*

This report reviews the basic operations and outcomes of Virginia’s drug treatment court dockets during FY 2021. The analyses provided in this report are based on data for participants who were enrolled in a drug treatment court docket program after July 1, 2013 and completed (successfully or unsuccessfully) a drug treatment court docket program on or before June 30, 2021. The information provided includes measures of program participants including demographics, program entry offenses, length of program participation, graduation and termination, and rearrest/reconviction post program exit.

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<sup>2</sup> Item 39 H.2., 2021 Appropriation Act

All data provided in this report are based on the following: 1) data extracted from the specialty docket information technology database developed and maintained by OES; and 2) arrest data obtained from the Virginia State Police (VSP). On December 31, 2019, the Commission on Virginia Alcohol Safety Action Program (VASAP) required the local Alcohol Safety Action Programs (ASAPs) to enter data in the Engenuity database system. OES has been collaborating with VASAP to migrate DUI drug court data. However, in the meantime the Rappahannock Area DUI Drug Treatment Court announced its closing July 8, 2021.

The family and juvenile drug treatment court docket models served a limited number of participants during FY 2021. As a result, only basic data are included for these models. Due to the ongoing decrease in referrals to the juvenile drug treatment court dockets Chesterfield juvenile drug court announced its closing June 30, 2021. Additional juvenile drug court dockets announced they are transitioning to either another docket model or considering closing. At least three, Hanover Juvenile Drug Court, Rappahannock Regional Juvenile Drug Court, and the Thirtieth District Juvenile Drug Court indicate they will continue operating.

Information provided in this report reviews several best practices in the drug treatment court docket programs over the years, such as use of the Risk and Needs Triage (RANT®) tool. RANT® is a secure, web-based decision support tool designed with criminal justice professionals in mind. The RANT® tool yields an immediate and easily understandable report that classifies offenders into one of four risk/needs quadrants with the tool indicating what level of supervision and treatment are best suited to drug-involved offenders' criminogenic risks and clinical needs. As a result of federal grant funding in 2014 OES purchased the intellectual property for the RANT® tool to add to the specialty dockets database in order to comply with the 2012 budget language noted above, "Any drug court treatment program established after July 1, 2012, shall limit participation in the program to offenders who have been determined, through the use of a nationally recognized, validated assessment tool, to be addicted to or dependent on drugs." RANT® is easily administered by non-specialists in 15 minutes or less and offers instant, individual participant-level reporting. RANT® consists of 19 questions.

## **Best Practice**

The National Association of Drug Court Professionals (NADCP) announced that evidence-based treatment court dockets continue to expand and save lives, serving over 3,000 drug court dockets and more than 150,000 participants in the United States in 2019. According to the Office of National Drug Control Policy (ONDCP), the drug treatment court docket model is a best practice because:

- Graduating participants gain the necessary tools to rebuild their lives.
- Drug treatment court docket participants are provided intensive treatment and other services for a minimum of one year.
- There are frequent court appearances and random drug testing with sanctions and incentives to encourage compliance and completion.
- Successful completion of the treatment program results in dismissal of the charges, reduced or set-aside sentences, lesser penalties, or a combination.
- Drug treatment court dockets rely upon the daily participation of judges, court personnel, probation, treatment providers, and providers of other social services.

- The problem of drugs and crime is much too broad for any single entity to tackle alone.<sup>3</sup>

NADCP released Volumes I and II of the Adult Drug Court Best Practice Standards, Text Revision, in 2019, completing the most comprehensive compilation of research-based, specific, practitioner-focused drug court guidance ever produced.<sup>4</sup> The Standards compile two decades of research on addiction, pharmacology, behavioral health and criminal justice, and include lessons that will not only improve drug court dockets, but will help improve the way the entire judicial system responds to offenders living with addiction or mental illness.

## **Administration of Drug Treatment Court Dockets in Virginia**

The Office of the Executive Secretary (OES) of the Supreme Court of Virginia facilitates the development, implementation, and monitoring of local adult, juvenile, family, and DUI drug treatment court dockets through the Drug Treatment Court Division of the Department of Judicial Services within OES. The State Drug Treatment Court Advisory Committee, established pursuant to Virginia Code §18.2-254.1, offers recommendations to the Chief Justice regarding recognition and funding for drug treatment court docket programs, best practices, and minimum standards for program operations. The Committee also evaluates all proposals requesting to establish new drug treatment court dockets and offers recommendations to the Chief Justice.

Drug treatment court dockets have been operating in the Commonwealth for more than 20 years and their efficacy and effectiveness are well documented. The drug treatment court docket model offers state and local governments a cost-effective way to increase the percentage of sustained recovery of addicted offenders thereby improving public safety and reducing costs associated with rearrest and additional incarceration. Every adult participant who completes a Virginia drug treatment court docket program saves the Commonwealth \$19,234 compared to an adult who receives traditional case processing, based on the 2012 Cost Benefit Analysis of adult drug treatment court programs.<sup>5</sup>

## **Funding for Virginia’s Drug Treatment Court Dockets**

Virginia’s drug treatment court dockets operate using a sustainability funding strategy approved by the Drug Treatment Court Advisory Committee. The goal was to formulate a plan to address the long-term funding for all drug treatment court dockets in Virginia in a way that would support currently funded, unfunded, and future drug treatment court dockets. The Advisory Committee employs a data-driven formula to ensure accuracy and fairness of resource allocation to standardize the funding of as many drug court programs as possible. Accuracy is measured by data entered in the specialty docket database. Fairness is designed to eventually provide some funding to all Virginia Drug Treatment Courts. Transparency is upheld by clearly identifying the funding process and making the awarding procedures easily accessible for each drug treatment court. The Advisory Committee strives to ensure that jurisdictions that wish to create drug treatment dockets to address substance misuse are encouraged to do so within the national evidence-based criteria that ensures consistent and predictable outcomes.

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<sup>3</sup> <https://obamawhitehouse.archives.gov/ondcp/ondcp-fact-sheets/drug-courts-smart-approach-to-criminal-justice>

<sup>4</sup> <https://www.nadcp.org/standards/adult-drug-court-best-practice-standards/>

<sup>5</sup>

[https://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/evaluationreports/2012\\_va\\_adult\\_dtc\\_impact\\_study.pdf](https://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/evaluationreports/2012_va_adult_dtc_impact_study.pdf)

The Drug Treatment Court Advisory Committee will continue to pursue additional funds for drug court dockets through securing federal grants and pursuing a dedicated funding stream, so eventually there will be enough resources to fund all eligible Virginia Drug Treatment Court Dockets. State drug treatment court funds are not intended to be the program's sole source of funding. As a result, drug treatment court dockets must demonstrate sufficient local support.

All dockets receiving these funds must meet the following minimum compliance standards:

- ✓ Obtain approval from the Drug Court Advisory Committee to begin operation;
- ✓ Meet all Virginia Drug Treatment Court Standards;<sup>6</sup>
- ✓ Enter all required information and statistics into the specialty docket's database to track compliance;
- ✓ Complete and file quarterly grant reports;
- ✓ Identify and report retention and recidivist rates for all participants;<sup>7</sup>
- ✓ Obtain a match (cash or in-kind) of 25% based on the established formula utilized by the Bureau of Justice Assistance for Drug Court grants;

Currently, state drug court funds are administered to thirty-one (31) adult and six (6) juvenile drug treatment court dockets in the form of grants. Programs receiving these funds utilize the funds primarily for drug treatment court docket team personnel. Treatment services for drug treatment court docket participants are generally provided through local public substance abuse treatment systems also known as Community Services Boards (CSB) or Behavioral Health Authorities. Participant supervision is provided by state probation and parole officers or local community corrections officers.

The drug treatment court dockets receiving state grant funds establish a Memorandum of Agreement (MOA) with their local CSB for needed treatment services and the Department of Corrections, or local Community Corrections, for needed supervision of participants with agreed upon financial and/or professional personnel arrangements. The remaining dockets operate without state funds and draw upon local funds and in-kind services, augmented in a few situations by federal grant funds and other resources. The family drug treatment programs do not receive state funds administered by OES and the DUI drug treatment court docket programs operated by the local Alcohol Safety Action Program (ASAP) use offender fees to support their program.

All Virginia drug treatment court dockets find it challenging to secure and maintain adequate funding, especially to address issues specific to their unique participant populations. While all dockets support staff training, additional funding for topic specific training is needed: for example, training specific to using injectable naltrexone, naloxone, and other medications; relapse prevention warning signs, and cultural competency. These ongoing professional development increases staff skills and contributes to enhanced program quality.

As reported in the 2012 Virginia Drug Treatment Courts Cost Benefits Analysis, every adult participant accepted into a Virginia drug treatment court docket saves the Commonwealth \$19,234

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<sup>6</sup> <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/home.html>

<sup>7</sup> This requires tracking and accurately reporting the number of months each participant was in the program after entry into Phase 1 and whether and when a participant was convicted of a new criminal offense; this will be identified by VSP or Juvenile tracking number.

compared to traditional case processing.<sup>8</sup> These savings are due to positive drug court docket participant outcomes including fewer arrests, fewer court docket cases, less probation time, less jail time, and less prison time relative to the comparison group. Overall, the number of adult drug court docket participants served in FY 2021 saved local agencies and the Commonwealth of Virginia nearly \$4.4 million. Savings per participant multiplied by the number of successful program completions is used to calculate these savings and return on taxpayer investment.

## **FY 2021 Summary Measures**

Governor Ralph Northam's Executive Order Number Fifty-One Declaration of a State of Emergency Due to Novel Coronavirus (COVID-19) was in effect from March 12, 2020 until its amendment on July 1, 2021.<sup>9</sup> In response, drug treatment court docket programs made changes to reduce the spread of COVID-19 such as socially distanced therapy meetings, limited in-person court dockets, and less frequent drug screens, while managing reductions of in-person staff. Further, during this time, it's been reported that there were fewer random traffic stops on vehicles which may have impacted referrals to drug treatment court docket programs.

Despite COVID-19, all Virginia drug treatment court dockets continued to experience a graduation rate above the national average and provided cost-savings to local agencies and the Commonwealth of Virginia. Results of this study show that Virginia Drug Treatment Court Dockets (see Figure 1):

- Created a cost savings of nearly \$4.4 million.
- Decreased the number of active participants.
- Served participants with severe substance use needs and criminogenic risk.

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<sup>8</sup> <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/evaluationreports/virginiadtccostbenefit.pdf>

<sup>9</sup> [https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-79-and-Order-of-Public-Health-Emergency-Ten-Ending-of-Commonsense-Public-Health-Restrictions-Due-to-Novel-Coronavirus\(COVID-19\).pdf](https://www.governor.virginia.gov/media/governorvirginiagov/executive-actions/EO-79-and-Order-of-Public-Health-Emergency-Ten-Ending-of-Commonsense-Public-Health-Restrictions-Due-to-Novel-Coronavirus(COVID-19).pdf)

**Figure 1. Drug Treatment Court Docket FY 2021 Summary Measures**

### **FY 2021 Summary Measures**

- Virginia Adult Drug Court Dockets save \$19,234 per person as compared to traditional case processing. A total of 228 participants successfully completed an adult drug treatment court program.
  - FY 2021 yielded an estimated cost savings of almost \$4.4 million.
- The number of adult drug treatment court participants decreased by 15.6% from the value reported in FY 2020. Reductions may be due to COVID-19.
- Almost 90% of accepted adult participants scored as high risk/high need on the RANT®.
- High levels of sobriety were measured by drug screens negative for alcohol & drugs for adult, juvenile, and family dockets at 88.6%, 88.9%, and 88.9% respectively.
- Juvenile docket programs reported 45 active participants, a 36.7% decrease from FY 2020, while family docket programs reported 40 participants, an 11.1% decrease from FY 2020.
- A total of 523 participants departed an adult, juvenile, or family docket program, a 21.8% decrease from the 669 departures reported in FY 2020.
- The 3-year reconviction rate for those who successfully completed an adult drug treatment court program was 12.1%.

### **FY 2021 Activity Summary**

*Active Participants:* The number of active participants reported for each drug treatment court docket model decreased from the values reported in FY 2020. Adult programs reported 1,424 active participants in FY 2021, a 15.6% decrease from the 1,689 reported in FY 2020. Juvenile drug treatment court docket programs reported 45 active participants, a 36.7% decrease from the 71 reported in FY 2020, while family drug treatment court docket programs reported 40 participants, an 11.1% decrease from the 45 reported in FY 2020.

*Graduates:* A total of 523 participants exited an adult, family, or juvenile drug treatment court docket. Of the 523 departures, 255 successfully completed a program for an overall graduation rate of 48.8%.

*Terminations:* There were 268 participants terminated from an adult, family, or juvenile drug treatment court docket during FY 2020 which resulted in a 51.2 % overall termination rate.

*Referrals:* The adult drug treatment court dockets had 1,049 referrals, which was a 19.0% decrease from the 1,295 referrals reported in FY 2020. Thirty-five referrals were made to juvenile drug treatment court dockets, while 19 were made to family drug treatment court dockets.

*New Admissions:* Of the 1,049 referrals made to the adult drug treatment court docket programs, 489 referrals were accepted, resulting in a 46.6% acceptance rate. Twenty of the 35 referrals to the juvenile drug treatment court docket were accepted, resulting in an acceptance rate of 57.1%, while all referrals to a family drug treatment court docket were accepted.

## **DRUG TREATMENT COURT DOCKETS IN VIRGINIA**

### **Introduction**

The General Assembly enacted the Virginia Drug Treatment Court Act (Virginia Code §18.2-254.1) in 2004. Pursuant to the Act, the Supreme Court of Virginia provides administrative oversight to all drug treatment courts, and the State Drug Treatment Court Advisory Committee, chaired by the Chief Justice, was established. The Advisory Committee provides guidance on the implementation and operation of local drug treatment courts and is authorized to approve new applications for drug treatment court dockets.

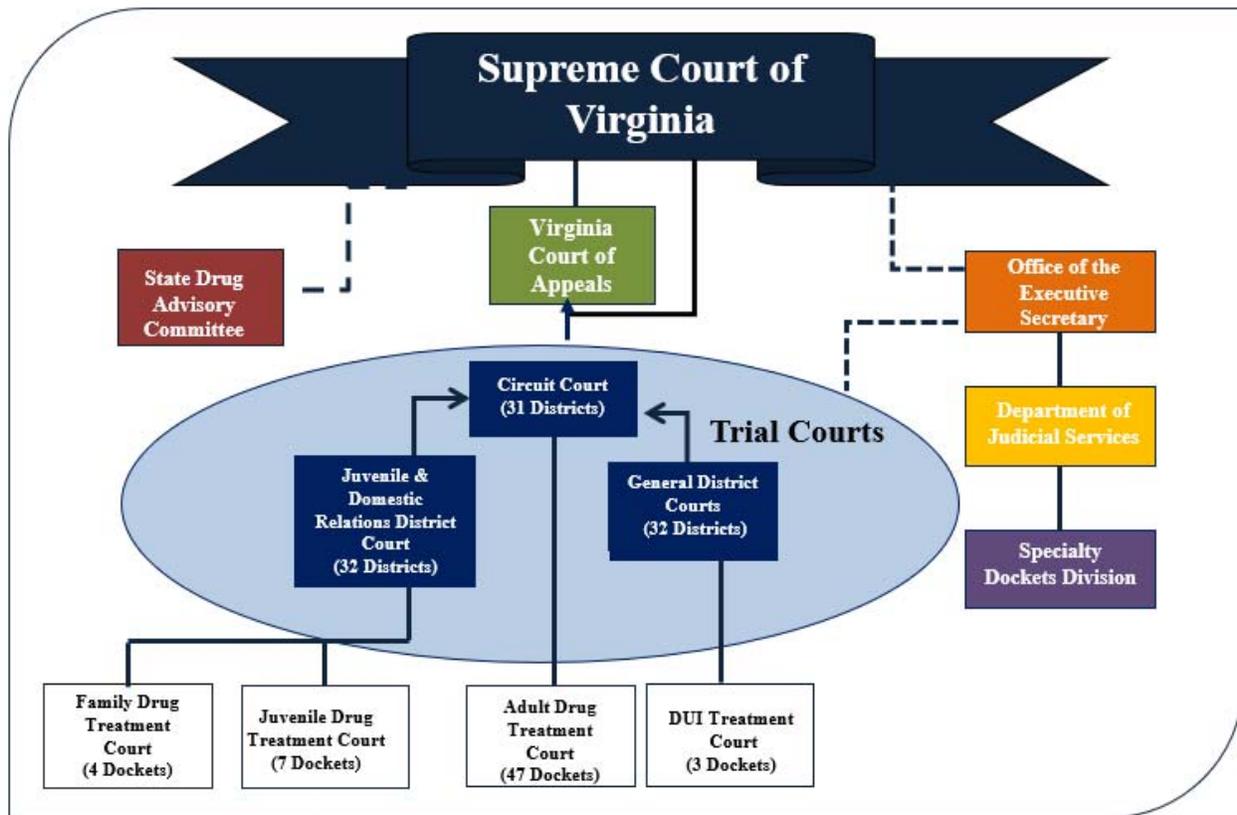
Drug treatment court dockets are specialized dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision of individuals with substance use disorders in drug cases and drug-related cases. Local officials must complete an application and training prior to establishing a drug treatment court docket in Virginia. Once implemented, drug treatment court dockets become an integral part of the court and community response to substance use disorder and misuse. As the number of docket programs grows and the number of Virginians served increases, the Commonwealth continues to experience savings compared to traditional case processing. Using evidence-based practices and collaboration, Virginia's drug treatment court dockets continue to see improved outcomes for adult offenders, DUI offenders, juvenile delinquents and parent respondents in abuse, neglect, and dependency cases.

Data are provided for adult drug treatment court docket models, with program descriptions provided separately for adult, juvenile, and family drug treatment court dockets. The report is based on data from the drug court database developed and maintained by OES as well as arrest data from the VSP. DUI drug treatment court data is unavailable for inclusion in the FY 2021 Annual Report. Analyses provided in this report were based on data entered for participants in Virginia's drug treatment court dockets who entered a program after July 1, 2013, and either graduated or terminated from a program between July 1, 2020, and June 30, 2021. Statistical information is also provided for participants who remain active.

### **Drug Treatment Court Dockets Approved to Operate**

Adult drug treatment court dockets operate in circuit courts, DUI drug treatment court dockets operate in general district courts, and both juvenile and family drug treatment court dockets operate in the juvenile and domestic relations district courts as described below (see Figures 2 and 3). Family drug treatment court dockets are distinct from other treatment dockets because they involve civil (not criminal) cases and are referred from petitions filed by local Departments of Social Services.

