

EXECUTIVE SECRETARY  
KARL R. HADE

ASSISTANT EXECUTIVE SECRETARY &  
LEGAL COUNSEL

EDWARD M. MACON

COURT IMPROVEMENT PROGRAM  
SANDRA L. KARISON, DIRECTOR

EDUCATIONAL SERVICES  
CAROLINE E. KIRKPATRICK, DIRECTOR

FISCAL SERVICES  
JOHN B. RICKMAN, DIRECTOR

HUMAN RESOURCES  
RENÉE FLEMING MILLS, DIRECTOR

## SUPREME COURT OF VIRGINIA



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

JUDICIAL INFORMATION TECHNOLOGY  
ROBERT L. SMITH, DIRECTOR

JUDICIAL PLANNING  
CYRIL W. MILLER, JR., DIRECTOR

JUDICIAL SERVICES  
PAUL F. DELOSH, DIRECTOR

LEGAL RESEARCH  
STEVEN L. DALLE MURA, DIRECTOR

LEGISLATIVE & PUBLIC RELATIONS  
KRISTI S. WRIGHT, DIRECTOR

MAGISTRATE SERVICES  
MASON L. BYRD, DIRECTOR

February 9, 2018

Members of the General Assembly of Virginia  
Pocahontas Building  
900 East Main Street  
Richmond, Virginia 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 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. Pursuant to the Act, a report of these evaluations shall be submitted to the General Assembly. Please find attached the current annual report.

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

Very truly yours,

A handwritten signature in black ink that reads "KRH".

Karl R. Hade

KRH:atp  
Enclosure

Where Treatment and Accountability Meet Justice



Office of the Executive Secretary, Supreme Court of Virginia

## 2017 Annual Report

## **Preface**

The Virginia Drug Treatment Court Act (Code of Virginia §18.2-254.1; see Appendix A) directs the Office of the Executive Secretary (OES) of the Supreme Court of Virginia, in consultation with 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 directs the OES to annually provide the General Assembly with a report of these evaluations. This report reflects fiscal years 2014, 2015, 2016, and 2017 data prepared for the 2018 General Assembly.

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## EXECUTIVE SUMMARY

In fiscal year 2017, there were forty-nine (49) drug treatment court dockets approved to operate in Virginia. Operating programs include: thirty-two (32) adult, seven (7) juvenile, two (2) family and three (3) regional DUI Drug Treatment Court Dockets. Three adult drug treatment court dockets (Harrisonburg/Rockingham, Smyth County and Virginia Beach) had their first docket later in the year and Danville has not yet formally commenced their docket, one juvenile drug court changed to become a juvenile behavioral health docket and additional applications (one DUI docket, one juvenile drug court and four adult drug courts) were approved later in the year. Currently, forty-four (44) drug treatment court dockets are operating throughout the Commonwealth with the additional localities requesting permission to establish drug treatment court dockets. Data from some of these dockets are not included in this report due to their recent start date.

Drug treatment court dockets are growing exponentially in the Commonwealth. Much of the recent growth is attributed to the 2012 budget language authorizing the Drug Treatment Court Advisory Committee to consider approval of new drug treatment court dockets providing 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>1</sup>*

Since 2012, twenty-two (22) new drug treatment court dockets have been approved to operate. In fiscal year 2015, the Halifax County Adult Drug Treatment Court docket and in fiscal year 2016 the Floyd and Giles Counties Adult Drug Treatment Court dockets as well as the Northwestern Regional, Smyth County and Virginia Beach Circuit Drug Court dockets were approved by the Drug Treatment Court Advisory Committee. In 2017, Lynchburg, Hanover and Montgomery Counties Adult Drug Courts along with Harrisonburg/Rockingham DUI Drug Court Docket and Henrico County Juvenile Drug Court were also approved followed by approval of the

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<sup>1</sup> Chapter 780 – 2016 Virginia Acts of Assembly – Item 40.H.2

Harrisonburg/Rockingham Adult Drug Treatment Court. As part of their application, state funds were not requested and existing resources along with federal grant applications were utilized.

In response to the opiate epidemic, the 2016 budget language authorized funds to support two substance abuse treatment pilot programs at the Norfolk Adult and the Henrico County Adult Drug Courts utilizing non-narcotic, non-addictive, long-acting, injectable prescription drug treatment regimens as well as authorizing the Office of the Executive Secretary to identify eligible adult drug court sites for participation in a pilot program to provide this injectable prescription drug treatment regimens. This year's (FY17) budget language also included funding for drug courts in jurisdictions with high drug caseloads to be allocated by the state Drug Treatment Court Advisory Committee (Budget Items H.4-6 will be reviewed in detail in next year's report).

The goals of Virginia drug treatment court dockets are to:

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

This report reviews the basic operations and outcomes of Virginia's drug treatment court dockets for fiscal year 2017. Information provided includes details of program participants including demographics, program entry offenses, program length, graduation or termination and re-arrest post- program completion. The report is based on 1) data from the drug court database developed and maintained by the OES; and 2) arrest data obtained from the Virginia State Police. Details are provided separately for adult and DUI drug treatment court dockets.

The juvenile drug treatment court docket model served slightly over 100 participants among the seven programs during fiscal year 2017. As a result, only basic data is included for this model. Only two family drug treatment court dockets accepted participants during fiscal year 2017. As a result, there is insufficient data to report on this model. The Commission on Virginia Alcohol Safety Action Program (VASAP) requires the local Alcohol Safety Action Programs (ASAPs) to enter data in the Inferno database. The driving under the influence (DUI) drug treatment court dockets are operated through the local ASAP. Data for the DUI drug treatment court dockets are electronically migrated into the drug court database.

Analyses provided in this report were based on data entered for participants in Virginia's drug treatment court dockets who entered into a program after July 1, 2013 and completed (successfully or unsuccessfully) a drug treatment court docket program on or before June 30, 2017. Statistical information was provided for participants who remain active. Information provided in this report reviews several new best practices in the drug treatment court docket programs over the past four years, such as the results of the Risk and Needs Triage (RANT) tool (a nationally recognized validated assessment tool) and Moral Reconciliation Therapy (MRT) training and implementation.

RANT is a highly secure web-based decision support tool designed with criminal justice professionals in mind. The tool demonstrates how drug-involved offenders can be matched to the level of supervision and treatment best suited to both their criminogenic risks and clinical needs. RANT was selected 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. Federal grant funds allowed the OES to purchase the intellectual property to add RANT to the drug court database for adult drug treatment court staff to use for each referral in order to target the high risk and high need candidates for acceptance.

## Best Practice

The National Association of Drug Court Professionals (NADCP) announced that evidence-based treatment courts continue to expand and save lives, serving over 127,000 people in the United States in 2014. 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 of the aforementioned*
- *Drug treatment court dockets rely upon the daily communication and cooperation 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 agency to tackle alone*

NADCP released Vol. I and Vol. II of the Adult Drug Court Best Practice Standards<sup>2</sup> over the last two years, completing the most comprehensive compilation of research-based, specific, practitioner-focused drug court guidance ever produced. The Standards bring to bear over two decades of research on addiction, pharmacology, behavioral health and criminal justice, and include lessons that will not only improve drug court, but will help improve the way the entire system responds to offenders living with addiction or mental illness. Virginia Adult Drug Treatment Court Standards are being revised to correlate with these best practice standards.

## 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 driving under

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<sup>2</sup> <http://www.nadcp.org/sites/default/files/nadcp/AdultDrugCourtBestPracticeStandards.pdf>

the influence (DUI) drug treatment court dockets through the Drug Treatment Court Division of the Department of Judicial Services. 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 is well documented. In times of serious budget cuts, 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 re-arrest and additional incarceration. Every adult participant accepted into a Virginia drug treatment court docket program saves \$19,234 compared to traditional case processing.<sup>3</sup>

### Funding for Drug Treatment Court Dockets

Virginia's drug treatment court dockets operate under a funding strategy developed in 2009 by a work group as part of an ongoing strategic goal of Virginia's drug treatment court docket community. The goal was to formulate a plan to address the long-term funding of drug treatment court dockets in Virginia over a ten-year period in a way that would support currently funded, unfunded and future drug treatment court dockets. The result was to develop a funding formula that is both reliable in its consistency from year to year and sufficient in scale to at least maintain the operations of the Commonwealth's current programs. The funding formula is based on two elements: 1) the number of participants served by the program; and 2) accountability measures. The funds are distributed in the form of grants. Recognizing a secure dedicated funding stream may not be near, and to maintain operations and provide consistency, the funding strategy established was implemented gradually over the past few years. Programs must meet minimum compliance elements to receive funds. The minimum compliance elements include:

- *Approval to operate in Virginia*
- *Established minimum number of participants enrolled*
- *Compliance with Virginia Drug Court Standards as determined by the Drug Treatment Court Advisory Committee*
- *Compliance with data entry into the drug court database*
- *Compliance with grant reporting requirements if currently receiving funds*
- *Accountability measures include program retention and recidivism rates. (Benchmark target rates for program retention and recidivism rates will be determined by OES every four years, based on the average of all like-model dockets over the past two years of program operation with +/-5%.*
- *Additional programs will be added in the order they were approved to operate if compliance with all funding requirements.*

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<sup>3</sup> [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3692012/\\$file/RD369.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3692012/$file/RD369.pdf)

Currently, state funds are administered to fifteen (15) adult and four (4) juvenile drug treatment court docket programs in the form of grants. Programs receiving these funds utilize the funds primarily for drug treatment court team personnel. Treatment services for drug treatment court docket participants are generally provided through local public substance abuse treatment systems also known as the Community Services Boards (CSB) or the Behavioral Health Authorities. Participant supervision is provided by state probation and parole officers or local community corrections officers.

The drug treatment court dockets establish a Memoranda 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. One juvenile docket received a substantial three-year federal grant from the Office of Juvenile Justice and Delinquency Programs. That docket has changed to a juvenile behavioral health docket. Three adult drug treatment court dockets are not currently accepting participants. The two remaining programs, which are DUI drug treatment court docket programs, operated by the local Alcohol Safety Action Program (ASAP) use offender fees to support their program.

In October 2012, the OES received a Statewide Adult Drug Treatment Court Discretionary grant award from the Bureau of Justice Assistance for \$1.5 million. Virginia utilized these funds to not only improve operations of drug treatment court dockets by adding best practices, such as adding probation officers or case managers for participants' supervision, but also to implement the Risk And Needs Triage (RANT) tool to target the high risk and high needs participants. The cognitive behavioral curriculum-based treatment approach, Moral Reconciliation Therapy (MRT) was also implemented to improve outcomes and provided staff training on how to use these tools as enhancements to the drug court database. The grant award also provides an emerging trend study of drug court effectiveness with the prescription drug use population. A no-cost extension was granted extending the grant to expire on September 30, 2016.

All Virginia drug court dockets expressed concern around securing and maintaining adequate funding, especially to address issues specific to their unique participant populations. The aftercare component of dockets is crucial and merits increased attention. While all dockets support staff training, additional topic specific training is needed; for example, training specific to using injectable naltrexone, naloxone and other medications, relapse prevention warning signs and cultural competency. Ongoing professional development increase staff skills and contributes to enhanced program quality.

As stated previously, every adult participant accepted into a Virginia drug treatment court docket saves \$19,234 compared to traditional case processing. These savings are due to positive drug court participant outcomes including fewer arrests, fewer court cases, less probation time, less jail time, and less prison time relative to the comparison group. Overall, the number of adult drug court participants served in FY2016 saved local agencies and the Commonwealth of Virginia greater than \$24 million dollars (see Figure 1). This is over two million more dollars than reported saved in 2015. Savings per participant multiplied by the number of participants served is used to calculate these savings. Savings continue to accrue each year, resulting in a

continuously growing return on taxpayer investment. These findings suggest a robust and sustained impact of drug court on recidivism compared to the business-as-usual alternative (probation, jail, and/or prison).

Figure 1: Fiscal Year 2016-7 Summary Measures

### Fiscal Year 2016-7 Summary Measures

The following provides a snapshot of the 2017 program summary as compared to 2016.

- Increased cost savings by **over \$25 million (\$25,369,646)**
- Increased number of active adult participants
- 85.9% of adult participants accepted scored high risk/high need on the RANT, a slight increase from FY 16.
- High levels of sobriety measured by drug screens negative for alcohol & drugs for Adult, Veteran, and DUI dockets at 95%, 99%, and 91% respectively.
- Increased number of referrals to drug treatment court dockets, while number of juveniles referred decreased

Virginia Drug Courts save \$19,234 per person as compared to traditional case processing. 1,319 participants were served in FY17, while 1,245 participants were served in FY16. (FY 17 = Additional **\$1.4 million (\$1,423,316)** cost savings.

In spite of the difference in demographics, as well as each individual drug court's characteristics and practices, all drug courts experienced a graduation rate above the national average and cost-savings to local agencies and the Commonwealth of Virginia. Results of this study show that Virginia Drug Treatment Courts:

- Reduce recidivism
- Increase treatment completion rates above the national average
- Show a savings of over \$25 million in taxpayer dollars.

### Activity Summary

1. *Active Participants:* Adult active participants continue to increase every year with FY 2017 having 1,319 versus 1,245 from FY 2016. Family and veteran active participants have slightly increased from previous years. The juvenile program has decreased slightly, as did the DUI active participants, DUI participants decreasing from 1,169 in FY 2016 to 1,117 in FY 2017.
2. *Graduates:* The number of individuals who successfully completed adult, juvenile, or DUI drug treatment court docket programs in 2017 totaled 522 for an overall graduation rate of 52%. This is a 5% decrease from the 2016 overall graduation rate.

3. *Terminations:* There were 491 persons terminated from an adult, juvenile, or DUI drug treatment court docket during 2017, resulting in an overall termination rate of 48%. Overall, terminations have increased compared to 2016 rates.
4. *Referrals:* In 2017, the adult drug treatment courts had 1,266 referrals. That is just under a 7% increase from FY 2016 referrals. The DUI drug treatment courts had 373 referrals; this is a decrease of 22% from FY 2016. Juvenile drug treatment courts totaled 56 referrals, a 23% decrease from FY 2016. The veteran's treatment courts had 5 and family courts had 4 referrals, which are both up from the previous year, but a decrease from FY 2014 and FY 2015.
5. *New Admissions:* Of the 1,266 adult drug treatment court referrals, 569 were accepted making that a 45% acceptance rate. For DUI drug treatment courts, 341 of the 373 referrals were accepted, giving them an acceptance rate of 91%.

The number of referrals, acceptances, and active participants in adult drug treatment courts are steadily increasing every year. While those numbers are increasing, the number of graduates and unsuccessful completions (terminations) continue to vary from year to year. Family and Veteran active participants are also increasing, while DUI and Juvenile courts are seeing decreases.