**Figure 2:** Drug Treatment Court Dockets within the Virginia Judicial System



**Figure 3.** Types of Drug Treatment Court Dockets in Virginia

- **Adult** drug treatment court dockets in circuit courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.
- **Juvenile** drug treatment court dockets in juvenile and domestic relations district courts monitor adjudicated delinquents on supervised probation.
- **DUI** drug treatment court dockets in general district courts monitor (post-conviction) sentenced DUI offenders through the local Alcohol Safety Action Program.
- **Family** drug treatment court dockets in juvenile and domestic relations district courts aid in equipping parents to promote long-term stabilized recovery and enhancing the possibility of reuniting families within mandatory legal timeframes for child dependency cases.
-

The first Virginia drug treatment court docket was established in 1995 through the Circuit Court for the 23<sup>rd</sup> Judicial Circuit, including Cities of Roanoke and Salem and Roanoke County. Currently, there are forty-seven (47) Adult Drug Treatment Court Dockets, seven (7) Juvenile Drug Treatment Court Dockets, three (3) DUI Drug Court Dockets, and four (4) Family Drug Treatment Court Dockets in Virginia.

## Administration of Drug Treatment Court Dockets in Virginia

The state Drug Treatment Court Advisory Committee, established pursuant to statute, makes recommendations to the Chief Justice regarding approval and funding for drug treatment court dockets, as well as best practices based on research and minimum standards for program operations. It also evaluates all proposals for the establishment of new drug court dockets and makes recommendations to the Chief Justice. OES staff along with the Drug Treatment Court Advisory Committee/Evaluation Committee prepared this report. See Figure 4 for a map of Virginia's drug treatment court dockets. See Table 1 for a list of Virginia's drug treatment court dockets.

**Figure 4.** Virginia Drug Treatment Court Dockets Map



-  Adult Drug Treatment Court
-  Juvenile Drug Treatment Court
-  DUI Drug Treatment Court
-  Family Drug Treatment Court

**Table 1.** List of Approved Drug Treatment Court Dockets in Virginia

<b>Adult Drug Treatment Courts</b>		
Albemarle/Charlottesville	Lynchburg	<i>n</i> = 47
Alexandria	Montgomery County	
Alleghany County	Newport News	
Arlington County	Norfolk	
Botetourt & Craig Counties	Northern Neck/Essex	
Bristol	Northwestern Regional (Winchester area)	
Buchanan County	Orange & Madison Counties*	
Chesapeake	Portsmouth	
Chesterfield/Colonial Heights	Pulaski County	
Culpeper	Radford*	
Danville*	Rappahannock Regional	
Dickenson County	Richmond City	
Fairfax	Russell County	
Fifth Judicial Circuit (Suffolk)*	Smyth County	
Floyd County	Staunton, Augusta County, and Waynesboro	
Fluvanna County	Tazewell County	
Giles County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)	
Halifax County	Twenty-First Judicial Circuit (Martinsville, Patrick, & Henry Counties) *	
Hampton	Twenty-Third Judicial Circuit (Roanoke County, Roanoke City, Salem City)	
Hanover County*	Twin Counties and Galax	
Harrisonburg/Rockingham County	Virginia Beach Circuit	
Henrico County	Washington County	
Hopewell/Prince George County	Wythe County	
Loudoun County		
<i>* Non-operational Adult Drug Treatment Courts</i>		
<b>Juvenile Drug Treatment Courts</b>		
Chesterfield/Colonial Heights*	Newport News	<i>n</i> = 7
Franklin County	Rappahannock Regional	
Hanover County	Thirtieth District (Lee, Scott & Wise Counties)	
Henrico County		
<i>* Non-operational Juvenile Drug Treatment Courts</i>		
<b>DUI Drug Treatment Court</b>		
Fredericksburg Area*	Waynesboro Area	<i>n</i> = 3
Harrisonburg/Rockingham*		
<i>* Non-operational DUI Drug Treatment Courts</i>		
<b>Family Drug Treatment Courts</b>		
Albemarle/Charlottesville	Giles	<i>n</i> = 4
Bedford	Goochland	

## ADULT DRUG TREATMENT COURT DOCKETS

Adult drug treatment court dockets are an alternative to incarceration for non-violent offenders who have also been identified as being alcohol/drug dependent. Instead of incarcerating offenders, the drug treatment court docket offers a voluntary, therapeutic program designed to break the cycle of addiction and criminal behavior. The drug treatment court docket provides an opportunity for early, continuous, intense judicial supervision, treatment, mandatory periodic drug testing, community supervision and use of appropriate sanctions and other rehabilitation services. Drug treatment court dockets reflect a high degree of collaboration between judicial, criminal justice, and treatment systems.

Drug treatment court dockets are a highly specialized team process that functions within the existing judicial system structure to address nonviolent drug and drug-related cases. They are unique in the criminal justice setting because they build a close collaborative relationship between criminal justice and drug treatment professionals. Adult drug treatment court dockets employ a program designed to reduce drug use relapse and criminal recidivism among defendants and offenders through a treatment needs assessment, judicial interaction, monitoring and supervision, graduated sanctions and incentives, treatment, and various rehabilitation services. Within a cooperative courtroom atmosphere, the judge heads a team of drug court staff, including a coordinator, attorneys, probation officers, and substance use treatment counselors all working in concert to support and monitor drug testing and court appearances. Depending upon the program, adult dockets may regularly involve law enforcement and/or jail staff. A variety of local, state, and federal stakeholders may provide support to programs in addition to that provided by OES (See Appendix B).

The drug treatment court docket process begins with a legal review of the offender's current and prior offenses and a clinical assessment of his or her substance use history. Offenders who meet eligibility criteria and are found to be drug and/or alcohol dependent may volunteer to be placed in the drug treatment court docket program and referred to a variety of ancillary service providers. A unique element of the drug treatment court docket program is that the participants must appear in court regularly, even weekly, and report to the drug treatment court docket judge on their compliance with program requirements. The intervention of the judge in participants' lives is a major factor in the success of drug treatment court dockets. Criminal justice supervision and sanctions do not reduce recidivism among substance-involved offenders without involvement in treatment. Substance use and criminal behavior is most likely to change when both incentives and sanctions are applied in a certain, swift, and fair manner. Long-term changes in behavior are most strongly influenced by use of incentives. Contingency management approaches that provide systematic incentives for achieving treatment goals have been shown to reduce recidivism and substance abuse.<sup>10</sup>

Because of this multifaceted approach to crime and addiction, participants in drug treatment court docket programs have a lower recidivism rate than drug offenders who are incarcerated in state prisons. This success rate is due in large measure to the fact that drug treatment court docket partnerships develop comprehensive and tightly structured regimens of treatment and recovery services. The primary difference between drug treatment court dockets and traditional case processing is the continued oversight and involvement of the judge in the monitoring process. By closely monitoring

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<sup>10</sup> Prendegast, M.L. (2009). Interventions to promote successful re-entry among drug-abusing parolees. *Addiction Science and Clinical Practice* (April), 4-13.

participants, the court actively supports the recovery process and reacts swiftly to impose appropriate therapeutic sanctions or to reinstate criminal proceedings when participants cannot comply with the program. Together, the judge, prosecutor, defense attorney, probation officers, and treatment professionals maintain a critical balance of authority, supervision, accountability, support, and encouragement.

## **Virginia Adult Drug Treatment Court Dockets Cost Benefit Analysis**

In July 2011, the Office of the Executive Secretary contracted with the National Center for State Courts (NCSC) to complete a cost-benefit analysis of Virginia's adult drug treatment court dockets. The cost-benefit analysis report included twelve out of the sixteen adult drug treatment court dockets operating at the time in Virginia. Four adult drug treatment court dockets were not selected for inclusion in the study due to limited data availability.

The critical finding in the impact evaluation was that drug treatment court docket participants in the sample were significantly less likely to recidivate than the carefully matched traditional comparison group and that this reduction in recidivism had a robust and sustained effect. The cost model designed to determine the average cost of a drug treatment court docket in Virginia was based on six basic transactions: screening and assessment for drug court placement; drug court staffing and court sessions; treatment; drug testing; drug court supervision; and drug court fees collected. The cost model determined that the average cost of a drug court participant to Virginia taxpayers is slightly less than \$18,000 from the time of acceptance to the time of completion, which is typically longer than one year. Treatment transactions account for 76% of the costs.

The costs and benefits of drug treatment court docket participation were calculated and compared to the costs of processing a case through the traditional approach. The cost and benefit domains investigated include:

- Placement costs, including all costs of involvement in the criminal justice system from arrest, to either drug treatment court docket entry or sentencing for the comparison group;
- Drug treatment court docket costs as determined above, \$17,900.82;
- Outcome costs, including all costs of involvement in the criminal justice system for a new offense, beginning either from drug treatment court docket entry (less the actual cost of drug treatment court docket) or sentences for the comparison group;
- Victimization costs resulting from recidivism for both property offenses and violent offenses.

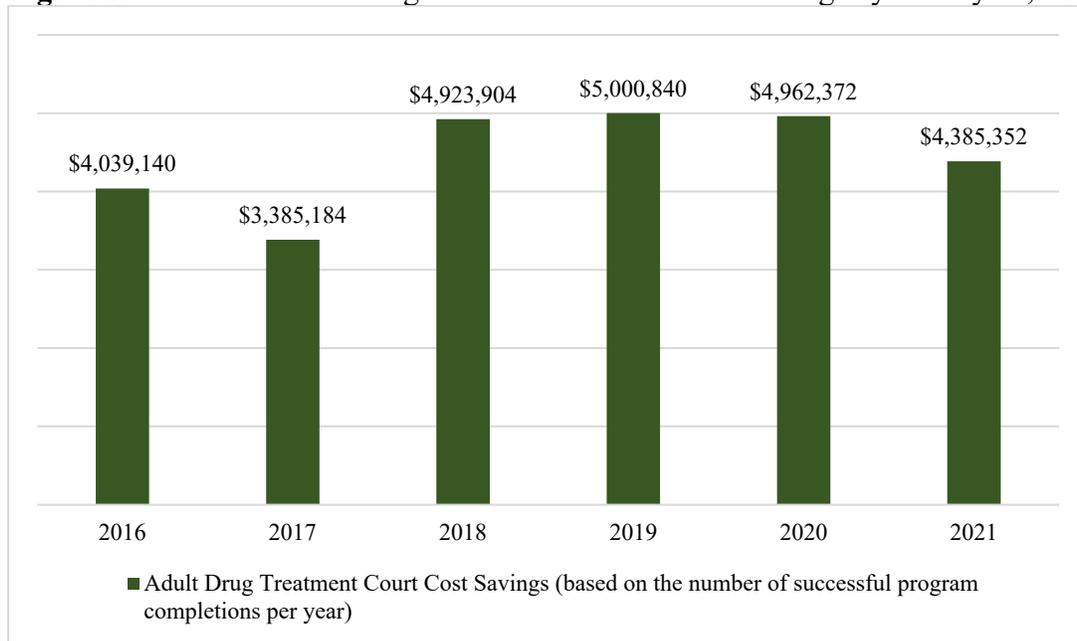
These lower costs within the criminal justice system, including lower placement costs and reduced victimization costs, result in average savings of \$19,234 per drug court departure, relative to the costs of traditional processing (see Table 2).<sup>11</sup>

**Table 2.** Costs of Drug Court Compared to Traditional Costs

	<b>Drug Court</b>	<b>Traditional</b>	<b>Total</b>
Placement	\$1,441.76	\$4,651.21	(\$3,209.45)
Drug Court	\$17,900.82	\$0.00	\$17,900.82
Outcome	\$10,913.55	\$36,753.96	(\$25,840.41)
Victimization	\$14,583.73	\$22,668.44	(\$8,084.71)
<b>Total</b>	<b>\$44,839.86</b>	<b>\$64,073.61</b>	<b>(\$19,233.75)</b>

Increasing the number of drug treatment court dockets and the number of participants completing these programs increases the estimated savings generated to the Commonwealth compared to treating these offenders via traditional case processing (see Figure 5).

**Figure 5.** Estimated Adult Drug Treatment Court Docket Savings by fiscal year, 2014-2021



### Risk and Needs Triage (RANT®)

A critical task facing most jurisdictions is to develop a rapid, reliable, and efficient system to assess drug-involved offenders and direct them into the most effective programs without increasing costs unnecessarily. This requires simultaneous attention to offenders’ criminogenic risks and clinical needs.

<sup>11</sup> <http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/evaluationreports/virginiadtccostbenefit.pdf>

**Criminogenic risks** are those offender characteristics that make them less likely to succeed in traditional forms of rehabilitation and thus more likely to return to drinking, drug-taking, or crime. In this context, the term risk does not relate to a risk for violence or danger to the community. Examples of such high-risk factors include, but are not limited to, an earlier onset of substance use or crime, recurring criminal activity, and previously unsuccessful attempts at rehabilitation.

**Clinical needs** are those areas of psychosocial dysfunction that if effectively addressed can substantially reduce the likelihood of return to substance use, crime, and other misconduct. Examples of high needs factors include, but are not limited to, addiction to drugs or alcohol, psychiatric symptoms, chronic medical conditions, and illiteracy. Importantly, this does not imply that high risk or high needs individuals should be denied opportunities to participate in rehabilitation or diversionary programs. Rather, more intensive, and better skilled community-based programming is required to improve outcomes for such individuals.

The Risk and Needs Triage (RANT®) is a simple but compelling tool for sentencing and dispositions. It is a highly secure web-based decision support tool designed for criminal justice professionals and offers instant, individual participant-level reporting. In 2014, federal grant funds allowed the OES to purchase the intellectual property to add RANT® to the drug court database, thus allowing adult drug treatment court docket staff to use RANT® for each referral to determine the high risk and high needs candidates for acceptance.

All Virginia adult drug treatment court dockets are now required to complete the RANT® questionnaire in the drug court database prior to accepting the candidate. Treatment court dockets can better allocate resources to those who will most benefit from varying types and intensities of intervention, if participants are matched to services based on their risks and needs. Research has demonstrated the importance of matching the risk and need levels of drug-involved offenders to appropriate levels of judicial supervision and treatment services.

The RANT® score assigns offenders to one of four quadrants with two scales, one of risk and one of need, based upon their RANT® score. Using a 2-by-2 matrix (see Table 3), offenders are simultaneously matched on risk and need to one of four quadrants having direct implications for selecting suitable correctional dispositions and behavioral care treatment. Provided in each of the four quadrants below, in italics, are some examples of practice implications and indicated interventions for selecting suitable correctional dispositions and behavioral care treatment for individuals:

**Table 3. RANT® Practice Implication or Alternative Tracks**

	<b>High Risk</b>	<b>Low Risk</b>
<b>High Needs (dependent)</b>	• Status calendar	• Noncompliance calendar
	• Treatment	• Treatment (separate milieu)
	• Prosocial & adaptive habilitation	• Adaptive habilitation
	• Abstinence is distal	• Positive reinforcement
	• Positive reinforcement	• Self-help/alumni groups
	• Self-help/alumni groups	• ~12-18 months
	• ~18-24 months	
	<i>Drug Court Track</i>	<i>Treatment Track</i>
<b>Low Needs (abuse)</b>	• Status calendar	• Noncompliance calendar
	• Prosocial habilitation	• Psycho-education
	• Abstinence is proximal	• Abstinence is proximal
	• Negative reinforcement	• Individualized/stratified groups
	• ~12-18 months	• Self-help/alumni groups
		• ~3-6 months
	<i>Supervision Track</i>	<i>Diversion Track</i>

Note. Table 3 was reprinted from the 2020 Annual Report.

Based on available data, the RANT® trends for adult drug treatment court dockets fall in line with best practices, with many participants falling into the high risk/high needs categories (89.9%) (see Table 4). The RANT® distributions by gender and race are comparable to the demographic distributions of Virginia drug treatment court dockets, with a greater percent of white males in each category (see Tables 4 and 5)<sup>12</sup>.

**Table 4. Adult Drug Treatment Court Docket RANT® Distributions, FY 2021**

	<b>RANT®</b>	<b>High Risk</b>	<b>Low Risk</b>
<b>High Need</b>	Total %	89.9%	4.1%
	Count	(n = 1280)	(n = 58)
<b>Low Need</b>	Total %	4.4%	1.6%
	Count	(n = 63)	(n = 23)

Note. Table 4 depicts the RANT® distribution for all active adult drug treatment court docket participants for whom data are available during FY 2020.

<sup>12</sup> <https://rga.lis.virginia.gov/Published/2020/RD591/PDF>

**Table 5.** Adult Drug Treatment Court Docket RANT® Distributions by Race and Gender, FY 2021

	High Risk/High Need	High Risk/Low Need	Low Risk/ High Need	Low Risk/Low Need
<b>Race</b>				
<b>American Indian or Alaska Native</b>	0.2% (n = 2)	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)
<b>Asian</b>	0.5% (n = 6)	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)
<b>Black, African American</b>	25.4% (n = 324)	39.7% (n = 27)	13.8% (n = 8)	17.4% (n = 4)
<b>Native Hawaiian or Other Pacific Islander</b>	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)	0.0% (n = 0)
<b>White</b>	70.7% (n = 901)	58.8% (n = 40)	81.0% (n = 47)	78.3% (n = 18)
<b>Other</b>	1.6% (n = 21)	0.0% (n = 0)	3.4% (n = 2)	0.0% (n = 0)
<b>No Data</b>	1.6% (n = 21)	1.5% (n = 1)	1.7% (n = 1)	4.3% (n = 1)
<b>Total</b>	100.0% (n = 1275)	100.0% (n = 68)	100.0% (n = 58)	100.0% (n = 23)
<b>Gender</b>				
<b>Female</b>	41.6% (n = 533)	25.4% (n = 16)	37.9% (n = 22)	30.4% (n = 7)
<b>Male</b>	58.0% (n = 742)	74.6% (n = 47)	60.3% (n = 35)	69.6% (n = 16)
<b>No Data</b>	0.4% (n = 5)	0.0% (n = 0)	1.7% (n = 1)	0.0% (n = 0)
<b>Total</b>	100.0% (n = 1280)	100.0% (n = 63)	100.0% (n = 58)	100.0% (n = 23)

*Note.* Table 5 depicts the RANT® distribution for all active adult drug treatment court docket participants for whom data are available during FY 2021.

### Adult Drug Treatment Court Dockets Approved

Of the 47 approved drug treatment court dockets, data from 41 dockets are included in the FY 2021



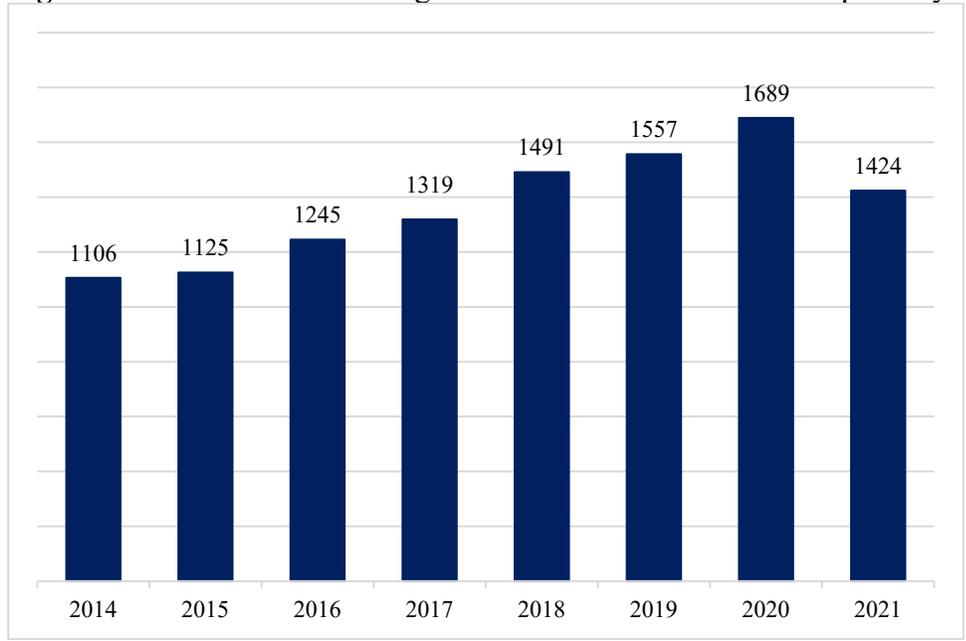
**Table 6. Approved Adult Drug Treatment Court Dockets in Virginia, FY 2021**

Adult Drug Treatment Courts		
Albemarle/Charlottesville	Lynchburg	<i>n = 47</i>
Alexandria	Montgomery County	
Alleghany County	Newport News	
Arlington County	Norfolk	
Botetourt & Craig Counties	Northern Neck/Essex	
Bristol	Northwestern Regional (Winchester area)	
Buchanan County	Orange & Madison Counties*	
Chesapeake	Portsmouth	
Chesterfield/Colonial Heights	Pulaski County	
Culpeper	Radford*	
Danville*	Rappahannock Regional	
Dickenson County	Richmond City	
Fairfax	Russell County	
Fifth Judicial Circuit (Suffolk)*	Smyth County	
Floyd County	Staunton, Augusta County, and Waynesboro	
Fluvanna County	Tazewell County	
Giles County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)	
Halifax County	Twenty-First Judicial Circuit (Martinsville and Patrick and Henry Counties) *	
Hampton	Twenty-Third Judicial Circuit (Roanoke County, Roanoke City, Salem City)	
Hanover County*	Twin Counties and Galax	
Harrisonburg/Rockingham County	Virginia Beach Circuit	
Henrico County	Washington County	
Hopewell/Prince George County	Wythe County	
Loudoun County		

\* *Non-operational Adult Drug Treatment Courts*

As displayed in Figure 7 below, the number of adult drug treatment court docket participants followed a general trend upward until FY 2021, when there was a 15.7% decrease from the number of active cases reported in FY 2020 with adult drug treatment court docket programs reporting 1,424 active participants.<sup>13</sup>

**Figure 7.** Number of Adult Drug Treatment Court Docket Participants by fiscal year, 2014-2021



**Summary of Adult Drug Treatment Court Docket Activity**

The number of referrals, accepted participants, active participants, and program exits decreased from the counts reported in FY 2020.

Of the 1,424 active adult drug treatment court docket participants in FY 2021, the majority were White (70.6%), male (59.0%), single (48.6%), and unemployed (51.4%) (see Tables 7 and 8).<sup>7</sup>

*Referrals:* Programs reported a total of 1,049 referrals in FY 2021, a 19.0% decrease from the 1,295 reported in FY 2020.

*Admissions:* Of the 1,049 referrals reported, 489 were accepted into an adult drug treatment court docket, resulting in a 46.6 % acceptance rate.

*Participants:* Programs reported 1,424 active participation in FY 2021, a 15.7% decrease from the 1,689 reported for FY 2020.

*Gender:* Most participants self-identified as male (840 or 59.0%); 578 (40.6%) identified as female.

<sup>13</sup> Governor Ralph Northam signed Executive Order Number Fifty-One Declaration of a State of Emergency Due to Novel Coronavirus (COVID-19) on March 12, 2020. The Executive Order remained in full effect until the issuance of Executive Order Seventy-Nine (2021), which lifted public health restrictions due to COVID-19 on May 28, 2021.

Six participants did not provide a response.

*Race:* Most participants self-identified as White (1,006 or 70.6%), and 363 self-identified as Black, African American (25.5%). Those who self-identified as American Indian or Alaskan Native, Asian, or Other comprised 2.2% of the active participants.

*Age:* Most active participants were 19-29 years old and 30-39 years old at the time of referral (29.8% and 39.5% respectively). This is similar to the age distribution reported in FY 2020.

*Marital Status:* Among the active participants, 732 (51.4%) were single, while 136 (9.6%) were married at the time of referral. Ten percent reported they were divorced. Eleven percent reported being separated, widowed, or cohabitating.

*Employment:* Most participants were unemployed at the time of referral (701 or 49.2%), while 286 (20.1%) were employed full-time, and 131 (9.2%) were employed part-time. A slight number of participants (65 or 4.6%) were unemployed due to disability.

*Education:* Of the 1,424 active participants, 216 (15.2%) reported having less than a high school diploma or equivalent at the time of referral, while 673 (47.3%) reported having a high school diploma or equivalent. Additionally, 213 (15.0%) reported completing at least some college or vocational training, while less than two percent reported obtaining at least a bachelor's degree.

**Table 7. Demographics of Adult Drug Treatment Court Docket Participants, FY 2021**

<b>Gender</b>		
	<b>Count</b>	<b>Percent</b>
<b>Female</b>	578	40.6%
<b>Male</b>	840	59.0%
<b>No Data</b>	6	0.4%
<b>Total</b>	<i>1424</i>	<i>100.0%</i>
<b>Race</b>		
	<b>Count</b>	<b>Percent</b>
<b>American Indian or Alaska Native</b>	2	0.1%
<b>Asian</b>	6	0.4%
<b>Black, African American</b>	363	25.5%
<b>Native Hawaiian or Other Pacific Islander</b>	0	0.0%
<b>White</b>	1006	70.6%
<b>Other</b>	23	1.6%
<b>No Data</b>	24	1.7%
<b>Total</b>	<i>1424</i>	<i>100.0%</i>
<b>Ethnicity</b>		
	<b>Count</b>	<b>Percent</b>
<b>Hispanic</b>	1	0.1%
<b>Non-Hispanic</b>	1423	99.9%
<b>Total</b>	<i>1424</i>	<i>100.0%</i>
<b>Age</b>		
	<b>Count</b>	<b>Percent</b>
<b>18-29 years old</b>	424	29.8%
<b>30-39 years old</b>	562	39.5%
<b>40-49 years old</b>	265	18.6%
<b>50-59 years old</b>	140	9.8%
<b>60 years and older</b>	33	2.3%
<b>Total</b>	<i>1424</i>	<i>100.0%</i>

*Note:* Data reflect demographic status at the time of referral to an adult drug treatment court docket program. All demographic data are self-reported.

**Table 8.** Social Characteristics of Adult Drug Treatment Court Docket Participants, FY 2021

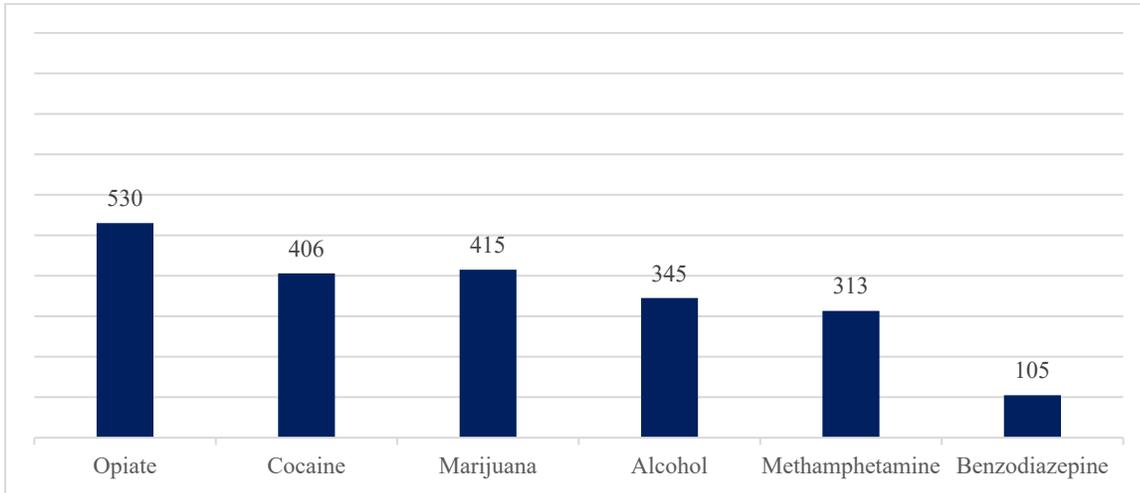
<b>Marital Status</b>		
	<b>Count</b>	<b>Percent</b>
<b>Divorced</b>	143	10.0%
<b>Married</b>	136	9.6%
<b>Single</b>	732	51.4%
<b>Separated</b>	101	7.1%
<b>Widowed</b>	15	1.1%
<b>Other</b>	40	2.8%
<b>No Data</b>	257	18.0%
<b>Total</b>	1424	100.0%
<b>Employment</b>		
	<b>Count</b>	<b>Percent</b>
<b>Disabled</b>	65	4.6%
<b>Full-Time</b>	286	20.1%
<b>Part-Time (<i>less than 32 hours, per week</i>)</b>	131	9.2%
<b>Unemployed</b>	701	49.2%
<b>No Data</b>	241	16.9%
<b>Total</b>	<i>1424</i>	<i>100.0%</i>
<b>Educational Attainment</b>		
	<b>Count</b>	<b>Percent</b>
<b>Less than high school diploma or equivalent</b>	216	15.2%
<b>High school diploma or equivalent</b>	673	47.3%
<b>Some College or Vocational Training</b>	213	15.0%
<b>Bachelors</b>	18	1.3%
<b>Post-Bachelors</b>	4	0.3%
<b>No Data</b>	300	21.1%
<b>Total</b>	<i>1424</i>	<i>100.0%</i>

*Note:* Data reflect social characteristics at the time of referral to an adult drug treatment court docket program. All data are self-reported.

## Drug History and Drug Screens

*Drug History:* When referred to a drug treatment court docket, participants are asked to disclose previously used drugs. Participants may have used multiple drugs. The data confirm that participants used a variety of drugs prior to referral (see Figure 8). The most frequently reported drugs used were opiates (530 participants), cocaine (406 participants), and marijuana (415 participants).

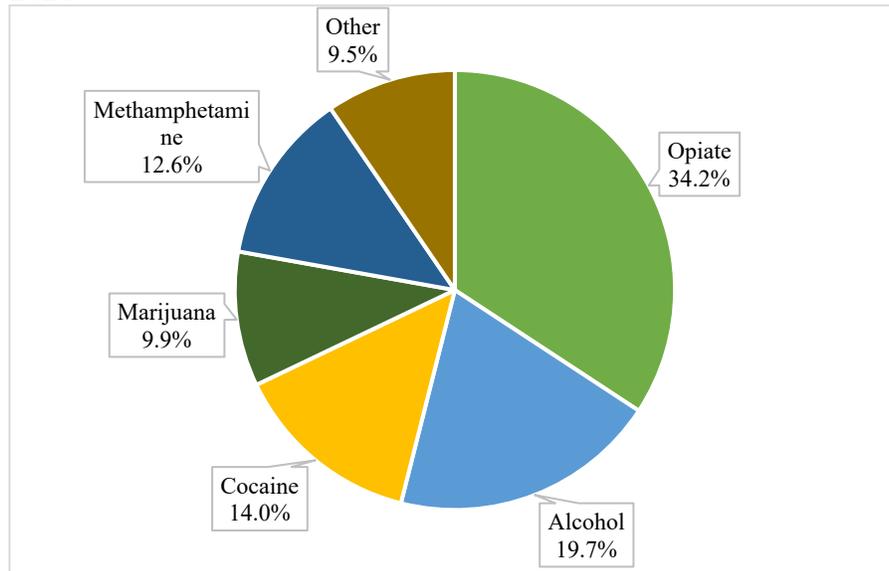
**Figure 8.** Drugs Most Frequently Used by Adult Drug Treatment Court Docket Participants, FY 2021



*Note:* Figure 8 should be interpreted with caution. Data are based on self-reported drug use. Participants may report using more than one drug or may choose to not disclose previous drug use.

*Primary Drug of Choice:* At the time of referral, drug treatment court docket participants are also asked to identify their primary drug of choice. As demonstrated by the chart below (Figure 9), the primary drug of choice for adult drug treatment court docket participants active in FY 2021 was opiates (34.2%) with alcohol (19.7%) coming in second. The results were similar to those reported in FY 2020.

**Figure 9.** Primary Drug of Choice among Adult Drug Treatment Court Docket Participants, FY 2021



Note: Figure 9 should be interpreted with caution. Data are based on self-reported primary drug of choice.

*Program Drug Screenings:* In adult drug treatment court dockets, 37,647 drug screens were conducted for the 1,130 participants for whom data were available. This resulted in an average of 33 drug screens per participant. Of the 37,647 drug screens, 33,357 (88.6%) were negative (see Table 9).

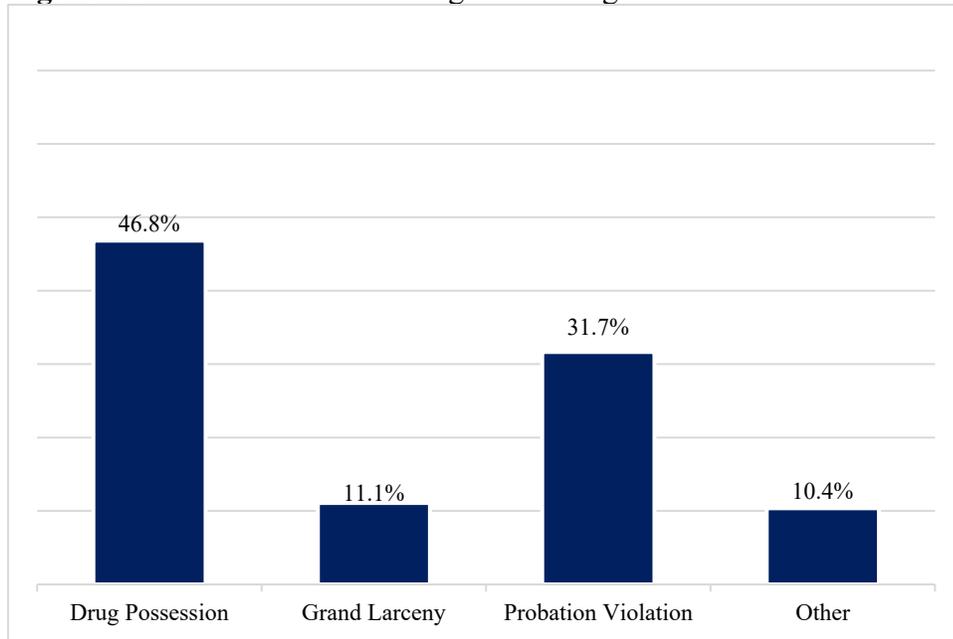
**Table 9.** Adult Drug Treatment Court Docket Drug Screens, FY 2021

	Count	Percent
<b>Total Screens</b>	37,647	
<b>Negative</b>	33,357	88.6%
<b>Positive</b>	4,290	11.4%
<b>Total Participants Tested</b>	1,130	
<b>Average Number of Screenings per Participant</b>	33	

### Instant Offenses

Analyses of types of offenses upon program entry for adult drug treatment court docket show three major areas: drug possession, probation violation, and grand larceny (see Figure 10). Approximately 46.8% of adult participants had at least one drug possession offense, while 37.1% had at least one probation violation, and 11.1% had at least one grand larceny offense at the time of referral.

**Figure 10.** Instant Offenses among Adult Drug Treatment Court Docket Participants, FY 2021



### Summary of Departures

*Graduation and Termination Rates:* Among the 1,424 active adult drug treatment court docket participants, 478 exited the program by graduation or termination/withdrawal. The graduation rate was 48.5% (232 participants), which was a seven-percentage point increase from the 41.5% reported in FY 2020. The termination rate was 51.5% (246 participants), which was a seven-percentage point decrease from the 58.5% termination rate reported in FY 2020.

*Length of Stay:* Length of stay was measured by calculating the number of days from program entry (acceptance date) to completion date (either graduation date, date of termination, or withdrawal). The mean length of stay for graduates was 696 days compared to a mean length of stay of 357 days for those who were terminated or withdrawn (see Table 10). The median length of stay for adult program graduates in FY 2021 was 644 days, compared to a median length of stay 292 for those who were terminated or withdrawn.

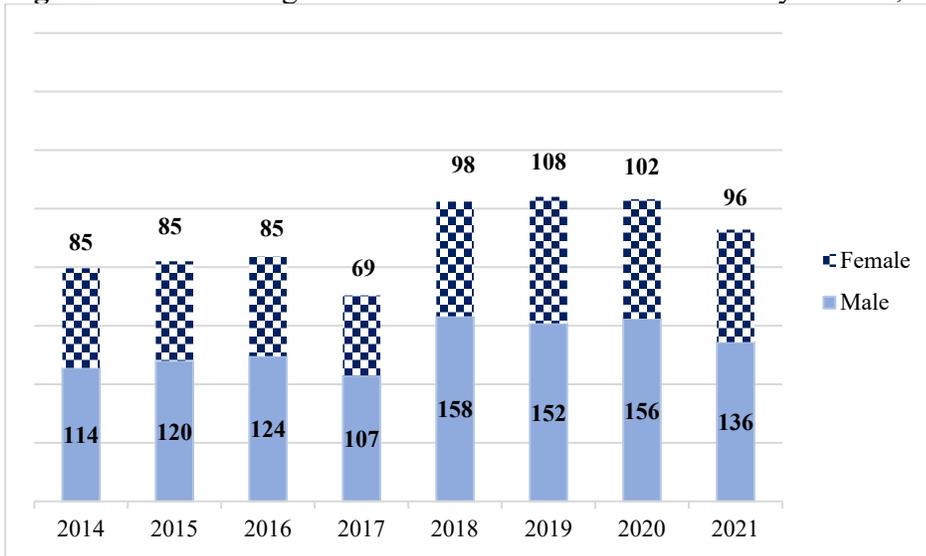
**Table 10.** Adult Drug Treatment Court Docket Length of Stay, Departures, FY 2021

Mean Length of Stay, <i>in days</i>	
Graduates	696
Unsuccessful Completions	357
Median Length of Stay, <i>in days</i>	
Graduates	644
Unsuccessful Completions	292

## Departures by Gender

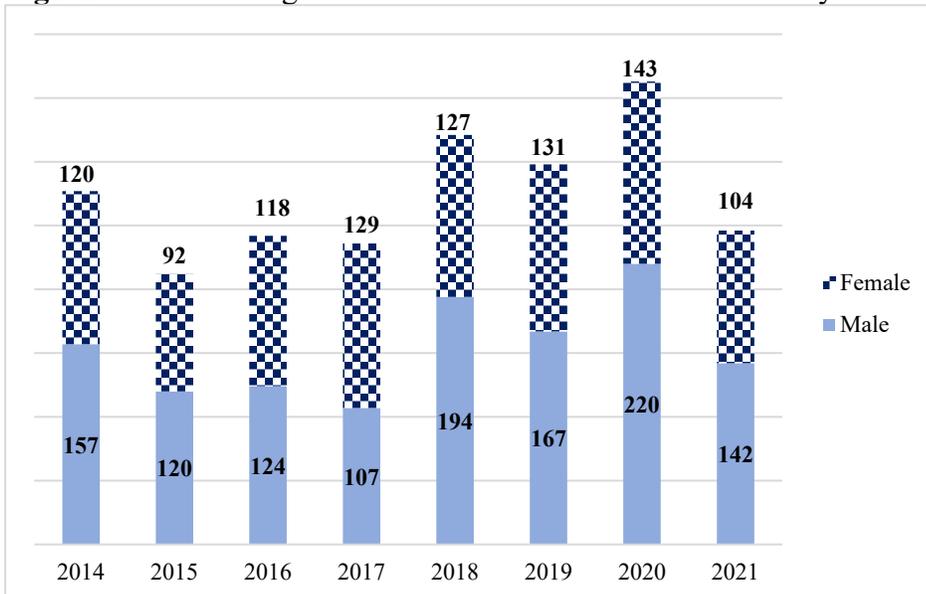
*Graduations:* Ninety-six female participants graduated in FY 2021, a nearly-six (6) percent decrease from the 102 reported in FY 2020, and 136 male participants graduated in FY 2021, a 12.8% decrease from the 156 reported in FY 2020 (see Figure 11).