## INTRODUCTION

The General Assembly enacted the Virginia Drug Treatment Court Act (Va. Code §18.2-254.1) in 2004. The Act authorizes the Supreme Court of Virginia to provide administrative oversight to all drug treatment courts and established the statewide Drug Treatment Court Advisory Committee chaired by the Chief Justice. The Advisory Committee provides guidance on the implementation and operation of local drug treatment courts. 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. Drug treatment courts (DTC) are specialized dockets within the existing structure of Virginia's court system offering judicial monitoring of intensive treatment and strict supervision of addicts in drug cases and drug-related cases. The intent is to enhance public safety by facilitating the creation of drug treatment courts as a means to fulfill these needs. Local officials must complete a recognized and approved planning process before establishing a drug treatment court docket in Virginia. Once implemented, drug treatment court dockets in Virginia and nationwide become an integral part of the court and community response to drug addiction and abuse. As the number of docket programs grows, and the number of Virginians served increases, the Commonwealth continues to save costs compared to business as usual case processing. Virginia drug treatment court dockets continue to improve their development and utilization of evidence-based practices. Virginia's drug treatment court dockets remain in the forefront of collaboration between the judiciary and partner agencies to improve outcomes for adult offenders, DUI offenders, juvenile delinquents and parent respondents in abuse/ neglect/ dependency cases.

Data is provided for adult and DUI drug treatment court docket models and program descriptions are provided separately for adult, juvenile, driving under the influence (DUI) and family drug treatment court dockets. The report is based on data from the drug court database developed and maintained by the Office of the Executive Secretary (OES), as well as arrest data from the Virginia State Police and DUI drug court data electronically transferred from VASAP's Inferno database to the state drug court database. Local drug treatment court staff enter data on program participants into the drug court database. Local Virginia Alcohol Safety Action Programs (VASAPs) enter data for DUI drug treatment court docket participants into their separate data system called Inferno. The DUI drug treatment court data was migrated from VASAP's database to the OES drug court database. 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, 2016 and June 30, 2017. 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 court dockets operate in the juvenile and domestic relations district courts as described below.

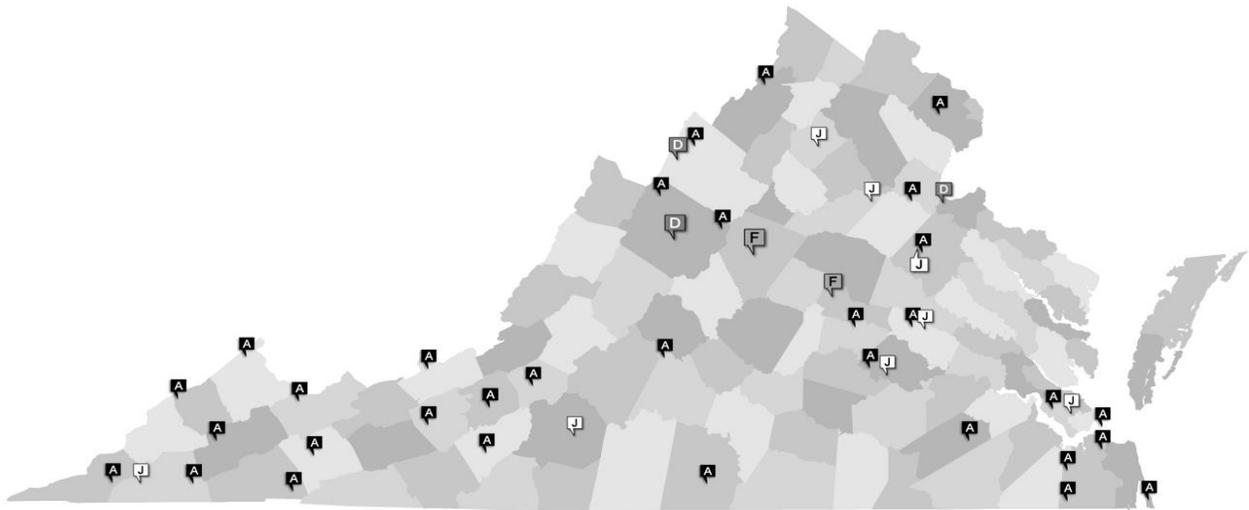
- **Adult** drug treatment court dockets in circuit courts monitor sentenced offenders and/or deferred prosecution defendants on supervised probation.
- **Juvenile** drug treatment court dockets in juvenile and domestic relations district courts monitor adjudicated delinquents on supervised probation.
- **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 monitor parent respondents petitioned for child abuse, neglect and/or dependency who are seeking custody of their children.

The first Virginia drug treatment court was established in 1995 through the 23<sup>rd</sup> Judicial Circuit Court. Drug courts seek to enhance public safety by providing a judicially supervised and cost effective collaborative approach to offenders with substance use disorders. Currently, Virginia has 32 Adult Drug Treatment Courts, seven Juvenile Drug Treatment Courts, three DUI Drug Courts, two Family Drug Treatment Courts, and five non-operational courts. With the emergency of the opioid epidemic, the need for drug courts will only grow. The General Assembly adopted the Drug Treatment Court Act in 2004 to recognize the need for something other than the traditional case processing.

## 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 recognition and funding for drug treatment court dockets, best practices based on research and minimum standards for program operations. It also evaluates all proposals for the establishment of new drug courts and makes recommendations to the Chief Justice. OES staff along with the Drug Treatment Court Advisory Committee/Evaluation Committee prepared this report. A map of Virginia's Drug Treatment Courts is below (see Figure 2).

Figure 2: Virginia Drug Treatment Court Map



- A** Adult Drug Treatment Court Dockets (32)
- J** Juvenile Drug Treatment Court Dockets (7)
- D** DUI Drug Treatment Court Dockets (3)
- F** Family Drug Treatment Court Dockets (2)

**Table 1: Drug Treatment Court List**

<b>Adult Drug Treatment Courts</b>		
Albemarle/Charlottesville	Newport News	<b>N = 32</b>
Arlington County	Norfolk	
Bristol	Northwestern Regional (Winchester area)	
Buchanan County	Portsmouth	
Chesapeake	Pulaski County	
Chesterfield/Colonial Heights	Rappahannock Regional	
Dickenson County	Richmond City	
Floyd County	Russell County	
Giles County	Smyth County	
Halifax County	Staunton	
Hampton	Tazewell County	
Hanover County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)	
Harrisonburg/Rockingham County	Twenty-Third Judicial Circuit (Roanoke County, Roanoke City, Salem City)	
Henrico County	Virginia Beach Circuit	
Hopewell/Prince George County	Washington County	
Lynchburg		
Montgomery County		
<b>Non-Operational Adult Drug Treatment Courts</b>		
Danville	Radford	<b>N=5</b>
Fairfax	Twin Counties and Galax	
Northern Neck/Essex		
<b>Juvenile Drug Treatment Courts</b>		
Chesterfield/Colonial Heights		<b>N=7</b>
Franklin County		
Hanover County		
Henrico County		
Newport News		
Rappahannock Regional		
Thirtieth District (Lee, Scott, and Wise Counties)		
<b>DUI Drug Treatment Court</b>		
Fredericksburg Area	Waynesboro Area	<b>N=3</b>
Harrisonburg/Rockingham		
<b>Family Drug Treatment Courts</b>		
Charlottesville/Albemarle County	Goochland County	<b>N=2</b>