**Figure 11:** Adult Drug Treatment Court Docket Graduates by Gender, FY 2014-2021



*Terminations:* Female and male terminations decreased from the counts reported in FY 2020. Specifically, 104 female participants were terminated in FY 2021, a 27.7% decrease from the 143 reported in FY 2020, and 142 male participants were terminated in FY 2021, a 35.5% decrease from the 220 reported in FY 2020 (see Figure 12).

**Figure 12:** Adult Drug Treatment Court Docket Terminations by Gender, FY 2014-2021



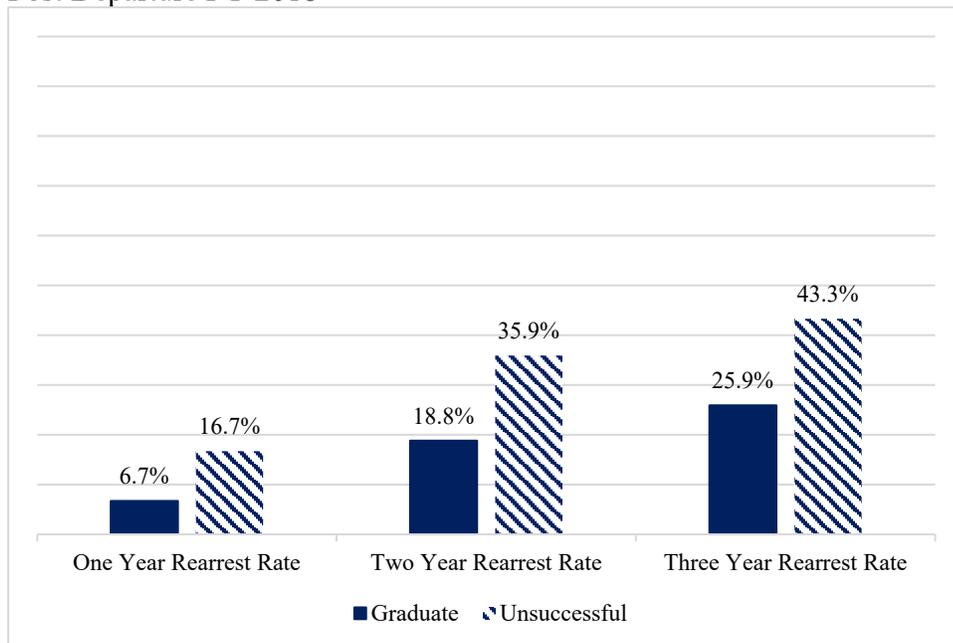
## Adult Drug Treatment Court Docket Recidivism

Criminal history records for all program departures occurring in FY 2018 were used to assess recidivism. For the purposes of this analysis, recidivism was defined as any felony or misdemeanor rearrest or reconviction denoted in the criminal record. Offenses marked as Good Behavior, Probation Violations, and Contempt of Court were excluded from the results. Per national standards, one, two, and three-year recidivism rates were calculated. The one-year recidivism rate includes participants whose first rearrest or reconviction occurred within 0-365 days of program exit. Two-year recidivism rate includes those whose first rearrest or reconviction occurred within two years of program exit (0-730 days), while the three-year recidivism rate includes those with a first rearrest or reconviction with occurred within three years of program exit (0-1,095 days). Findings between graduates and unsuccessful departures were compared to assess if there were any differences. Criminal history records were requested from VSP. Exercise caution when comparing FY 2018 recidivism rates for adult drug treatment docket exits and any recidivism provided by the Virginia Department of Corrections, as varying methodologies are used.

### FY 2018 Rearrest Rates

The overall rearrest rate for unsuccessful completion was nearly double that of graduates. (see Figure 13 and Table 11).<sup>14</sup>

**Figure 13.** Adult Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2018



<sup>14</sup> The one, two, and three-year rearrest rates are cumulative.

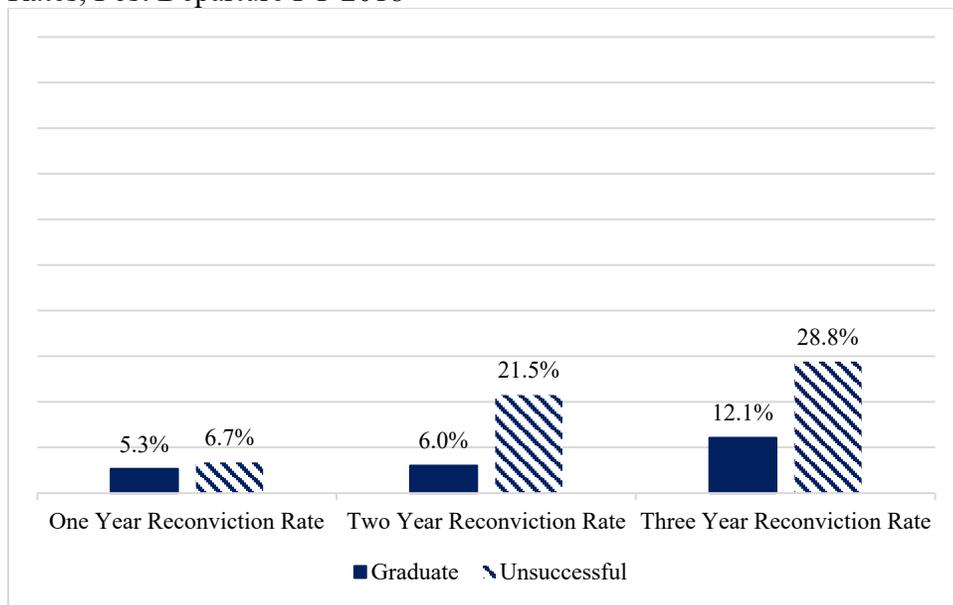
**Table 11. Adult Drug Treatment Court Graduates and Unsuccessful Completions Rearrest Rates, Post Departure FY 2018**

	<b>Graduates</b>	<b>Unsuccessful</b>	<b>Total</b>
<b>Total Departures</b>	<b>282</b>	<b>312</b>	<b>594</b>
	<b>Time Post Departure</b>		
<b>One Year Count</b>	19	52	71
One Year Rearrest Rate	6.7%	16.7%	12.0%
<b>Two Year Count</b>	53	112	165
Two Year Rearrest Rate	18.8%	35.9%	27.8%
<b>Three Year Count</b>	73	135	208
Three Year Rearrest Rate	25.9%	43.3%	35.0%

**FY 2018 Reconviction Rates**

The data follow previous annual report trends, with graduates showing a lower reconviction rate than their unsuccessful counterparts. The overall reconviction rate for unsuccessful completion was higher than that of graduates (see Table 12 and Figure 14).<sup>15</sup>

**Figure 14. Adult Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2018**



<sup>15</sup> The one, two, and three year reconviction rates are cumulative.

**Table 12.** Adult Drug Treatment Court Graduates and Unsuccessful Completions Reconviction Rates, Post Departure FY 2018

	<b>Graduates</b>	<b>Unsuccessful</b>	<b>Total</b>
<b>Total Departures</b>	<b>282</b>	<b>312</b>	<b>594</b>
	<b>Time Post Departure</b>		
<b>One Year Count</b>	15	21	36
One Year Reconviction	5.3%	6.7%	6.1%
<b>Two Year Count</b>	17	67	84
Two Year Reconviction	6.0%	21.5%	14.1%
<b>Three Year Count</b>	34	90	124
Three Year	12.1%	28.8%	20.9%

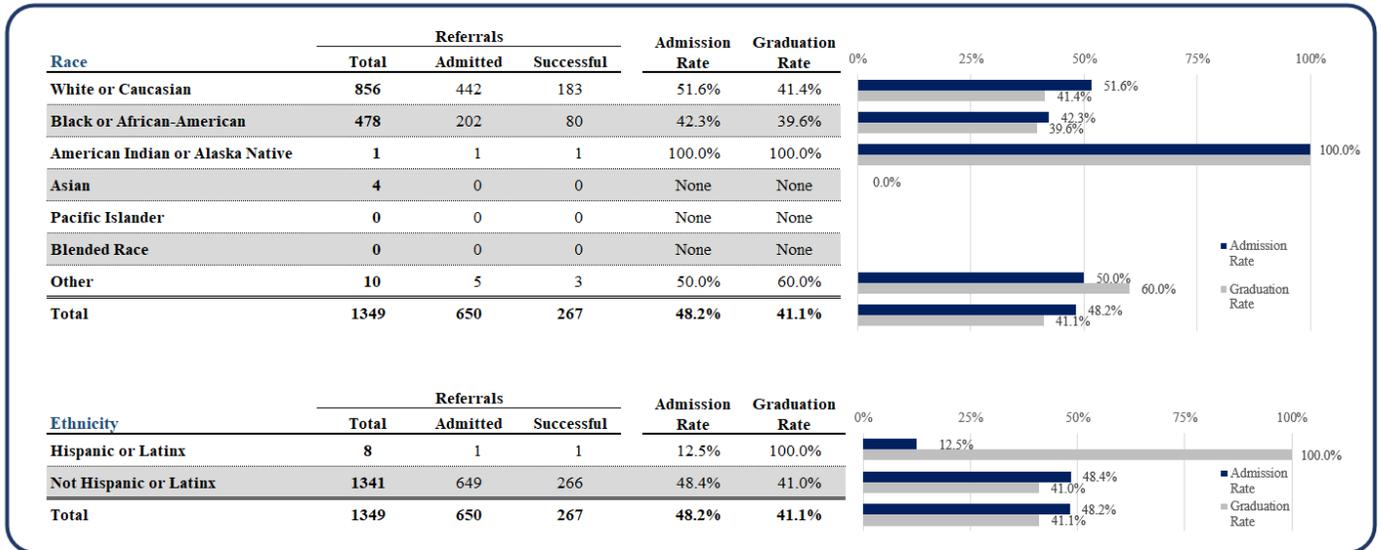
### **Adult Drug Treatment Court Equity and Inclusion**

In 2010, the Board of Directors of the National Association of Drug Court Professionals (NADCP) passed a resolution directing drug courts to examine and consistently monitor whether unfair disparities among gender, racial, and ethnic minorities exist in their programs and to take steps to actively reduce or mitigate these disparities. In keeping with this, the OES monitors the distribution of key demographics in the referral, acceptance, and successful or unsuccessful completion stages to ensure equitable access to adult drug treatment court and to ensure equivalent retention among ethnic, racial, and gender groups.

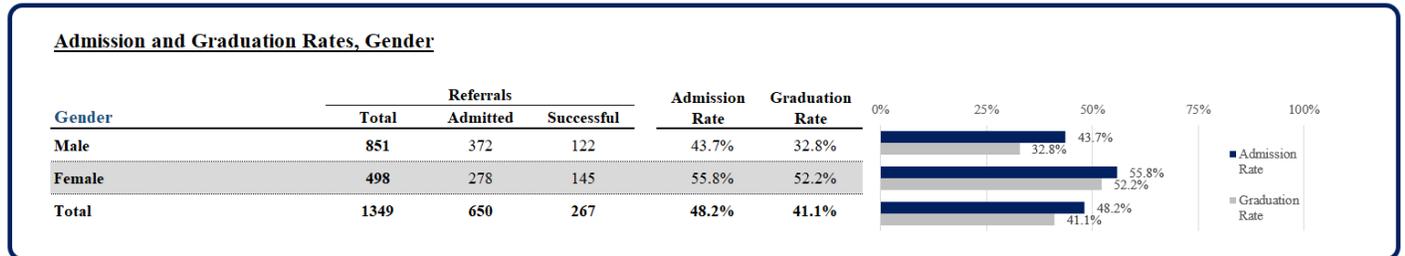
The OES’ preliminary equity and inclusion tool, which is an adaptation of the Equity and Inclusion Tool developed by NADCP and NCSC, tracks a referral cohort as its members progress through the various stages of their respective adult drug treatment court programs.<sup>16</sup> The 2018 cohort includes individuals referred to an active adult drug treatment court program during FY 2018 (July 1, 2017 – June 30, 2018). Specific attention is given to tracking the progression from referral to admission through successful or unsuccessful completion. Each member of the FY 2018 cohort was assessed for three fiscal years through June 30, 2021. The information contained in Figures 15 and 16 may be helpful in assessing fairness in the referral process and access to participation by comparing the acceptance rate among demographic groups. To examine the equivalence of retention, the figures below compare successful completion among demographic groups.

<sup>16</sup> <http://www.ndci.org/wp-content/uploads/2020/07/EIAT-guide-fnl-w-grant.pdf>

**Figure 15.** Adult Drug Treatment Court 2018 Cohort, Admission and Graduation Rates, Race and Ethnicity



**Figure 16.** Adult Drug Treatment Court 2018 Cohort, Admission and Graduation Rates, Gender



## State of Emergency Declarations and Quarterly Comparisons of Key Measures

Governor Ralph Northam signed Executive Order Number Fifty-One Declaration of a State of Emergency Due to Novel Coronavirus (COVID-19) on March 12, 2020. Efforts were made to prepare and coordinate a response to COVID-19, a communicable disease of public health threat. The Executive Order remained in full effect until the issuance of Executive Order Seventy-Nine (2021), which lifted commonsense public health restrictions due to COVID-19 on May 28, 2021.<sup>17</sup> On July 1, 2021, the State of Emergency declared in response to COVID-19 and all Executive Orders imposing COVID-19 restrictions expired. On March 16, 2020, the Chief Justice issued a Declaration of Judicial Emergency in all district and circuit courts of the Commonwealth of Virginia, pursuant to Va. Code § 17.1-330.<sup>18</sup> The Declaration of Judicial Emergency remains in effect at the time of this report’s preparation, with the most recent extension being issued on November 18,

<sup>17</sup> [EO-79-and-Order-of-Public-Health-Emergency-Ten-Ending-of-Commonsense-Public-Health-Restrictions-Due-to-Novel-Coronavirus\(COVID-19\).pdf \(virginia.gov\)](#)

<sup>18</sup> [2020\\_0317\\_supreme\\_court\\_of\\_virginia.pdf \(vacourts.gov\)](#)

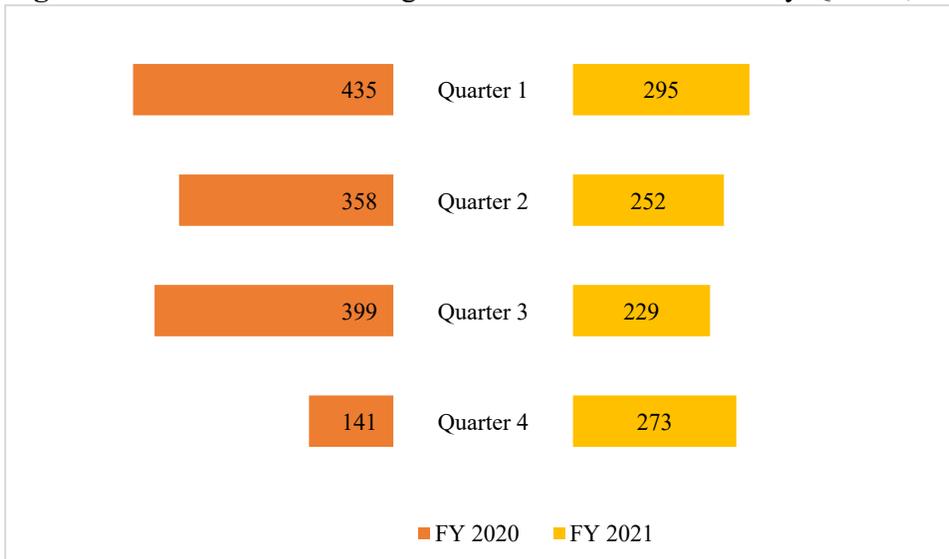
2021.<sup>19</sup>

The next three sections address quarterly comparisons of admissions and active participants, drug screening, and completion statuses for FY 2020 and FY 2021. Quarters 1 and 2 occurred prior to the emergency declarations. The Emergency Declaration was issued near the end of Quarter 3, and Quarter 4 occurred after the declarations of emergency. During each quarter of FY 2021 emergency orders were still in place. No experimental research was conducted; thus, this report makes no attempt to infer that COVID-19 caused any of the observed differences between quarters.

### Admissions and Active Participant Comparison

In FY 2021, 1,049 referrals were made to an adult drug treatment court docket program, a 31.6% decrease from the 1,533 reported in FY 2020. See Figure 17 below for a comparison of referrals by quarter. In Quarter 1 of FY 2021, there were 295 referrals made to docket programs, a 32.2% decrease from the 435 referrals reported in Quarter 1 of FY 2020. In Quarter 2 of FY 2021, there were 252 referrals made to docket programs, a 29.6% decrease from the 358 referrals reported in Quarter 2 of FY 2020. In Quarter 3 of FY 2021, there were 229 referrals made to docket programs, a 42.6% decrease from the 399 referrals reported in Quarter 3 of FY 2020. However, in Quarter 4 of FY 2021, there were 273 referrals made to docket programs, a 93.6% increase from the 141 referrals reported in FY 2020.