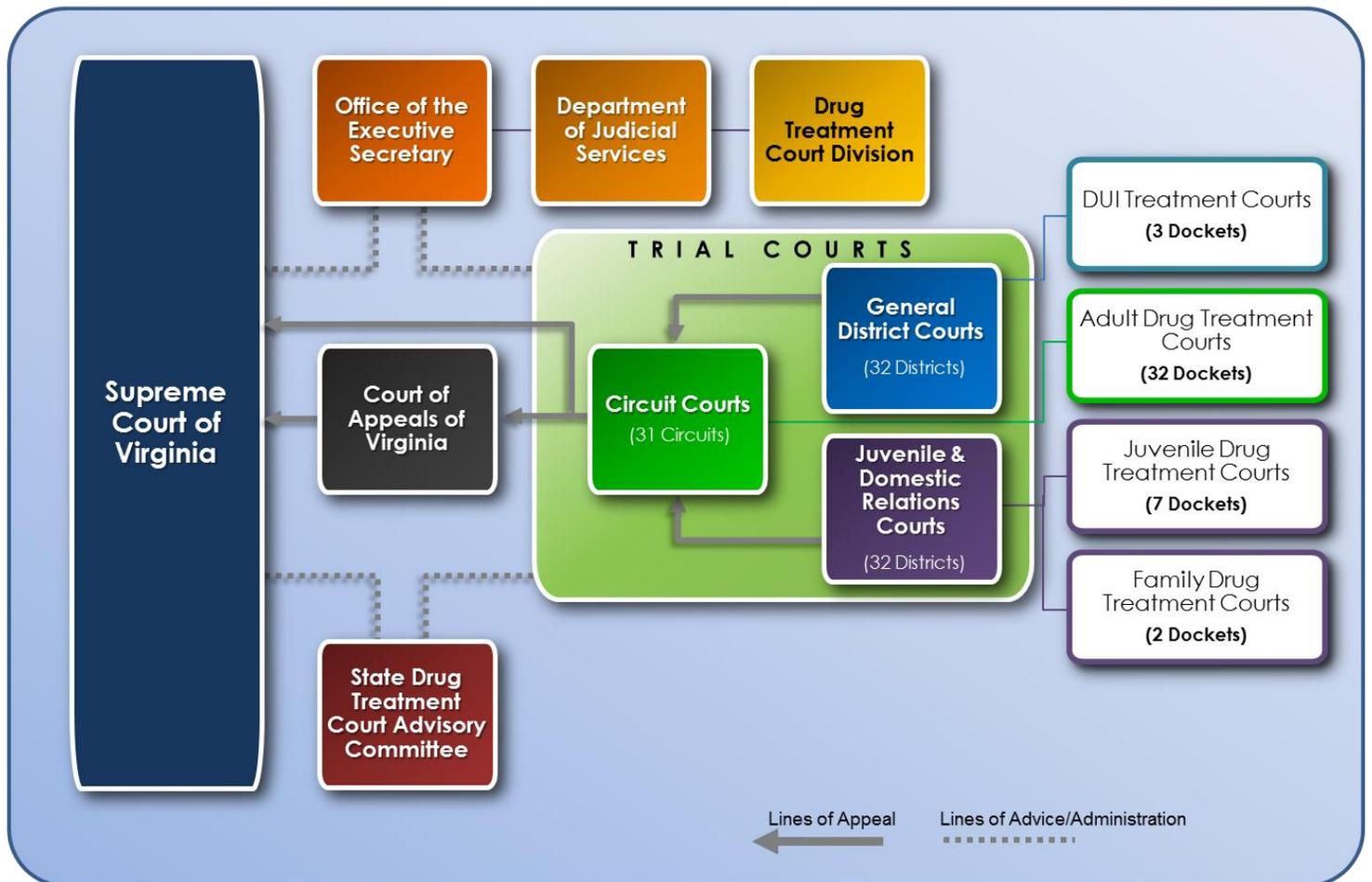
**Table 2: Approved Virginia Drug Treatment Court Dockets**

Approved Virginia Drug Treatment Court Dockets 2017			
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 2011
Richmond City ( <i>Redesigned 2016</i> )	J&DR	Juvenile	July 1999
Chesterfield County, Colonial Heights	Circuit	Adult felony (9)	September 2000
Portsmouth	Circuit	Adult felony (10)	January 2001
Alexandria ( <i>CLOSED 2-14-12</i> )	J&DR	Family	September 2001
Newport News	J&DR	Juvenile (11)	March 2002
Charlottesville and Albemarle County	J&DR	Family (12)	July 2002
Staunton	Circuit	Adult felony (13)	July 2002
Hopewell, Prince George County & Surry County	Circuit	Adult felony (14)	September 2002
Lee/Scott/Wise Counties	J&DR	Juvenile (15)	September 2002
Chesterfield County/Colonial Heights	J&DR	Juvenile (16)	January 2003
Henrico County	Circuit	Adult felony (17)	January 2003
Hampton	Circuit	Adult felony (18)	February 2003
Hanover County	J&DR	Juvenile (19)	May 2003
Suffolk ( <i>CLOSED 12-31-08</i> )	Circuit	Adult felony	May 2004
Fairfax County ( <i>CLOSED 5/31/11</i> )	J&DR	Juvenile	May 2003
Prince William County ( <i>CLOSED 6-30-15</i> )	J&DR	Juvenile	May 2004
Loudoun County ( <i>CLOSED 6-2012</i> )	Circuit	Adult felony	May 2004
Chesapeake	Circuit	Adult felony (20)	August 2005
Newport News ( <i>CLOSED</i> )	J&DR	Family	July 2006
Tazewell County	Circuit	Adult felony (21)	March 2009
Franklin County	J&DR	Juvenile (22)	July 2009
Bristol	Circuit	Adult felony (23)	March 2010
Waynesboro Area: Augusta County, Staunton & Waynesboro (Approved May 2010)	Gen. District	DUI (24)	2002
Buchanan County	Circuit	Adult felony (25)	July 2012
Dickenson County	Circuit	Adult felony(26)	July 2012
Russell County	Circuit	Adult felony(27)	July 2012
30 <sup>th</sup> Judicial Circuit (Lee, Scott & Wise Counties)	Circuit	Adult felony(28)	July 2012
Washington County	Circuit	Adult felony (29)	July 2012
Montgomery County ( <i>CLOSED</i> )	J&DR	Family	July 2012
Goochland County	J&DR	Family (30)	July 2012
Danville ( <i>Not operating</i> )	Circuit	Adult felony	July 2012
Arlington County	Circuit	Adult felony (31)	October 2012
Pulaski County	Circuit	Adult felony (32)	October 2014
Halifax County	Circuit	Adult felony (33)	April 2015
Floyd County	Circuit	Adult felony (34)	October 2015
Giles County	Circuit	Adult felony (35)	October 2015
Northwest Regional: Winchester, Clarke, Page and Frederick Counties	Circuit	Adult felony (36)	April 2016
Smyth County	Circuit	Adult felony (37)	April 2016
Virginia Beach Circuit	Circuit	Adult felony (38)	April 2016
Harrisonburg/Rockingham County	Gen District	DUI (39)	October 2016
Henrico County	J&DR	Juvenile (40)	October 2016
Lynchburg County	Circuit	Adult felony (41)	October 2016
Hanover County	Circuit	Adult felony (42)	October 2016
Montgomery County	Circuit	Adult felony (43)	October 2016
Harrisonburg/Rockingham County	Circuit	Adult felony (44)	April 2017

Note: Only operational dockets are included in count.

Figure 3: Drug Treatment Courts within the Virginia Court System

## Drug Treatment Courts within the Virginia Court System



## ADULT DRUG TREATMENT COURTS

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 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 abuse 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 the OES (See [Diagram 1, 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 abuse history. Offenders who meet eligibility criteria and are found to be drug and/or alcohol dependent 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 judge on their compliance with program requirements. The personal intervention of the judge in participants' lives is a major factor in the success of drug treatment court. Criminal justice supervision and sanctions do not reduce recidivism among substance-involved offenders without involvement in treatment. Substance abuse 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 effectively reduce recidivism and substance abuse.<sup>4</sup>

As a result 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 partnerships develop comprehensive and tightly structured regimens of treatment and recovery

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

services. What is different in drug treatment court compared to the usual criminal justice system process is the continuing oversight and personal involvement of the judge in the monitoring process. By closely monitoring 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 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 to be included in the study due to their limited available data.

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 "business-as-usual" comparison group and that this reduction in recidivism was 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. This resulted in 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 participation were calculated and compared to the costs of processing a case through the traditional "business as usual" 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 from either drug treatment court entry (less the actual cost of drug treatment court docket) or sentences for the placement arrest event for the comparison group
- Victimization costs resulting from recidivism for both property offenses and violence offenses.

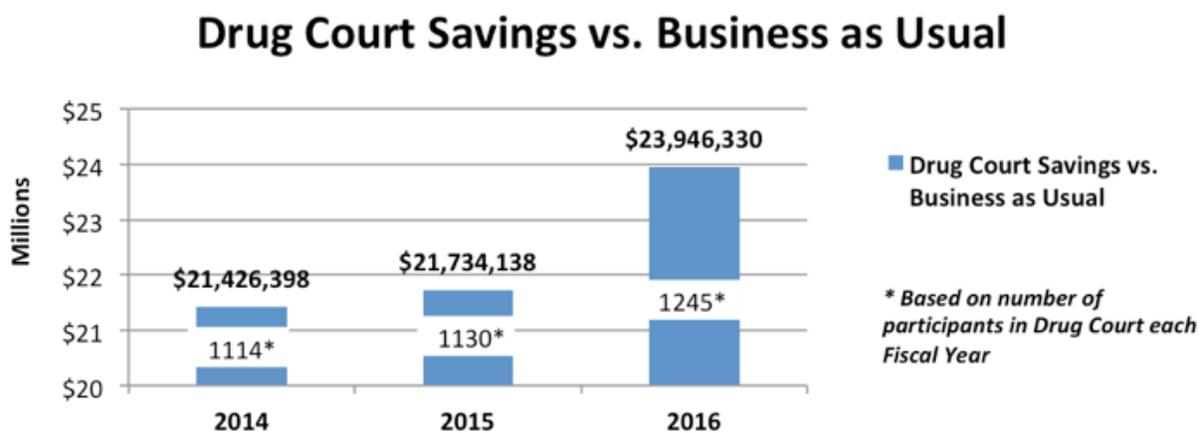
The results demonstrate on average, Virginia's adult drug treatment courts save \$19,234 per person when the costs and benefits of the drug court participant group is compared to the "business as usual" or traditional case processing group (see Table 3).

Table 3: Costs of Drug Court compared to ‘Business as Usual’ Costs

	Drug Court	Comparison	Total
Placement	\$1,441.76	\$4,651.21	(\$3,209.44)
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 graduate participants increases the savings generated to the Commonwealth compared to treating these offenders via traditional case processing (see Figure 4).

Figure 4: Drug Court Savings vs. Business As Usual



The overall conclusions reported a robust and sustained impact on recidivism for participants in drug treatment court dockets compared to the "business as usual" alternatives. Additionally, the lower recidivism rate of adult drug court participants relative to "business as usual" processing leads to lower costs within the criminal justice system and victimization costs for the adult drug treatment court group relative to the comparison group. These lower costs within the criminal justice system and victimization costs, along with lower placement costs, result in average savings of almost \$20,000 per drug court participant, relative to the costs of "business as usual" processing.<sup>5</sup>

An interesting key finding included in this report is successful completion of drug treatment court (graduation) is strongly related to reductions in post-exit recidivism and programs that incorporate Moral Reconciliation Therapy (MRT) were found to be more effective at reducing the incidence and frequency of recidivism than drug treatment court programs that do not offer MRT.

<sup>5</sup> [http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3692012/\\$file/RD369.pdf](http://leg2.state.va.us/dls/h&sdocs.nsf/By+Year/RD3692012/$file/RD369.pdf)

## Risk and Needs Triage (RANT)

The Risk and Needs Triage (RANT) is not a professional diagnosis but assesses an offender's criminogenic risks and clinical needs. The assessment provides a highly secure web-based decision support tool that suggests the level of supervision and treatment best suited to address an individual's criminogenic risks and clinical needs. The RANT tool has 19 questions and is easily administered by a non-specialist in 15 minutes or less. The tool immediately generates easily understandable reports sorting offenders into one of four risk/needs quadrants with direct implications for suitable correctional dispositions and behavioral health treatment. The RANT helps determine whether or not a candidate is a good fit for drug treatment court. This tool demonstrates how drug-involved offenders can be matched to the level of supervision and treatment best suited to both their criminogenic risks and clinical needs. The tool will indicate that an individual classified as high risk and high needs typically require a combination of services involving intense treatment, close monitoring and accountability for their actions. This triage screen was designed to identify those risks and needs for offenders that have been proven by research to predict a poorer response to standard supervisory or treatment requirements. The goal is to use this information to match the offenders to those programs that are most likely to elicit the best outcomes. All Virginia adult drug treatment courts are required to complete the RANT questionnaire in the drug court database prior to accepting the candidate. Drug treatment court dockets target the high risk of recidivating and high need for treatment offenders.

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

**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 abuse 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 abuse, 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. RANT is easily administered by non-specialists in 15 minutes or less and offers instant, individual participant-level reporting. Federal grant funds allowed the OES to purchase the intellectual property to add RANT to the drug court database for adult and DUI drug

treatment court staff to use for each referral in order to target the high risk and high needs candidates for acceptance.

Research has demonstrated the importance of matching the risk and needs levels of drug-involved offenders to appropriate levels of judicial supervision and treatment services.

Treatment court dockets can better allocate resources to those who will most benefit from varying types and intensities of intervention if participants are better matched to services based on their risks and needs. In 2014, all Virginia drug treatment court dockets implemented this tool.