**Figure 17.** Count of Adult Drug Treatment Court Referrals by Quarter, FY 2020 and FY 2021

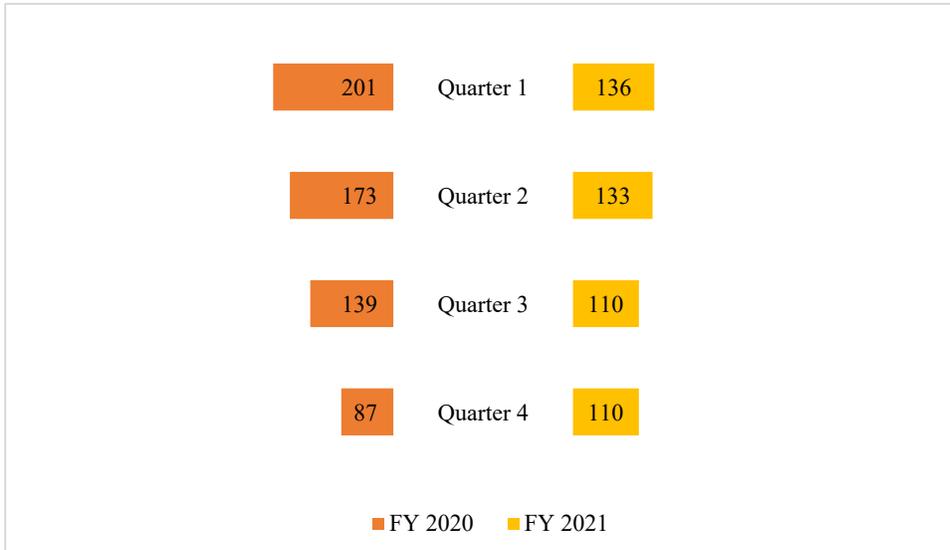


In 2021, 489 referrals were accepted into an adult drug treatment court program, an 18.5% decrease from the 600 reported in 2020. See Figure 18 below for a comparison of accepted participants by quarter. In Quarter 1 of FY 2021, 136 participants were accepted into a docket program, a 32.3% decrease from the 201 accepted in Quarter 1 of FY 2020. In Quarter 2 of FY 2021, 133 participants were accepted into a docket program, a 23.1% decrease from the 173 accepted in Quarter 2 of FY 2020. In Quarter 3 of FY 2021, 110 participants were accepted into a docket program, a 20.9% decrease from the 139 accepted in Quarter 3 of FY 2020. In Quarter 4 of FY 2021, 273 participants

<sup>19</sup> [2021\\_1118\\_scv\\_order\\_thirty\\_first\\_extending\\_declaration\\_of\\_judicial\\_emergency.pdf \(vacourts.gov\)](#)

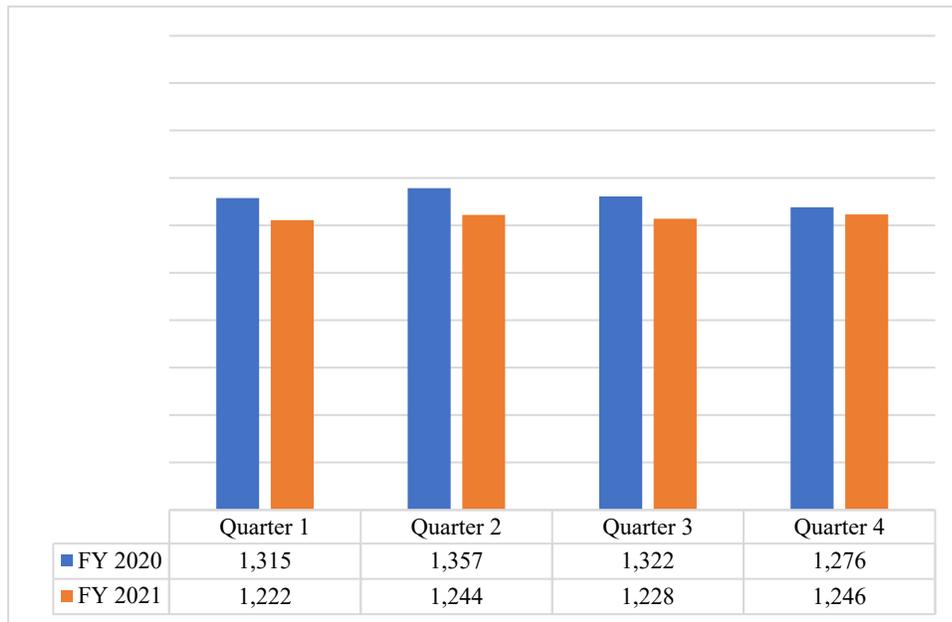
were accepted into a docket program, a 26.4% increase from the 87 accepted in Quarter 4 of FY 2020.

**Figure 18.** Count of Adult Drug Treatment Court Accepted Referrals by Quarter, FY 2020 and FY 2021



See Figure 19 for a comparison of active participants by quarter. In Quarter 1 of FY 2021, there were 1,222 active participants, a 7.1% decrease from the 1,315 active participants in Quarter 1 of FY 2020. In Quarter 2 of FY 2021, there were 1,244 active participants, an 8.3% decrease from the 1,357 active participants in Quarter 2 of FY 2020. In Quarter 3 of FY 2021, there were 1,228 active participants, a 7.1% decrease from the 1,322 active participants in Quarter 3 of FY 2020. In Quarter 4 of FY 2021, there were 1,246 active participants, a 2.4% decrease from the 1,276 active participants in Quarter 4 of FY 2020.

**Figure 19.** Count of Adult Drug Treatment Court Active Participants by Quarter, FY 2020 and FY 2021



Note: Due to varying length of stay, participants may be included in the active participant counts for more than one quarter.

### Drug Screen Comparisons

In general, during FY 2021, the number of drug screens and the number of participants tested were fewer than those reported in the first three quarters of FY 2020. Nevertheless, FY 2021's Quarter 4 saw increases across all measures when compared to FY 2021. See Table 13 for a comparison of drug screens by quarter.

**Table 13.** Drug Screens Administered to Active Adult Drug Treatment Court Docket Participants by Quarter, FY 2020 and FY 2021

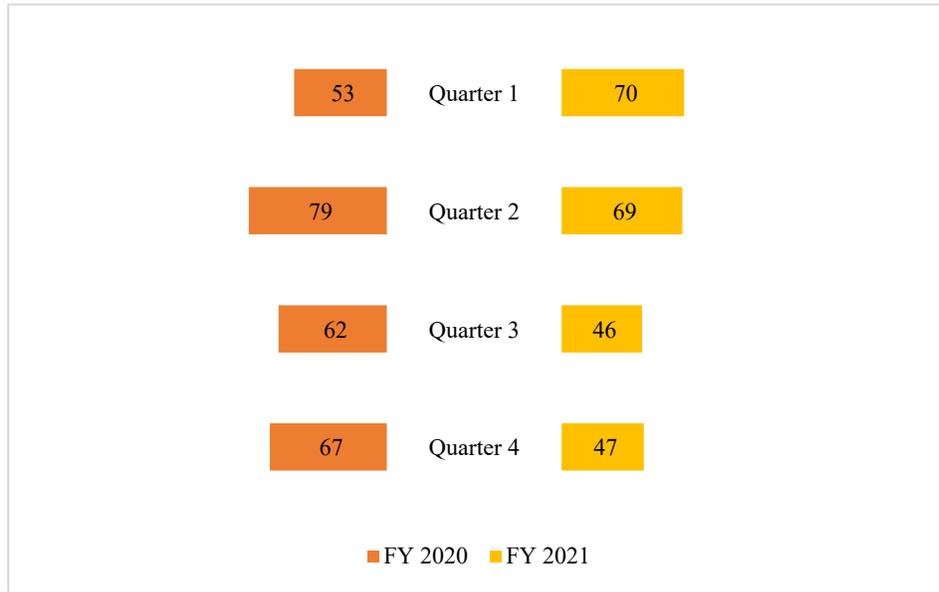
	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	FY 2020	FY 2021	% Change	FY 2020	FY 2021	% Change	FY 2020	FY 2021	% Change	FY 2020	FY 2021	% Change
Drug Screens Administered	18,319	9,268	▼49.4%	18,959	9,416	▼50.3%	15,539	8,837	▼43.1%	4,579	10,126	▲121.1%
Positive	1,991	1,317	▼33.9%	1,907	678	▼64.4%	1,373	1,064	▼22.5%	678	1,231	▲81.6%
Negative	16,328	7,951	▼51.3%	17,052	8,738	▼48.8%	14,166	7,773	▼45.1%	3,901	8,895	▲128.0%
Participants Tested	879	737	▼16.2%	963	987	▲2.5%	821	635	▼22.7%	597	628	▲5.2%

### Completion Comparisons

In FY 2021, 232 participants graduated, which was an 11.1% decrease from the 261 successful completions reported for FY 2020. See Figure 20 below for a comparison of successful completions by quarter. In Quarter 1 of FY 2021, there were 70 successful completions, a 32.1% increase from the 53 reported in FY 2020. In Quarter 2 of FY 2021, there were 69 successful completions, a 12.7% decrease from the 79 reported in FY 2020. In Quarter 3 of FY 2021, there were 46 successful

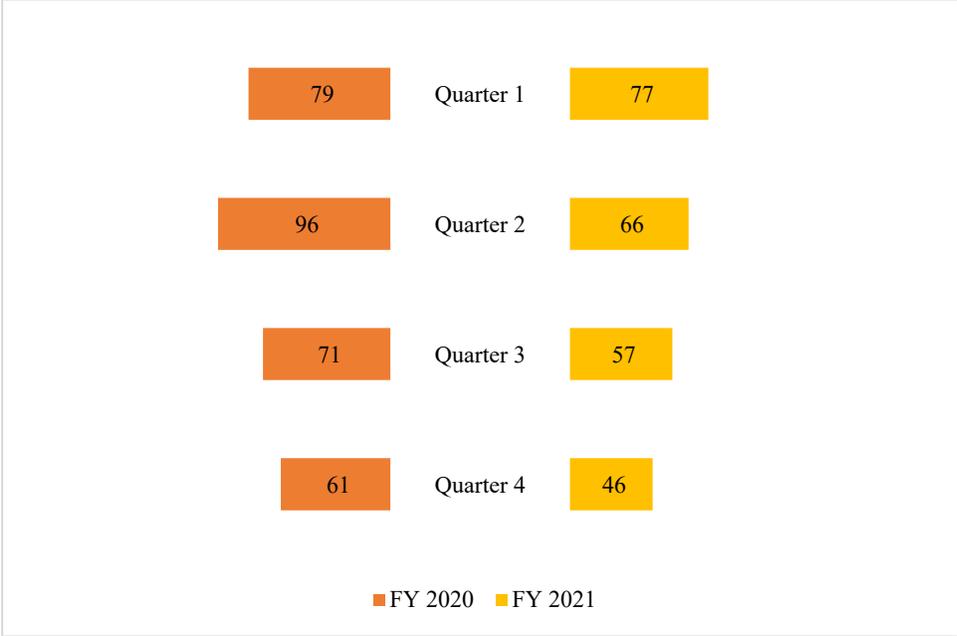
completions, a 25.8% decrease from the 62 successful completions reported in FY 2020. In Quarter 4 of FY 2021, there were 47 successful completions, a 29.9% decrease from the 67 reported in FY 2020.

**Figure 20.** Count of Adult Drug Treatment Court Successful Completions by Quarter, FY 2020 and FY 2021



In FY 2021, 232 participants were either terminated or withdrawn from an adult drug treatment court docket program, a 19.9% decrease from the 307 reported in FY 2020. See Figure 21 for a comparison of unsuccessful completions by quarter. Quarter 1 of FY 2021 saw two fewer terminations than the 79 reported in FY 2020. In Quarter 2 of FY 2021, there were 66 terminated or withdrawn participants, a 31.3% decrease from the 96 reported in FY 2020. In Quarter 3 of FY 2021, there were 56 successful completions, a 21.1% decrease from the 71 successful completions reported in FY 2020. In Quarter 4 of FY 2021, there were 46 successful completions, a 24.6% decrease from the 61 reported in FY 2020.

**Figure 21.** Count of Adult Drug Treatment Court Unsuccessful Completions by Quarter, FY 2020 and FY 2021



## DUI DRUG TREATMENT COURT DOCKETS

DUI drug treatment court dockets utilize the drug treatment court model with impaired drivers. A DUI drug treatment court docket is a distinct court docket dedicated to changing the behavior of alcohol/drug dependent offenders arrested for driving while intoxicated (DWI). The goal of DUI drug treatment court dockets is to protect public safety by using the drug treatment court docket model to address the root cause of impaired driving and alcohol and other substance use. With the chronic drinking driver as its primary target population, DUI drug treatment court dockets follow the Ten Key Components of Drug Courts and the Ten Guiding Principles of DWI Courts as established by the NADCP and the National Drug Court Institute (NDCI). DUI drug treatment court dockets operate within a post-conviction model.

Alcoholism/addiction left untreated affects not only the individual, but also the community. Ways in which addiction may affect the community include DUI offenses, assaults, domestic violence, larcenies, burglaries, auto thefts, other driving offenses involving unlicensed individuals, driving on a suspended or revoked operator's licenses, and other illegal activities.

The DUI drug treatment court docket is designed to hold DUI offenders to the highest level of accountability while receiving long-term intensive substance use treatment and compliance monitoring before a DUI drug treatment court judge. The judicial response aims to encourage the participant to take responsibility for their individual behavior. This usually involves an established set of sanctions that include the imposition of community service hours, return to jail for a specified period, intensified treatment, and other measures designed to increase the defendant's level of motivation.

In Virginia, DUI drug treatment court dockets are funded entirely by participant fees through the ASAP system. Each local ASAP operates autonomously and is governed by a Policy Board with representatives from the jurisdictions it serves. The DUI drug treatment court docket is mandatory if the offender is assessed as needing treatment. At the request of the court or the Commonwealth's Attorney, the local ASAP will evaluate an individual for placement in the DUI drug treatment court docket program prior to conviction or post-conviction.

The DUI drug treatment court docket works closely with VASAP during the planning process to develop appropriate assessment and supervision criteria. Because of mandatory DUI sentencing and administrative licensing requirements, it is critical that local DUI drug treatment court teams work with the Department of Motor Vehicles and the Commission on VASAP, the agencies responsible for driver's license restoration, and state and local non-governmental organizations.

First offenders, who are before the court for failure to comply and were not ordered into the DUI drug treatment court docket at the time of conviction, are potential candidates for the DUI drug treatment court docket. These offenders may be ordered to participate by the court. Other potential candidates include offenders who were arrested with a Blood Alcohol Content (BAC) more than .20, a failed breath test for alcohol, a positive Ethyl Glucuronide (EtG) urine test for alcohol, a failed drug test after entering ASAP, or those who were arrested for non-compliance with ignition interlock.<sup>20</sup>

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<sup>20</sup> Note: Ethyl Glucuronide (EtG) is a direct metabolite of alcohol (ethanol). The presence of EtG in urine is an indicator that ethanol was ingested.

Participants will not have their charges reduced or dismissed upon the successful completion of the DUI drug treatment court docket program. The goal is to address the reoccurrence rate of DUI and to address the lifelong sobriety of the participants.

Benefits of the DUI drug treatment court docket include:

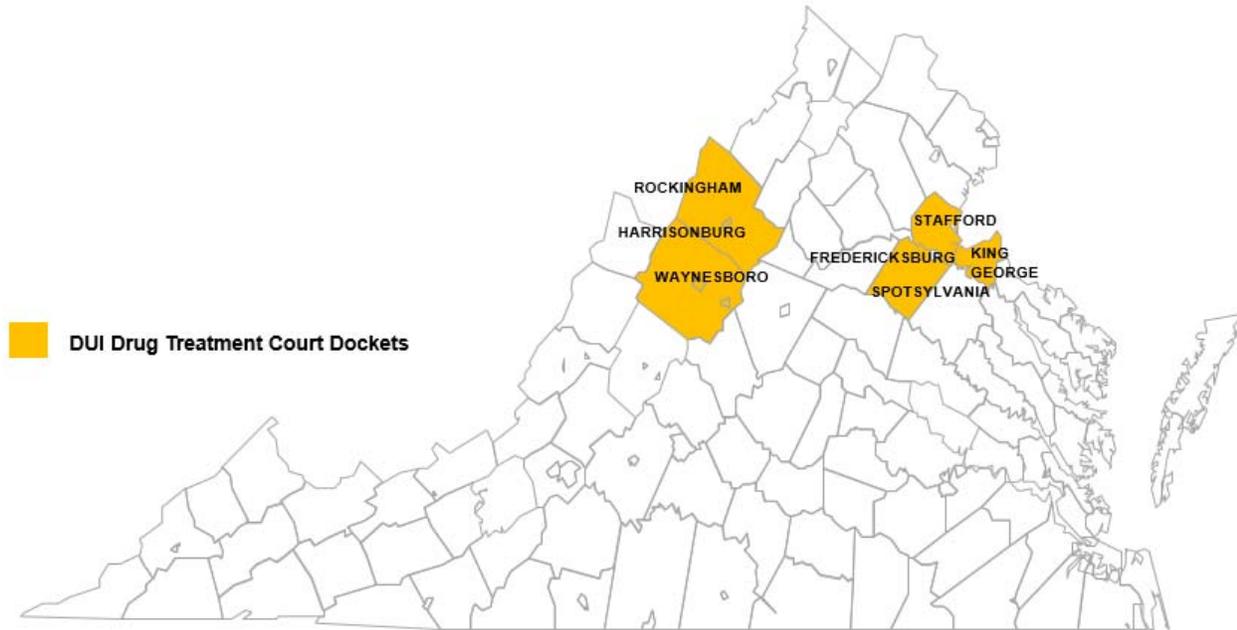
- Defendants are referred to treatment shortly after arrest.
- Judges closely monitoring the progress of participants in the DUI drug treatment court docket program through bi-monthly or monthly status hearings before the court.
- A team approach is used involving judges, prosecutors, defense bar, treatment providers, ASAP staff, and community resources.

The local ASAP monitors each participant throughout the probationary period ordered by the court. The program requires a minimum participation period of twelve months consisting of 4-6 months of active treatment and an additional monitoring period of at least 8 months. ASAP works with Community Services Boards and other treatment and recovery providers to provide counseling and treatment for individuals participating in the DUI drug treatment court docket, as well as with judges, prosecutors, and defense bar to coordinate the functions of the court. The Ten Guiding Principles of DWI Courts established by the National Drug Court Institute provide best practices used to establish the standards that guide the operation of Virginia's DUI drug treatment court dockets.

### **DUI Drug Treatment Court Dockets Approved to Operate**

At the end of FY 2021, there were three regional DUI drug treatment court dockets approved to operate in Virginia. These included the Fredericksburg Area DUI Drug Treatment Court Docket operating in the general district courts and serving residents of Fredericksburg, King George, Spotsylvania, and Stafford Counties; Harrisonburg/Rockingham DUI Drug Treatment Court Docket; and the Waynesboro Area DUI Drug Treatment Court Docket operating in the Waynesboro General District Court serving Augusta County, Staunton, and Waynesboro residents (see Figure 22 and Table 14). VASAP implemented an upgraded management information system and, as a result, the DUI Drug Court data were not available for this report. We anticipate having DUI drug treatment court data for FY 2022.