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 4), offenders are simultaneously matched on risk and needs to one of four quadrants having direct implications for selecting suitable correctional dispositions and behavioral care treatment. Some examples of practice implications and indicated interventions as defined by Dr. Marlowe for selecting suitable correctional dispositions and behavioral care treatment for individuals in each of the four quadrants are provided below, in italics:

**Table 4: RANT Matrix: Practice Implications or Alternative Tracks**

<b>Practice Implications or <i>Alternative Tracks</i></b>		
	<b>High Risk</b>	<b>Low Risk</b>
<b>High Needs (dependent)</b>	<ul style="list-style-type: none"> <li>✓ Status calendar</li> <li>✓ Treatment</li> <li>✓ Prosocial &amp; adaptive habilitation</li> <li>✓ Abstinence is distal</li> <li>✓ Positive reinforcement</li> <li>✓ Self-help/alumni groups</li> <li>✓ ~18-24 months</li> </ul> <i>Drug Court Track</i>	<ul style="list-style-type: none"> <li>✓ Noncompliance calendar</li> <li>✓ Treatment (separate milieu)</li> <li>✓ Adaptive habilitation</li> <li>✓ Positive reinforcement</li> <li>✓ Self-help/alumni groups</li> <li>✓ ~12-18 months</li> </ul> <i>Treatment Track</i>
<b>Low Needs (abuse)</b>	<ul style="list-style-type: none"> <li>✓ Status calendar</li> <li>✓ Prosocial habilitation</li> <li>✓ Abstinence is proximal</li> <li>✓ Negative reinforcement</li> <li>✓ ~12-18 months</li> </ul> <i>Supervision Track</i>	<ul style="list-style-type: none"> <li>✓ Noncompliance calendar</li> <li>✓ Psycho-education</li> <li>✓ Abstinence is proximal</li> <li>✓ Individualized/stratified groups</li> <li>✓ Self-help/alumni groups</li> <li>✓ ~3-6 months</li> </ul> <i>Diversion Track</i>

As shown in Table 5, the RANT trends for adult drug treatment court fall in line with best practice with the majority of participants falling into the high risk/high needs categories (85.9%). The RANT distribution by gender and race is to be what is expected considering the demographic distribution of Virginia drug treatment courts, with a higher percentage of white males in each category (see Table 6). Interestingly, females entering drug court are assessed more often into the low risk/high need or low risk/low need categories and not the high risk/high need category.

**Table 5: Adult Drug Treatment Court RANT Percentages**

RANT		High Risk	Low Risk
High Need	Total %	85.9%	5.8%
	Count	(n=670)	(n=45)
Low Need	Total %	5.8%	2.6%
	Count	(n=45)	(n=20)

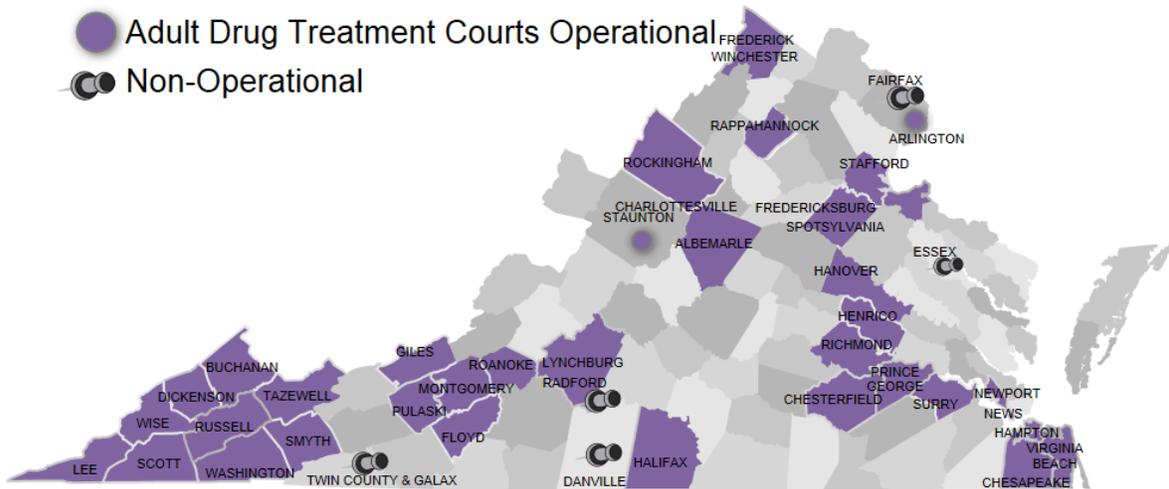
**Table 6: Adult Drug Treatment Court RANT Distribution by Gender and Race**

	High Risk/High Need	High Risk/Low Need	Low Risk/High Need	Low Risk/Low Need
	(HR/HN)	(HR/LN)	(LR/HN)	(LR/LN)
<b>Race</b>				
Caucasian	70.7%	51.1%	84.4%	60.0%
	(n=474)	(n=23)	(n=38)	(n=12)
African-American	27.3%	48.9%	13.3%	35.0%
	(n=183)	(n=22)	(n=6)	(n=7)
Hispanic & Other	1.9%	0.0%	2.2%	5.0%
	(n=13)	(n=0)	(n=1)	(n=1)
<b>Gender</b>				
Male	61.0%	68.9%	55.6%	55.0%
	(n=409)	(n=31)	(n=25)	(n=11)
Female	39.0%	31.1%	44.4%	45.0%
	(n=261)	(n=14)	(n=20)	(n=9)

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

In FY 2017, there were 32 operational Adult Drug Treatment Courts with data available to include in this analysis (see Figure 5).

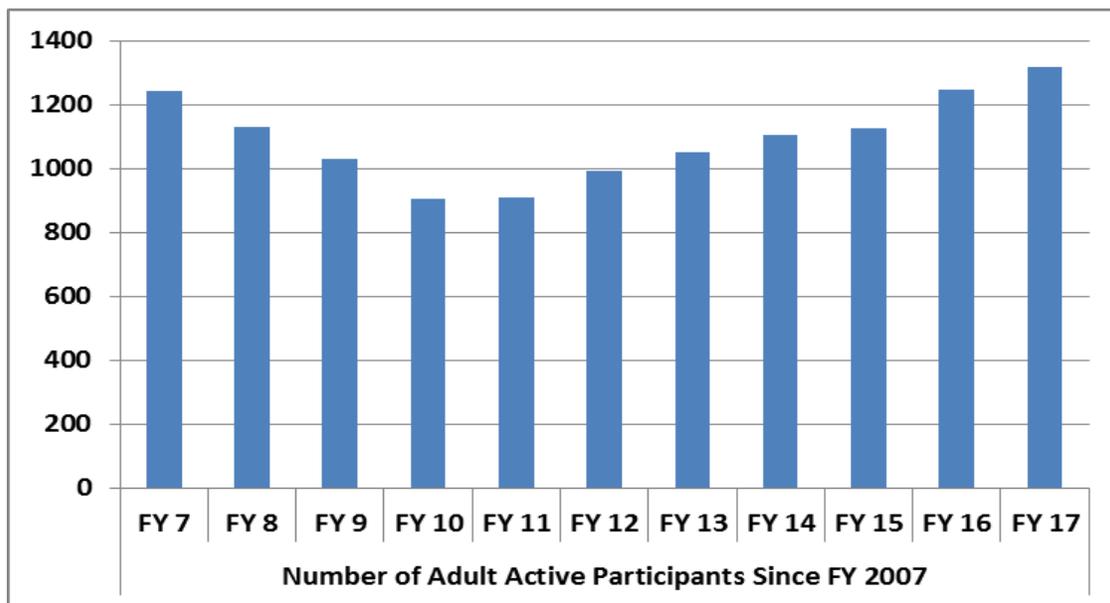
Figure 5: Adult Drug Treatment Court Dockets in Virginia



Adult Drug Treatment Courts			
Albemarle/Charlottesville	Newport News	<b>N = 32</b>	
Arlington County	Norfolk		
Bristol	Northwestern Regional (Winchester area)		
Buchanan County	Portsmouth		
Chesapeake	Pulaski County		
Chesterfield/Colonial Heights	Rappahannock Regional		
Dickenson County	Richmond City		
Floyd County	Russell County		
Giles County	Smyth County		
Halifax County	Staunton		
Hampton	Tazewell County		
Hanover County	Thirtieth Judicial Circuit (Lee, Scott & Wise Counties)		
Harrisonburg/Rockingham County	Twenty-Third Judicial Circuit (Roanoke County, Roanoke City, Salem City)		
Henrico County	Virginia Beach Circuit		
Hopewell/Prince George County	Washington County		
Lynchburg			
Montgomery County			
Non-Operational Adult Drug Treatment Courts			
Danville	Radford		<b>N=5</b>
Fairfax	Twin Counties and Galax		
Northern Neck/Essex			

As displayed in Figure 6 below, adult drug treatment court active participants continue to show a trend upward since 2012. This data makes sense as 22 new adult programs have been approved since 2012. This is also in line with current research which show the number of drug courts across the nation has increased by over 900 within the last ten years.<sup>6</sup>

Figure 6: Program Capacity, Virginia Adult Drug Treatment Courts the Last Ten Years



### Summary of Adult Drug Treatment Court Docket Activity

The number of referrals, acceptances, and active participation in adult drug treatment courts is steadily increasing every year. While those things are increasing, the number of graduates and unsuccessful completions (terminations) continue to vary from year to year.