**Figure 22.** Approved DUI Drug Treatment Court Dockets in Virginia, FY 2020



**Table 14.** Approved DUI Drug Treatment Court Dockets in Virginia, FY 2021

DUI Drug Treatment Court Dockets	
Fredericksburg Area*	<i>n</i> = 3
Harrisonburg/Rockingham*	
Waynesboro Area	
* <i>Non-operational DUI Drug Treatment Courts</i>	

## **JUVENILE DRUG TREATMENT COURT DOCKETS**

Juvenile drug treatment court dockets are a collaboration of the judicial system, the juvenile justice system, and treatment providers. The juvenile drug treatment court dockets strive to reduce rearrests and substance use by juveniles who are engaging in substance misuse and are charged with acts of delinquency in juvenile and domestic relations district court. The juvenile model, similar in concept to the adult drug court docket model, incorporates probation, supervision, drug testing, treatment, court appearances, and behavioral sanctions and incentives. Such programs strive to address issues that are unique to the juvenile population and their families, such as school attendance, conflict resolution, and parenting skills. The families of these juveniles play a very important role in the drug treatment court docket process. The nature of both the delinquent behavior and the dependency matters being handled in our juvenile courts are more complex and often involve serious and violent criminal activity and escalating degrees of substance use. The situations that are bringing some juveniles under the court's jurisdiction are often closely linked with substance use and complicated, multigenerational family difficulties.

Research on juvenile drug treatment court dockets has lagged that of its adult counterparts; however, professionals are beginning to identify the factors that distinguish effective from ineffective programs. Significant positive outcomes have been reported for juvenile drug treatment court dockets that adhere to best practices and evidence-based practices identified from the fields of adolescent treatment and delinquency prevention. Included among these practices are requiring parents or guardians to attend status hearings, holding status hearings in court in front of a judge, avoiding over-reliance on costly detention sanctions, reducing youths' associations with peers that misuse drugs and engage in delinquent behaviors, enhancing parents' or guardians' supervision of their teens and modeling consistent and effective disciplinary practices.

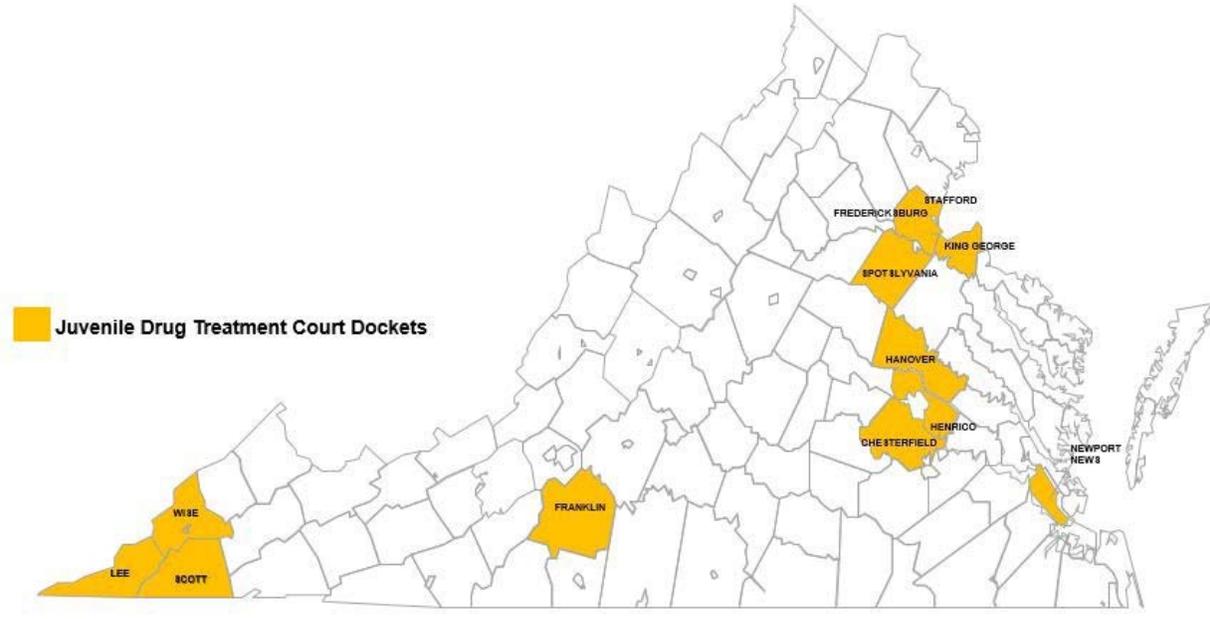
The following section reviews the basic operations and outcomes of Virginia's juvenile drug treatment court dockets in FY 2021. Over the past few years there has been a decreasing number of participants statewide in the juvenile drug treatment court dockets. OES and local juvenile drug treatment court docket teams will continue to monitor this trend. Information is provided in this report on program participants, including demographics, program entry offenses, program length, and program completion. This information is based on data from the Specialty Dockets Database established and maintained by OES. Juvenile drug treatment court docket staff in local programs entered data on drug treatment court docket participants into the Database. Due to the small number of participants in each juvenile drug treatment court docket, these results should be considered with caution. In some cases, there were too few cases to extract conclusions. As a result of the limited number of participants, recidivism data for this model was not generated. This appears to be a national and state trend with fewer cases being referred to the juvenile courts.

### **Juvenile Drug Treatment Court Dockets Approved to Operate in Virginia**

In FY 2021, there were seven operational Juvenile Drug Treatment Courts throughout Virginia (see Figure 23 and Table 15). Rappahannock Regional Juvenile Drug Treatment Court began operation as the first juvenile drug treatment court docket in Virginia in November 1998. This juvenile drug treatment court docket initially served the city of Fredericksburg and the counties of Spotsylvania and Stafford, and in 2011 added King George County. The newest juvenile drug court docket was approved

in Henrico County in 2016. The Chesterfield/Colonial Heights docket program closed on June 30, 2021.

**Figure 23.** Approved Juvenile Drug Treatment Court Dockets in Virginia, FY 2021

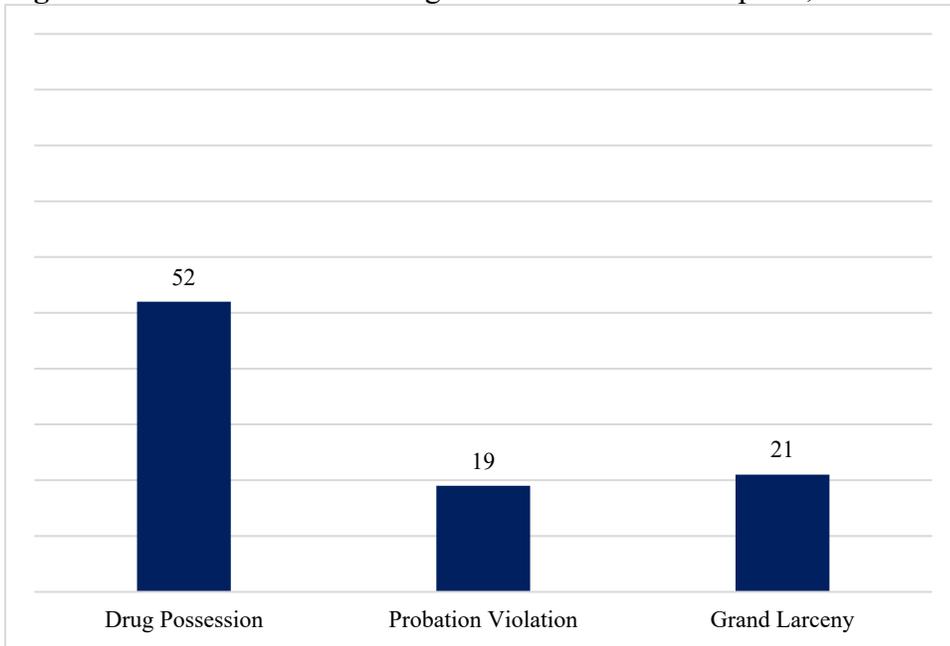


**Table 15.** Approved Juvenile Drug Treatment Court Dockets in Virginia, FY 2021

Juvenile Drug Treatment Court Dockets		
Chesterfield/Colonial Heights	Newport News	<i>n</i> = 7
Franklin County	Rappahannock Regional	
Hanover County	Thirtieth Circuit (Lee, Scott & Wise Counties)	
Henrico County		

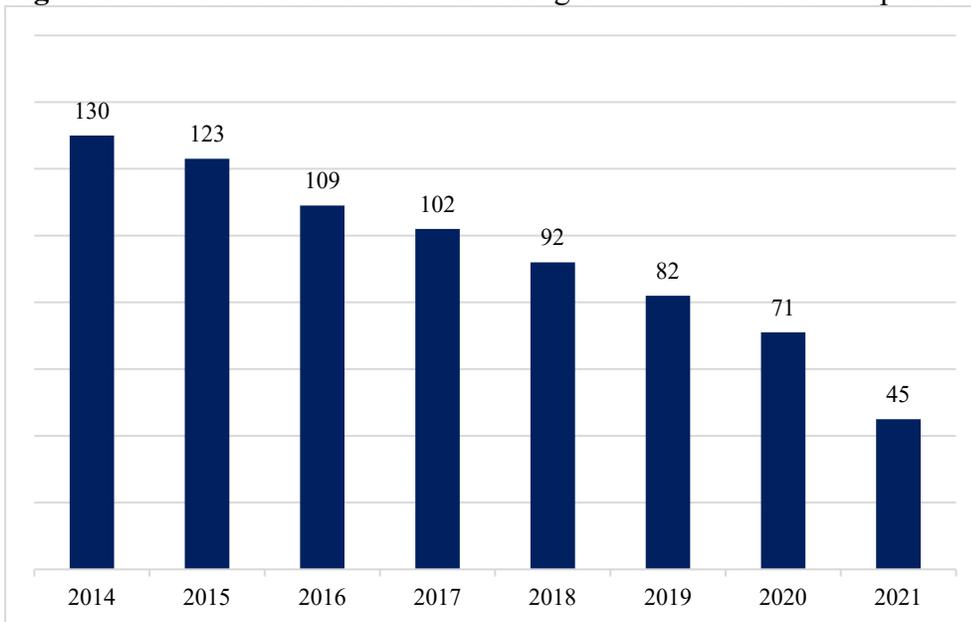
There were 71 active participants in the juvenile drug treatment court docket programs during FY 2021. The most common instant offenses committed by active juvenile participants included drug possession, probation violation, and grand larceny (Figure 24). Fifty-two participants (73.2%) had at least one drug possession charge, and 19 had at least one probation charge (26.8%), while 21 had at least one grand larceny charge (29.6%).

**Figure 24.** Instant Offense among Active Juvenile Participants, FY 2021



As shown in Figure 25 below, the number of active juvenile drug treatment court participants has been on a decline. The Office of Juvenile Justice and Delinquency suggests the national declines may result from the decline in the overall arrest rates for juveniles and the increase in community-based programs and interventions.<sup>21</sup>

**Figure 25.** Number of Active Juvenile Drug Treatment Court Participants FY 2014-2021



<sup>21</sup> [https://www.urban.org/sites/default/files/publication/91566/data\\_snapshot\\_of\\_youth\\_incarceration\\_in\\_virginia\\_0.pdf](https://www.urban.org/sites/default/files/publication/91566/data_snapshot_of_youth_incarceration_in_virginia_0.pdf)

## **Summary of Juvenile Drug Treatment Court Docket Activity**

The number of referrals, accepted participants, active participants, and program exits decreased from the counts reported in FY 2020.

In 2021, most participants were Caucasian (66.7%), male (66.7%) and either 15 or 16 years old (33.3% and 31.1% respectively), as shown in Table 16 below.

*Referrals:* There were 35 referrals to the juvenile drug treatment court dockets in FY 2021, which was one referral less than the 36 reported in FY 2020.

*Admissions:* There were 20 newly admitted program participants, which was a decrease from the 26 reported in FY 2020. The FY 2021 admission rate was 57.1%, compared to the 72.2% admission rate reported in FY 2020.

*Participants:* There were 45 active juvenile participants, a 36.7% decrease from the 71 active participants reported in FY 2020.

*Gender:* Of the participants, 66.7% identified as male, and 33.3% identified as female.

*Race and Ethnicity:* Most participants self-identified as White (30 or 66.7%), and eight (8) self-identified as Black, African American (17.8%). Those who self-identified as American Indian or Alaskan Native, Asian, Native Hawaiian or Pacific Islander, or Other were 13.3% of the active participants.

*Age:* Most active participants were either 15 or 16 years of age at the time of referral (33.3% and 31.1% respectively).

**Table 16.** Demographics of Juvenile Participants (*measured at the time of referral*), FY 2021

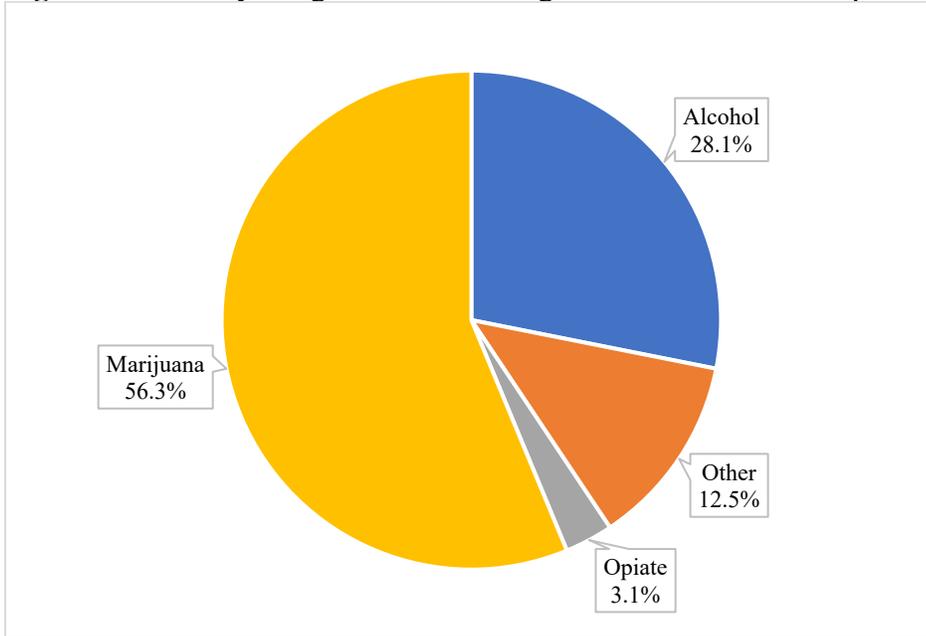
<b>Gender</b>		
	<b>Count</b>	<b>Percent</b>
<b>Female</b>	15	33.3%
<b>Male</b>	30	66.7%
<b>No Data</b>	0	0.0%
<b>Total</b>	45	100.0%
<b>Race</b>		
	<b>Count</b>	<b>Percent</b>
<b>American Indian or Alaska Native</b>	1	2.2%
<b>Asian</b>	2	4.4%
<b>Black, African American</b>	8	17.8%
<b>Native Hawaiian or Other Pacific Islander</b>	0	0.0%
<b>White</b>	30	66.7%
<b>Other</b>	3	6.7%
<b>No Data</b>	1	2.2%
<b>Total</b>	45	100.0%
<b>Ethnicity</b>		
	<b>Count</b>	<b>Percent</b>
<b>Hispanic</b>	0	0.0%
<b>Non-Hispanic</b>	45	3.2%
<b>Total</b>	1424	100.0%
<b>Age</b>		
	<b>Count</b>	<b>Percent</b>
<b>Less than 15 years old</b>	2	4.4%
<b>15 years old</b>	15	33.3%
<b>16 years old</b>	14	31.1%
<b>17 years old</b>	12	26.7%
<b>18+ years old</b>	2	4.4%
<b>Total</b>	45	100.0%

*Note:* Data reflect demographic status at the time of referral to an adult drug treatment court docket program. All demographic data are self-reported.

## Drugs of Choice and Drug Screens

*Primary Drug of Choice:* When admitted into a juvenile drug treatment court docket and asked to disclose their primary drug of choice, 56.3% of juvenile participants reported marijuana as their primary drug of choice. Alcohol was second with 28.1% of juvenile participants reporting it as the primary drug of choice (see Figure 26).

**Figure 26.** Primary Drug of Choice among Active Juvenile Participants, FY 2021



*Note:* Figure 25 should be interpreted with caution. Data are based on self-reported primary drug of choice.

*Program Drug Screenings:* In FY 2021, there were 1,353 drug screens administered for 43 participants for whom data were available, an average of 32 screens per participant. Of the 1,353 total screenings administered, 1,179 (87.1%) were negative (see Table 17). The percentage of negative screening is comparable to that percent reported in FY 2020.

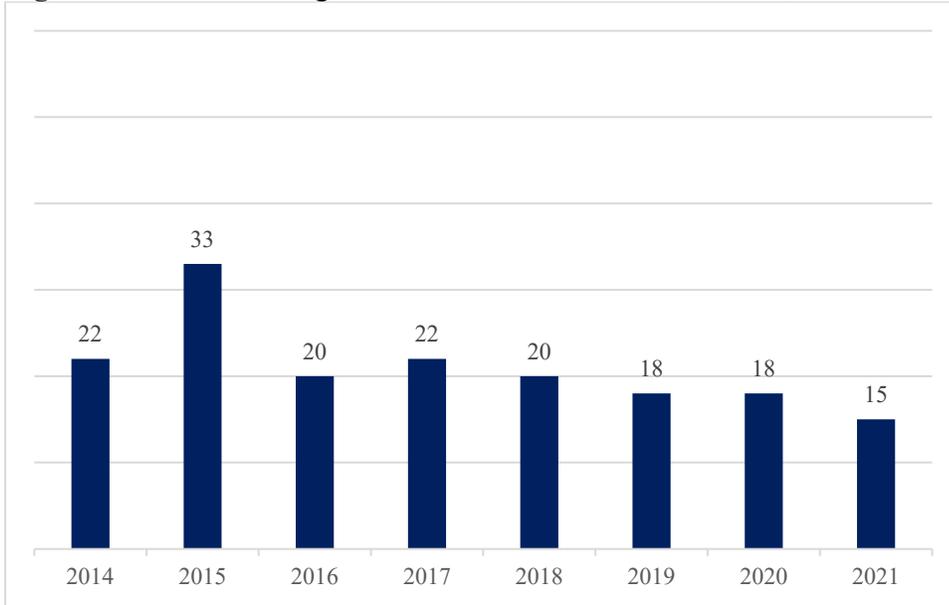
**Table 17.** Juvenile Drug Treatment Court Docket Drug Screens, FY 2020

	Count	Percent
<b>Total Screens</b>	1,353	
<b>Negative</b>	1,179	87.1%
<b>Positive</b>	174	12.9%
<b>Total Participants Tested</b>	43	
<b>Average Number of Screenings per Participant</b>	32	

## Summary of Departures

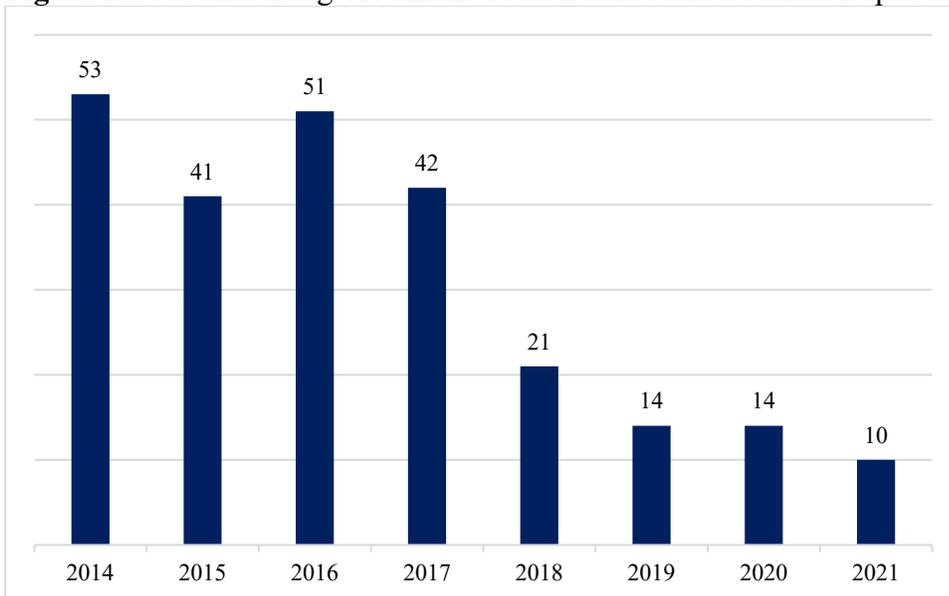
*Graduation Rates:* Among the 45 active juvenile drug treatment court docket participants in FY 2021, 25 participants exited the program by either graduation or termination (see Figure 27). Of the 25 departures, 15 successfully completed, and 10 were terminated. The graduation rate was 60.0%.

**Figure 27.** Juvenile Drug Treatment Court Docket Graduates, FY 2014-2021



*Terminations:* Ten juvenile participants were terminated from the program in FY 2021 (see Figure 28). The termination rate was 40.0%. Of the 10 terminations, three (3) were terminated due to the closing of the Chesterfield Juvenile Drug Treatment Court program on June 30, 2021.

**Figure 28:** Juvenile Drug Treatment Court Docket Unsuccessful Departures, FY 2014-2021



*Length of Stay:* Length of stay was measured by calculating the number of days from program entry (acceptance date) to completion date (either graduation date or date of termination) (see Table 18). Graduates had a mean length of stay of 481 days, which was longer than the mean length of stay observed for graduates in FY 2020 (436 days). Those terminated from the program had a mean length of stay of 295 days, which was shorter than the mean length of stay observed for those persons in FY 2020 (493 days). The median length of stay for juvenile graduates was 460 days, compared to a median length of stay of 409 in FY 2020. The median length of stay for those terminated from the program was 293 days, a decrease from the 442 days reported in FY 2020.

**Table 18:** Juvenile Drug Treatment Court Dockets Length of Stay, Departures, FY 2021

<b>Mean Length of Stay, <i>in days</i></b>	
<b>Graduates</b>	481
<b>Unsuccessful Completions</b>	295
<b>Median Length of Stay, <i>in days</i></b>	
<b>Graduates</b>	460
<b>Unsuccessful Completions</b>	293

## FAMILY DRUG TREATMENT COURT DOCKETS

Family drug treatment court dockets serve parents or guardians in dependency proceedings facing allegations of child abuse or neglect caused or influenced by a moderate-to-severe substance use disorder. A family drug treatment court docket program is a specialized civil docket devoted to cases of child abuse and neglect that involve substance use by the child's parents or other caregivers. Its purpose is to protect the safety and welfare of children while giving parents the tools they need to become sober, responsible caregivers. Family drug treatment court dockets seek to do what is in the best interest of the family by providing a safe and secure environment for the child while intensively intervening and treating the parent's substance use and other co-morbidity issues. To accomplish this, the family drug treatment court docket draws together an interdisciplinary team that works collaboratively to assess the family's situation and to devise a comprehensive case plan that addresses the needs of both the child or children and the parent(s). In this way, the family drug treatment court docket team provides children with quick access to permanency and offers parents a viable chance to achieve sustained recovery, provide a safe and nurturing home, and hold their families together.<sup>22</sup>

Family drug treatment court docket programs serve addicted parents who come to the court's attention in the following situations: (1) hospital tests that indicate substance-exposed infants; (2) founded cases of child neglect or abuse; (3) child in need of services cases; (4) custody or temporary entrustment cases; and (5) delinquency cases. The parents/guardians may enter the family drug treatment court pre-adjudication (at day one or child planning conferences) or post-adjudication. In all cases, at the time of referral and admission to family drug treatment court dockets, there must be a case plan for family reunification. Before being admitted to family drug treatment court dockets, the parents are screened, and substance use is determined to be a factor that contributed to the substantiation of neglect, abuse, or dependency. The major incentive for parents to adhere to the rigorous recovery program is the potential of their children's return to their custody. Instead of probation officers providing supervision services, as they do in adult drug treatment court docket programs, social services professionals provide case management and supervision and fill other roles in family drug treatment court docket programs.

Family drug treatment court dockets have adapted the adult criminal drug court docket model, but with important variations in response to the different needs of families affected by substance use disorders. Key adjustments include an emphasis on immediate access to services to address substance use disorder coupled with intensive judicial monitoring to support reunification of families affected by substance use disorders. The focus, structure, purpose, and scope of family drug treatment court dockets differ significantly from the adult criminal or juvenile delinquency drug treatment court docket models.

Family drug treatment court dockets draw on best practices from both the drug court docket model and dependency court practice to effectively manage cases within Adoption and Safe Families Act (ASFA) mandates.<sup>23</sup> By doing so, they ensure the best interests of children while providing coordinated substance use treatment and family-focused services to timely secure a safe and

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<sup>22</sup> Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model Monograph. Washington, DC: US Department of Justice.

<sup>23</sup> <https://www.gpo.gov/fdsys/pkg/PLAW-105publ89/pdf/PLAW-105publ89.pdf>

permanent placement for the children.

The Virginia family drug treatment court docket programs provide: (1) timely identification of defendants in need of substance use treatment, (2) the opportunity to participate in the family drug treatment court docket program for quicker permanency placements for their children, (3) judicial supervision of structured community-based treatment, (4) regular status hearings before the judge to monitor treatment progress and program compliance, (5) increased defendant accountability through a series of graduated sanctions and rewards or increased parenting skills and monitoring, (6) mandatory periodic drug testing, and (7) assistance with employment, housing, and other necessary skills to enable offenders to be productive citizens.

All family drug treatment court docket participants must submit to frequent and random drug testing, intensive group, and individual outpatient therapy two to three times per week and regular attendance at recovery meetings. Participants are required to pay child support and, in some cases, their treatment fees. Child visitation is also monitored as needed. Additionally, participants must be employed or in school full-time, if capable. Failure to participate or to produce these outcomes results in immediate sanctions, including termination from the program.

Virginia created and adopted the Family Drug Treatment Court Standards.<sup>24</sup> Although modified for use within the Commonwealth of Virginia, these standards reflect the existing common characteristics outlined in Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases Using the Drug Court Model Monograph published by the Bureau of Justice Assistance, U.S. Department of Justice, Office of Justice Programs, December 2004.<sup>25</sup>

There are and will continue to be differences among individual drug treatment court docket programs based on the unique needs and operational environments of the local court jurisdictions and the target populations to be served. However, there is also a need for overall uniformity as to basic program components and operational procedures and principles. Therefore, these standards are an attempt to outline those fundamental standards and practices to which all family drug treatment court dockets in the Commonwealth of Virginia should subscribe.

### **Family Drug Treatment Court Dockets Approved to Operate**

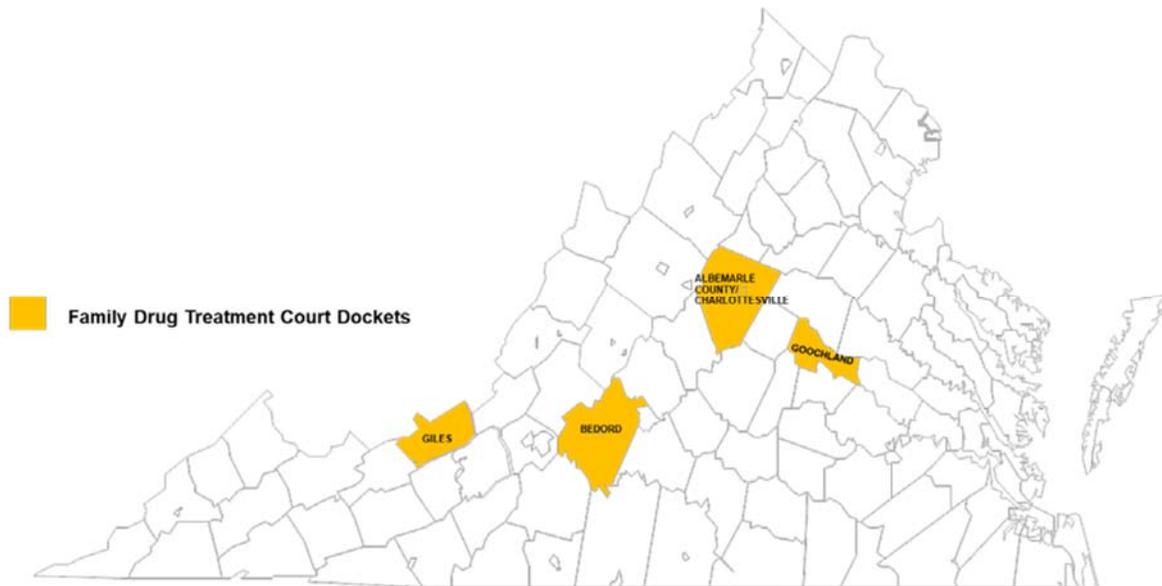
In FY 2021, four family drug treatment court dockets were approved to operate in Virginia. They are located in Charlottesville/Albemarle County, Bedford County, Giles, and Goochland County (see Figure 29 and Table 19). These family drug treatment court dockets operate in the juvenile and domestic relations district courts.

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<sup>24</sup> [http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/admin/family\\_standards.pdf](http://www.vacourts.gov/courtadmin/aoc/djs/programs/sds/programs/dtc/admin/family_standards.pdf)

<sup>25</sup> Center for Substance Abuse Treatment, Bureau of Justice Assistance & National Drug Court Institute. (2004). Family Dependency Treatment Courts: Addressing Child Abuse and Neglect Cases using the Drug Court Model Monograph. Washington, DC: US Department of Justice.

**Figure 29:** Approved Family Drug Treatment Court Dockets in Virginia, FY 2021



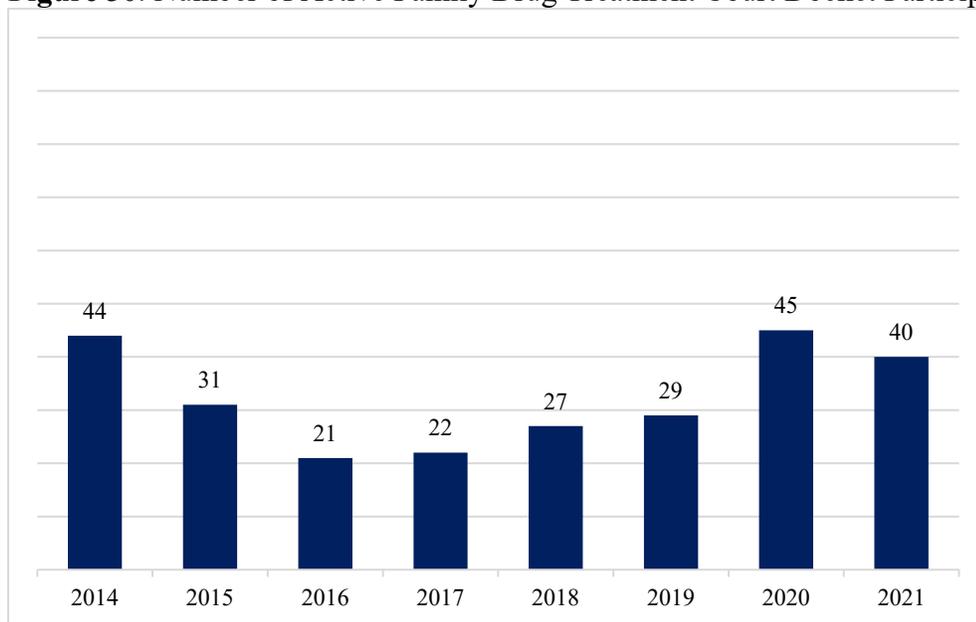
**Table 19:** Approved Family Drug Treatment Court Dockets in Virginia, FY 2021

Bedford	Giles	<i>n</i> = 3
Charlottesville/Albemarle County	Goochland County	

**Summary of Family Drug Treatment Court Docket Activity**

As shown in Figure 29, the number of active family drug treatment court docket participants has varied. In FY 2021, docket programs reported 40 active participants, an 11.1% decrease from the 45 reported in FY 2020. See Tables 20 and 21 for socio-demographic specific information.

**Figure 30.** Number of Active Family Drug Treatment Court Docket Participants, FY 2014- 2021



*Referrals:* Family drug treatment court dockets had 19 referrals, a 34.5% decrease from the 29 referrals reported for FY 2020.

*Admissions:* All 19 referrals were accepted into a family drug treatment docket program.

*Race:* Most participants self-identified as White (33 or 82.5%). Three participants (7.5%) self-identified as Black, African American, and four (10.0%) identified as Other.

*Gender:* Most active participants identified as female (75.0%) and 10 (25.0%) identified as male.

*Age:* At the time of referral, 40.0% percent of participants were between 18 and 29 years old (16 participants), while 19 or 47.5% were between 30 and 39 years old. Only five were over 40 years old.

*Marital Status:* Among the family drug treatment court docket participants for whom data were available, 21 (52.5%) were single. Only 8.0% reported being married, while 5.0% were divorced at the time of referral.

*Education:* Half of active participants reported having obtained at least a high school diploma at the time of referral, while 7.5% had obtained some college or vocational training, and 2.5% had obtained at least a bachelors degree.

**Table 20.** Demographics of Active Family Participants, FY 2021

<b>Gender</b>		
	<b>Count</b>	<b>Percent</b>
<b>Female</b>	30	75.0%
<b>Male</b>	10	25.0%
<b>No Data</b>	0	0.0%
<b>Total</b>	40	100.0%
<b>Race</b>		
	<b>Count</b>	<b>Percent</b>
<b>American Indian or Alaska Native</b>	0	0.0%
<b>Asian</b>	0	0.0%
<b>Black, African American</b>	3	7.5%
<b>Native Hawaiian or Other Pacific Islander</b>	0	0.0%
<b>White</b>	33	82.5%
<b>Other</b>	4	10.0%
<b>No Data</b>	0	0.0%
<b>Total</b>	40	100.0%
<b>Ethnicity</b>		
	<b>Count</b>	<b>Percent</b>
<b>Hispanic</b>	0	0.0%
<b>Non-Hispanic</b>	40	100.0%
<b>Total</b>	40	100.0%
<b>Age</b>		
	<b>Count</b>	<b>Percent</b>
<b>18-29 years old</b>	16	40.0%
<b>30-39 years old</b>	19	47.5%
<b>40-49 years old</b>	4	10.0%
<b>50-59 years old</b>	1	2.5%
<b>60 years and older</b>	0	0.0%
<b>Total</b>	40	100.0%

*Note:* Data reflect demographic status at the time of referral to an adult drug treatment court docket program. All demographic data are self-reported.

**Table 21. Social Characteristics of Active Family Participants, FY 2021**

<b>Marital Status</b>		
	<b>Count</b>	<b>Percent</b>
<b>Divorced</b>	2	5.0%
<b>Married</b>	8	20.0%
<b>Single</b>	21	52.5%
<b>Separated</b>	0	0.0%
<b>Widowed</b>	0	0.0%
<b>Other</b>	2	5.0%
<b>No Data</b>	7	17.5%
<b>Total</b>	40	100.0%
<b>Employment</b>		
	<b>Count</b>	<b>Percent</b>
<b>Disabled</b>	1	2.5%
<b>Full-Time</b>	6	15.0%
<b>Part-Time (<i>less than 32 hours, per week</i>)</b>	8	20.0%
<b>Unemployed</b>	15	37.5%
<b>No Data</b>	10	25.0%
<b>Total</b>	40	100.0%
<b>Educational Attainment</b>		
	<b>Count</b>	<b>Percent</b>
<b>Less than high school diploma or equivalent</b>	6	15.0%
<b>High school diploma or equivalent</b>	20	50.0%
<b>Some College or Vocational Training</b>	3	7.5%
<b>Bachelors</b>	1	2.5%
<b>Post-Bachelors</b>	0	0.0%
<b>No Data</b>	10	25.0%
<b>Total</b>	40	100.0%

*Note:* Data reflect social characteristics at the time of referral to an adult drug treatment court docket program. All demographic data are self-reported.

## Drug Screens

*Program Drug Screenings:* In FY 2021, 801 drug screens were administered to family drug treatment court docket participants for whom data are available, a 3.4% decrease from the 829 screens administered in FY 2020. Of the 801 screens administered, 89.8% were negative which more than a two-percentage point increase from the results reported in FY 2020 (see Table 22).

**Table 22.** Family Drug Treatment Court Docket Drug Screens, FY 2021

	Count	Percent
<b>Total Screens</b>	801	
<b>Negative</b>	523	89.8%
<b>Positive</b>	278	9.7%
<b>Total Participants Tested</b>	31	
<b>Average Number of Screenings per Participant</b>	26	

## Summary of Departures

*Graduation and Termination Rates:* Among the 40 active family drug treatment court docket participants, 20 exited the program by graduation or termination/withdrawal. The graduation rate was 40.0% (8 participants). The termination rate was 60.0% (12 participants).

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## **APPENDICES**

## *Appendix A*

### **§ 18.2-254.1. Drug Treatment Court Act.**

A. This section shall be known and may be cited as the "Drug Treatment Court Act."

B. The General Assembly recognizes that there is a critical need in the Commonwealth for effective treatment programs that reduce the incidence of drug use, drug addiction, family separation due to parental substance abuse, and drug-related crimes. It is the intent of the General Assembly by this section to enhance public safety by facilitating the creation of drug treatment courts as means by which to accomplish this purpose.

C. The goals of drug treatment courts include: (i) reducing drug addiction and drug dependency among offenders; (ii) reducing recidivism; (iii) reducing drug-related court workloads; (iv) increasing personal, familial and societal accountability among offenders; and, (v) promoting effective planning and use of resources among the criminal justice system and community agencies.