Of active participants within FY 2017, the majority of participants are Caucasian (67.1%), male (59.9%) and between the ages of 30 – 39 (35.1%). The majority are also single (56.3%), high school graduates (16%), and unemployed (56.6%). Virginia adult drug treatment court demographics match closely with those of other drug treatment courts nationwide (Table 7 & Table 8).<sup>7</sup>

*Referrals:* In 2017, the adult drug treatment courts had 1,266 referrals. That is just under a 7% increase from FY 2016 referrals.

*Admissions:* Of the 1,266 adult drug treatment court referrals, 569 were accepted making that a 45% acceptance rate.

*Participants:* Adult active participants continue to increase every year with FY 2017 having 1,319 versus 1,245 from FY 2016.

<sup>6</sup> <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>

<sup>7</sup> <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>

*Race:* During 2017, the majority of participants in adult drug treatment court dockets were Caucasian (885 or 67.1%). There were 413 (31.3%) African-American participants. Individuals of other racial or ethnic backgrounds made up 1.6% of the participants, including Hispanic (8 or 0.6%), Asian (3 or 0.2%), Alaskan Native (2 or 0.2%), and other (8 or 0.6%).

*Gender:* In adult drug treatment court dockets, the majority of active participants were male (790 or 59.9%) and 529 (40.1%) female participants.

*Age:* The ages of plurality of adult participants were from 19 to 29 and 30 to 39 (30% and 35.1% respectively).

*Marital Status:* In 2017 among the participants (1,319) for whom data were available, 743 (56.33%) were single. Only 10% of the active participants reported that they were married. These are distinguished from separated (6.82%), divorced (8.64%), cohabiting (1%), and widowed (1.29%).

*Education:* Of the active participants during 2017, 211 (16%) received their high school diploma while 197 (15%) earned their GED. Additionally, 138 (10%) participants reported completing the twelfth grade. Lastly, 202 (15%) reported they had some college and 18 (1%) had vocational training.

**Table 7: 2017 Adult Active Participant Demographics**

<b>Demographics for Adult Active Participants Fiscal Year 2017</b>		
<b>Gender</b>		
Males	790	59.89%
Females	529	40.1%
<b>Total</b>	<b>1319</b>	<b>100.0%</b>
<b>Race</b>		
White	885	67.1%
Black	413	31.3%
Hispanic	8	0.6%
Asian	3	0.2%
Alaskan Native	2	0.2%
Unknown	8	0.6%
<b>Total</b>	<b>1319</b>	<b>100.0%</b>
<b>Age</b>		
Ages 19-29	396	30.0%
Ages 30-39	463	35.1%
Ages 40-49	270	20.5%
Ages 50-59	174	13.2%
Ages 60-69	16	1.2%
<b>Total</b>	<b>1319</b>	<b>100.0%</b>

Table 8: 2017 Adult Active Participant Demographics Continued

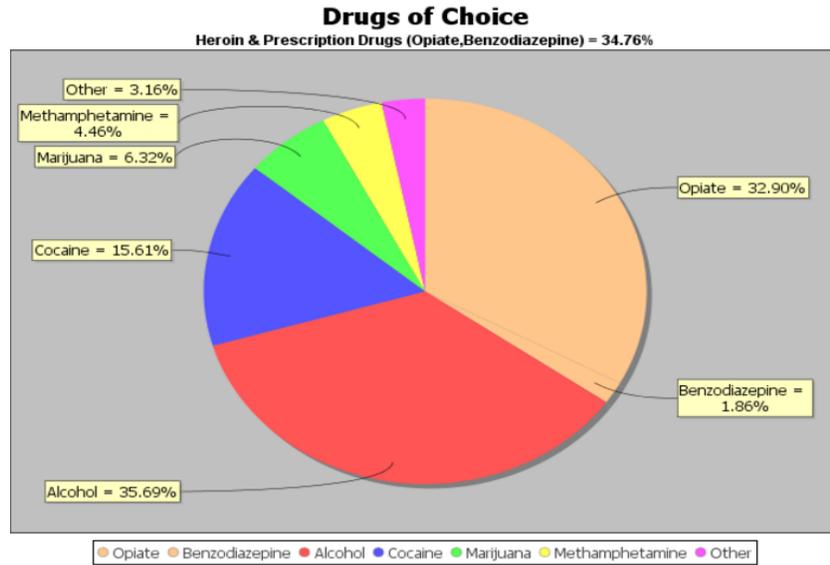
Demographics for Adult Active Fiscal Year 2017								
Marital Status			Employment			Education		
Single	743	56.33%	Disabled	39	3.0%	Middle School	22	1.67%
Separated	90	6.82%	Full-time	190	14.4%	9th Grade	43	3.26%
Divorced	114	8.64%	Part-time	128	9.7%	10th Grade	<b>95</b>	7.20%
Married	133	10.08%	Unemployed	747	56.6%	11th Grade	90	6.82%
Cohabiting	15	1.14%	Missing	215	16.3%	12th Grade	138	10.46%
Widowed	17	1.29%	<b>Total</b>	<b>1319</b>	<b>100.0%</b>	HS Graduate	211	16.00%
No Data	207	15.69%				GED	197	14.94%
<b>Total</b>	<b>1319</b>	<b>100.0%</b>				Vocational training	18	1.36%
						Some college	202	15.31%
						Associates	28	2.12%
						Bachelors	21	1.59%
						Post bachelors	4	0.30%
						No Data	250	18.95%
						<b>Total</b>	<b>1319</b>	<b>100.0%</b>

### FY 2017 Adult Active Participant’s Top Drug of Choice

As demonstrated by the chart below, the top drug of choice overall for all adult drug treatment court active participants within FY 2017 is alcohol with opiates coming in second. This is in line with current research trends.<sup>8</sup> Note: this chart should be interpreted with caution as this is based on self-reported drug of choice and many participants have more than one drug of choice.

<sup>8</sup> <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>

Figure 7: Adult Drugs of Choice



*Drugs of Choice:* When admitted to a drug treatment court docket, participants are asked what drug they identify as their “drug of choice” or “drug preference.” The data confirms drug users do not limit themselves exclusively to one preferred choice.

*Program Drug Screenings:* In adult drug treatment court dockets in 2017, there were 66,776 drug screenings conducted for the 1,126 participants for which data were available, an average of 59 screenings per participant for the year. Of the 66,776 total screenings, only 3,034 (5%) were positive. Among the 1,126 adult participants for whom data were available, there were 3 positive drug screens per participant throughout the year. This does not mean that each participant tested positive, as there are many participants who do not test positive throughout the entirety of the program (see Table 9).