D. Drug treatment courts are specialized court dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision of addicts in drug and drug-related cases. Local officials must complete a recognized planning process before establishing a drug treatment court program.

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

F. A state drug treatment court advisory committee shall be established to (i) evaluate and recommend standards for the planning and implementation of drug treatment courts; (ii) assist in the evaluation of their effectiveness and efficiency; and (iii) encourage and enhance cooperation among agencies that participate in their planning and implementation. The committee shall be chaired by the Chief Justice of the Supreme Court of Virginia or his designee and shall include a member of the Judicial Conference of Virginia who presides over a drug treatment court; a district court judge; the Executive Secretary or his designee; the directors of the following executive branch agencies: Department of Corrections, Department of Criminal Justice Services, Department of Juvenile Justice, Department of Behavioral Health and Developmental Services, Department of Social Services; a representative of the following entities: a local community-based probation and pretrial services agency, the Commonwealth's Attorney's Association, the Virginia Indigent Defense Commission, the Circuit Court Clerk's Association, the Virginia Sheriff's Association, the Virginia Association of Chiefs of Police, the Commission on VASAP, and two representatives designated by the Virginia Drug Court Association.

G. Each jurisdiction or combination of jurisdictions that intend to establish a drug treatment court or continue the operation of an existing one shall establish a local drug treatment court advisory committee. Jurisdictions that establish separate adult and juvenile drug treatment courts may establish an advisory committee for each such court. Each advisory committee shall ensure

quality, efficiency, and fairness in the planning, implementation, and operation of the drug treatment court or courts that serve the jurisdiction or combination of jurisdictions. Advisory committee membership shall include, but shall not be limited to the following people or their designees: (i) the drug treatment court 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 drug treatment court is located; (v) a representative of the Virginia Department of Corrections, or the Department of Juvenile Justice, or both, from the local office which 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 drug treatment providers; (ix) the drug court administrator; (x) a representative of the Department of Social Services; (xi) county administrator or city manager; and (xii) any other people selected by the drug treatment court advisory committee.

H. Each local drug treatment court advisory committee shall establish criteria for the eligibility and participation of offenders who have been determined to be addicted to or dependent upon drugs. Subject to the provisions of this section, neither the establishment of a drug treatment court nor anything herein shall be construed as limiting the discretion of the attorney for the Commonwealth to prosecute any criminal case arising therein which he deems advisable to prosecute, except to the extent the participating attorney for the Commonwealth agrees to do so. As defined in § 17.1-805 or 19.2-297.1, adult offenders who have been convicted of a violent criminal offense within the preceding 10 years, or juvenile offenders who previously have been adjudicated not innocent of any such offense within the preceding 10 years, shall not be eligible for participation in any drug treatment court established or continued in operation pursuant to this section.

I. Each drug treatment court advisory committee shall establish policies and procedures for the operation of the court to attain the following goals: (i) effective integration of drug and alcohol treatment services with criminal justice system case processing; (ii) enhanced public safety through intensive offender supervision and drug treatment; (iii) prompt identification and placement of eligible participants; (iv) efficient access to a continuum of alcohol, drug, and related treatment and rehabilitation services; (v) verified participant abstinence through frequent alcohol and other drug testing; (vi) prompt response to participants' noncompliance with program requirements through a coordinated strategy; (vii) ongoing judicial interaction with each drug court 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 drug treatment courts, public agencies, and community-based organizations to enhance program effectiveness and efficiency.

J. Participation by an offender in a drug treatment court 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.

K. Nothing in this section shall preclude the establishment of substance abuse treatment programs and services pursuant to the deferred judgment provisions of § 18.2-251.

L. Each offender shall contribute to the cost of the substance abuse treatment he receives

while participating in a drug treatment court pursuant to guidelines developed by the drug treatment court advisory committee. 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 drug treatment court advisory committee to accept for participation every offender.

M. The Office of the Executive Secretary shall, with the assistance of the state drug treatment court advisory committee, develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local drug treatment courts. A report of these evaluations shall be submitted to the General Assembly by December 1 of each year. Each local drug treatment court advisory committee shall submit evaluative reports to the Office of the Executive Secretary as requested.

N. Notwithstanding any other provision of this section, no drug treatment court shall be established subsequent to March 1, 2004, unless the jurisdiction or jurisdictions intending or proposing to establish such court have been specifically granted permission under the Code of Virginia to establish such court. The provisions of this subsection shall not apply to any drug treatment court established on or before March 1, 2004, and operational as of July 1, 2004.

O. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the following jurisdictions: The City of Chesapeake and the City of Newport News.

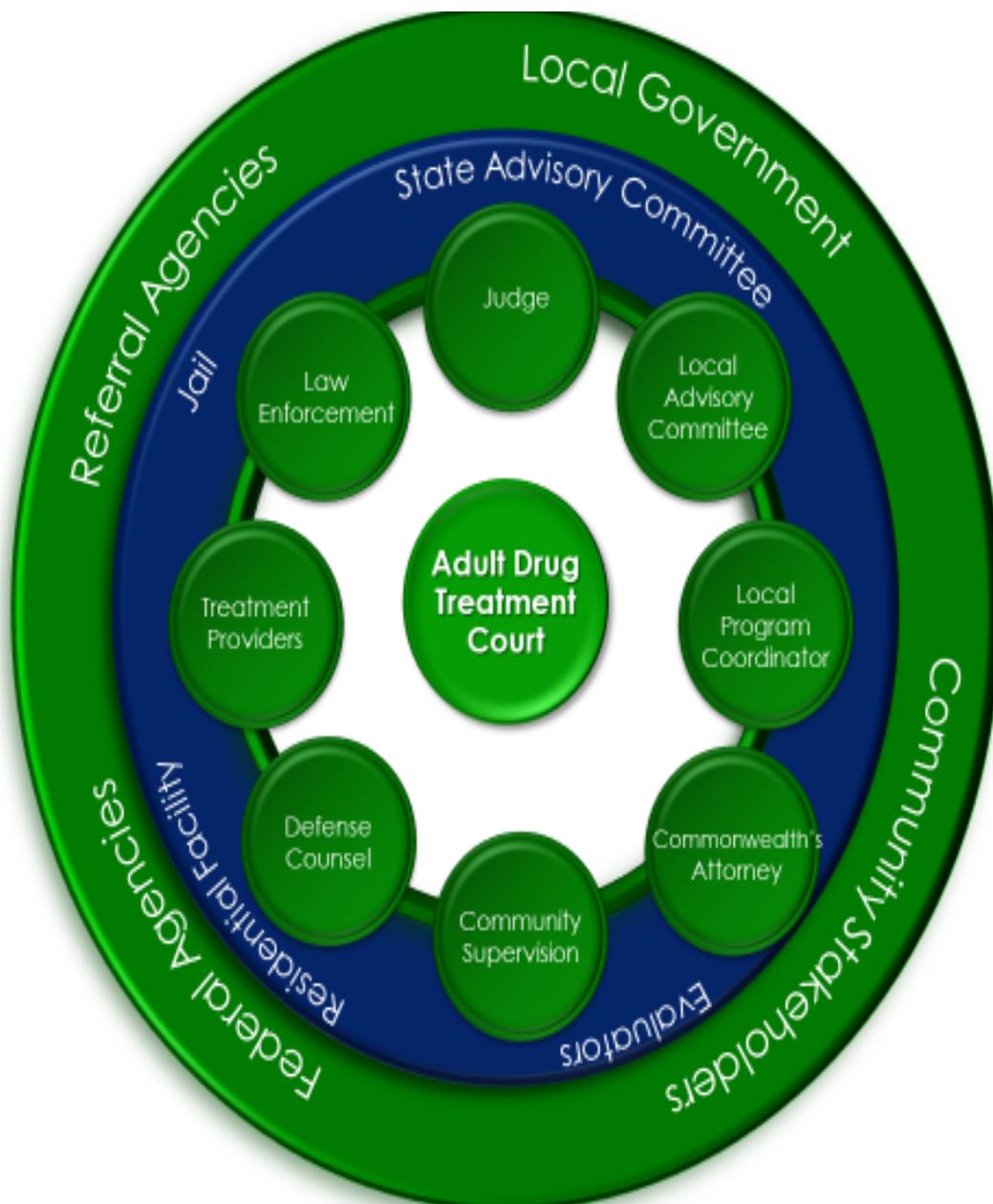
P. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the Juvenile and Domestic Relations District Court for the County of Franklin, provided that such court is funded solely through local sources.

Q. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the City of Bristol and the County of Tazewell, provided that the court is funded within existing state and local appropriations.

(2004, c. 1004; 2005, cc. 519, 602; 2006, cc. 175, 341; 2007, c. 133; 2009, cc. 205, 281, 294, 813, 840; 2010, c.258.)

*Appendix B*

**Diagram of Virginia Adult Drug Treatment Court Docket Stakeholders**



### Appendix C

<b>Approved Virginia Drug Treatment Court Dockets, FY 2021</b>			
Locality	Court	Court Type	Operational Date
Roanoke City, Salem City, Roanoke County	Circuit	Adult felony (1)	September 1995
Charlottesville/Albemarle County	Circuit	Adult felony (2)	July 1997
Richmond City	Circuit	Adult felony (3)	March 1998
Rappahannock Regional Programs: Fredericksburg, King George County, Spotsylvania County, Stafford County	Circuit, J&DR	Adult felony (4) Juvenile (5)	October 1998 October 1998
Norfolk	Circuit	Adult felony (6)	November 1998
Newport News	Circuit	Adult felony (7)	November 1998
Fredericksburg Area Programs: Fredericksburg, Spotsylvania County, Stafford County, King George County	Gen. District	DUI (8)	May 1999 October 2021
Richmond City ( <i>Redesigned 2016</i> )	J&DR	Juvenile (9)	July 1999
Chesterfield County, Colonial Heights	Circuit	Adult felony (10)	September 2000
Portsmouth	Circuit	Adult felony (11)	January 2001
Alexandria ( <i>CLOSED 2-14-12</i> )	J&DR	Family (12)	September 2001
Newport News	J&DR	Juvenile (13)	March 2002
Charlottesville and Albemarle County	J&DR	Family (14)	July 2002
Staunton	Circuit	Adult felony (15)	July 2002
Hopewell, Prince George County & Surry County	Circuit	Adult felony (16)	September 2002
Lee/Scott/Wise Counties	J&DR	Juvenile (17)	September 2002
Chesterfield County/Colonial Heights	J&DR	Juvenile (18)	January 2003
Henrico County	Circuit	Adult felony (19)	January 2003
Hampton	Circuit	Adult felony (20)	February 2003
Hanover County	J&DR	Juvenile (21)	May 2003
Suffolk	Circuit	Adult felony (22)	May 2004
Fairfax County ( <i>CLOSED 5/31/11</i> )	J&DR	Juvenile (23)	May 2003
Prince William County ( <i>CLOSED 6-30-15</i> )	J&DR	Juvenile (24)	May 2004
Loudoun County ( <i>CLOSED 6-2012</i> )	Circuit	Adult felony (25)	May 2004
Chesapeake	Circuit	Adult felony (26)	August 2005
Newport News ( <i>CLOSED</i> )	J&DR	Family (27)	July 2006
Tazewell County	Circuit	Adult felony (28)	March 2009
Franklin County	J&DR	Juvenile (28)	July 2009
Bristol	Circuit	Adult felony (29)	March 2010
Waynesboro Area: Augusta County, Staunton & Waynesboro (Approved May 2010)	Gen. District	DUI (30)	June 2011
Buchanan County	Circuit	Adult felony (31)	July 2012
Dickenson County	Circuit	Adult felony (32)	July 2012
Russell County	Circuit	Adult felony (33)	July 2012
30 <sup>th</sup> Judicial Circuit (Lee, Scott & Wise Counties)	Circuit	Adult felony (34)	July 2012
Washington County	Circuit	Adult felony (35)	July 2012
Montgomery County ( <i>CLOSED</i> )	J&DR	Family (36)	July 2012
Goochland County	J&DR	Family (37)	July 2012
Danville ( <i>Not operating</i> )	Circuit	Adult felony (38)	July 2012

Arlington County	Circuit	Adult felony (39)	October 2012
Pulaski County	Circuit	Adult felony (40)	October 2014
Halifax County	Circuit	Adult felony (41)	April 2015
Floyd County	Circuit	Adult felony (42)	October 2015
Giles County	Circuit	Adult felony (43)	October 2015
Northwest Regional: Winchester, Clarke, Page and Frederick Counties	Circuit	Adult felony (44)	April 2016
Smyth County	Circuit	Adult felony (45)	April 2016
Virginia Beach Circuit	Circuit	Adult felony (46)	April 2016
Harrisonburg/Rockingham County ( <i>non-operational</i> )	Gen District	DUI (47)	October 2016
Henrico County	J&DR	Juvenile (48)	October 2016
Lynchburg County	Circuit	Adult felony (49)	October 2016
Hanover County ( <i>non-operational</i> )	Circuit	Adult felony (50)	October 2016
Montgomery County	Circuit	Adult felony (51)	October 2016
Harrisonburg/Rockingham County	Circuit	Adult felony (52)	April 2017
Northern Neck & Essex	Circuit	Adult felony (53)	October 2017
Twin Counties & Galax Recovery Court	Circuit	Adult felony (54)	October 2017
Fairfax County	Circuit	Adult felony (55)	October 2017
Radford ( <i>non-operational</i> )	Circuit	Adult felony (56)	October 2017
Bedford County	J & DR	Family (57)	May 2018
Alexandria	Circuit	Adult felony (58)	October 2018
Giles County	J & DR	Family (59)	October 2018
Loudoun County	Circuit	Adult felony (60)	October 2018
Fluvanna County	Circuit	Adult felony (61)	October 2019
Culpeper County	Circuit	Adult felony (62)	October 2019
Radford	Circuit	Adult felony (63)	April 2020
Montgomery	Circuit	Adult felony (64)	April 2020
Wythe County ( <i>non-operational</i> )	Circuit	Adult felony (65)	April 2020
Alleghany County/Covington	Circuit	Adult felony (67)	April 2020
Fifth Judicial Circuit-Suffolk ( <i>non-operational</i> )	Circuit	Adult felony (68)	April 2020
Orange and Madison Counties	Circuit	Adult felony (69)	October 2020
Page County	Circuit	Adult Felony (70)	November 2020
Twenty-First Judicial Circuit (Martinsville and Patrick, & Henry Counties)	Circuit	Adult felony (71)	May 2021
Botetourt and Craig	Circuit	Adult felony (72)	May 2021

**Appendix D**  
**Rule 1:25 Specialty Dockets**

**VIRGINIA:**

***In the Supreme Court of Virginia held at the Supreme Court Building in the City of Richmond on Monday the 14th day of November, 2016.***

It is ordered that the Rules heretofore adopted and promulgated by this Court and now in effect be and they hereby are amended to become effective January 16, 2017.

**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) drug treatment court dockets as provided for in the Drug Treatment Court Act, § 18.2-254.1, (ii) veterans dockets, and (iii) behavioral/mental health dockets. Drug treatment court dockets offer judicial monitoring of intensive treatment and strict supervision in drug and drug-related cases.

The dispositions in the family drug treatment court dockets established in juvenile and domestic relations district courts may include family and household members as defined in Virginia Code § 16.1-228. 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/mental 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/Mental Health Docket Advisory Committee, and the committee for any other type of specialty docket recognized in the future by the Supreme Court shall be chosen by the Chief Justice. The State Drug Treatment Court Advisory Committee established pursuant to Virginia Code § 18.2-254.1 shall constitute the Drug Treatment Court Docket Advisory Committee.

(f) *Operating Standards.* - The Specialty Docket Advisory Committee, in consultation with the committees created pursuant to subsection (e), shall establish the training

and operating standards for local specialty dockets.

(g) *Financing Specialty Dockets.* -Any funds necessary for the operation of a specialty docket shall 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 shall provide to the Specialty Docket Advisory Committee the information necessary for the continuing evaluation of the effectiveness and efficiency of all local specialty dockets.

A Copy,

Teste:

A handwritten signature in cursive script that reads "Paul L. Haminger".

Clerk

*Appendix E*  
**State Drug Treatment Court Advisory Committee Membership Roster**

**Chair:**

The Honorable Donald W. Lemons, Chief Justice  
Supreme Court of Virginia

**Vice-Chair:**

The Honorable Jack S. Hurley, Judge\*  
Tazewell Circuit Court

**Members:**

**Boards**

Karl Hade, Executive Secretary\*  
Office of the Executive Secretary

Nikki Clarke  
Program Manager  
Legislation, Regulations & Guidance  
Virginia Department of Social Services

The Hon. Louise DiMatteo, Judge\*  
Arlington Circuit Court

Suzanna “Anna” Burton,  
SA Program Manager  
Department of Corrections

The Hon. Frederick G. Rockwell, III, Judge\*  
Chesterfield Circuit Court

The Hon. Joseph A. Vance, IV, Judge\*  
Fredericksburg Juvenile & Domestic Relations  
Court

Major William Anspach  
Colonial Heights Police Department  
Virginia Association of Chiefs of Police

The Hon. Charles S. Sharp, Judge (Retired)  
Stafford Circuit Court, Member At-Large

Julie Truitt, Program Manager  
Dept. of Behavioral Health &  
Developmental Services/Office of Substance  
Abuse Services

The Hon. David B. Carson, Judge  
Roanoke Circuit Court

Angela Coleman, Executive Director  
Commission on Virginia Alcohol Safety Action  
Program

The Hon. Deborah Tinsley, Judge  
Goochland County Juvenile & Domestic Relations  
Court

Maria Jankowski, Deputy Director  
Virginia Indigent Defense Commission

The Hon. LaBravia Jenkins, Commonwealth’s  
Attorney, Fredericksburg  
Commonwealth’s Attorneys Association

Thomas Fitzpatrick  
Division Director, Programs and Services  
Virginia Department of Criminal Justice Services

The Hon. Karl Leonard, Sheriff  
Virginia Sheriff’s Association

Megan Roane, Executive Director  
Blue Ridge Community Correction Services  
Virginia Community Criminal Justice Association

The Hon. Llezelle Dugger, Clerk  
Charlottesville Circuit Court  
Circuit Court Clerks’ Association

Cheryl Robinette, Coordinator  
Tazewell Adult Drug Court, Member At-Large

Natale Ward Christian, Executive Director  
Hampton/Newport News CSB  
Virginia Association of Community Services

The Hon. Eric Olsen, Commonwealth’s Attorney  
Stafford County, Member At-Large

**Staff:**

Paul DeLosh, Director  
Judicial Services Department

Anna T. Powers  
State Specialty Dockets Coordinator  
Judicial Services Department

Bre'Auna Beasley  
Specialty Dockets Analyst  
Judicial Services Department

Lori Hogan  
Specialty Dockets Administrative Assistant  
Judicial Services Department

Elisa Fulton  
Specialty Dockets Training Coordinator  
Judicial Services Department

Courtney Stewart, Ed.D.  
Specialty Dockets Grants Management Analyst  
Department of Judicial Services

**\*EXECUTIVE COMMITTEE**