Table 9: 2017 Adult Active Drug Screens

2017 Adult Drug Screens		
Negative	63,742	95%
Positive	3,034	5%
<b>Total Screens</b>	<b>66,776</b>	<b>100%</b>
Total Participants Tested	1,126	
Average Screenings Per Participant	59	
Average Positive Screenings Per Participant	3	

Analyses of types of offenses upon program entry for adult drug treatment court show three major areas: drug possession, probation violations, and grand larceny (see Figure 8). Juvenile entry offenses follow the same trend.

**Figure 8: Top 3 Instant Offense Categories for Adult Participants**



**2017 Summary of Adult Participant Departures from Drug Treatment Court Dockets**

*Graduation Rates:* Among the 1,319 adult drug treatment court participants in 2017, 459 exited the program by either graduation or termination. In 2017 the graduation rate was 38% (176 participants), which was lower than the rate of nearly 44% (210 participants) reported in 2016.

*Terminations:* Over half 62% (283 participants) of 2017 participants were terminated, an increase from the percentage of participants terminated in 2016 (56%).

*Length of Stay:* Length of stay (LOS) is measured from program entry (acceptance date) to completion date (either graduation date or date of termination). The mean LOS for 2017 departures was 458 days (see Table 9). For 2017 adult drug treatment court program graduates, the mean LOS was 635 days compared to 347 days for those terminated. The median LOS for adult graduates was 572 days, compared to a median LOS of 256 days for terminated participants.

**Table 10: Adult Drug Treatment Court Length of Stay in Days**

<b>2017 Adult Average Time in Program</b>	
Mean Length of Stay	458
<b>Graduates</b>	635
<b>Unsuccessful Completions</b>	347
Median Length of Stay	400
<b>Graduates</b>	572
<b>Unsuccessful Completions</b>	256

## Gender in Adult Departures

There are less females graduating from the adult drug court program than males; this is in line with current national research that shows females graduating at lower rates than males.<sup>9</sup> Both female and male graduation rates have shown a slight trend downward, which makes sense, given the decrease in overall graduates (see Figure 9 & Figure 10). This should also be interpreted with caution as there are more males entering the program than females. Further research should look into whether the arrest population matches the drug court population and other states data on graduation rates by gender.

Figure 9: Adult Participants Graduating Fiscal Years 2014 through 2017 by Gender

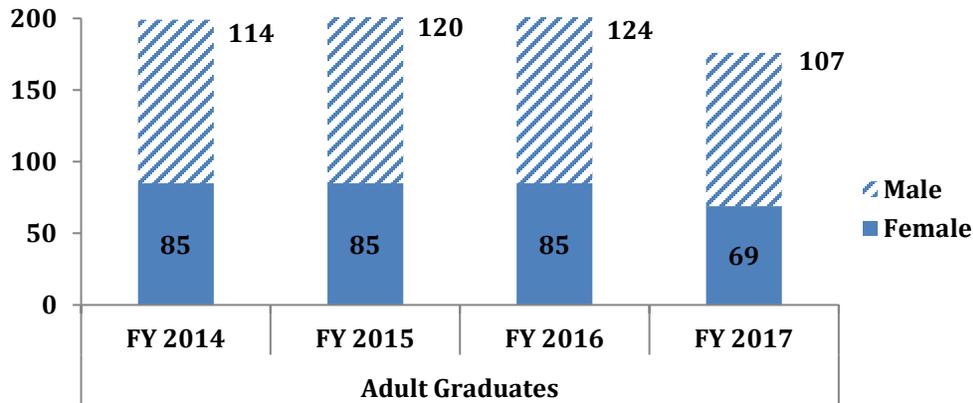
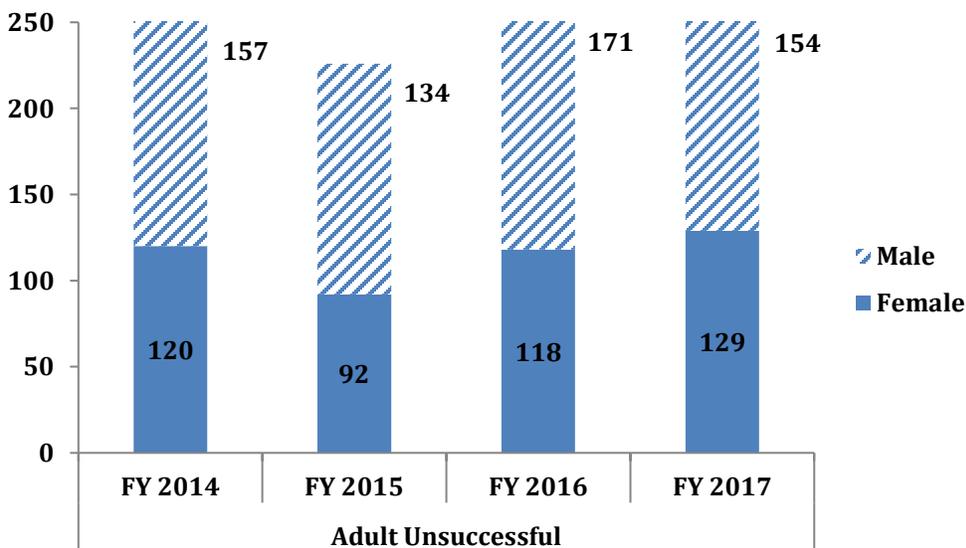


Figure 10: Adult Unsuccessful Departures Fiscal Years 2014 through 2017 by Gender



<sup>9</sup> <https://www.ndci.org/wp-content/uploads/2016/05/Painting-the-Current-Picture-2016.pdf>

## Adult Recidivism

*Rearrests:* For the purpose of this report, recidivism was defined using re-arrests and reconvictions. For this year, all program departure for fiscal year 2014, were used to assess recidivism. Previous years used the last two fiscal years, but based on previous research that time frame is not adequate as a measure, as not enough time has passed post program. Criminal history records were requested from the Virginia State Police. Recidivism was calculated using the most recent re-arrest occurring post-program departure. Rearrests were divided into five separate time frames: 1 day – 6 months; 6 months – 1 year; 1 – 2 years; 2 – 3 years; and over 3 years post-program departure. For the purposes of this analysis, recidivism was defined as any felony or misdemeanor re-arrest denoted in the criminal record. Offenses marked as Good Behavior, Probation Violations, and Contempt of Court were excluded from the results. Findings between graduates and unsuccessful departures were compared to assess if there was any difference. Re-arrest data from the Virginia State Police used for this analysis was available only through July 2017.

*Reconviction:* Reconviction was also used as a measure for recidivism. Reconviction was defined by using the re-arrests that also resulted in a conviction. Reconviction was calculated using the most recent re-arrest that resulted in a conviction occurring post-program departure. Reconvictions were divided into five separate timeframes: 1 day – 6 months; 6 months – 1 year; 1 – 2 years; 2 – 3 years; and over 3 years post-program departure.

Data follows previous annual report trends, with graduates showing a lower re-arrest rate than their unsuccessful counterparts (see Figure 11). The data also seems to show that the longer a participant remains arrest-free post departure, the lower the re-arrest rate. The closer a participant is to program departure the re-arrest rates are higher the, with a bit of an increase in the ‘1 – 2 year’ time frame (see Table 11).

Figure 11: Adult Graduates and Unsuccessful Re-arrest Rates Post Departure

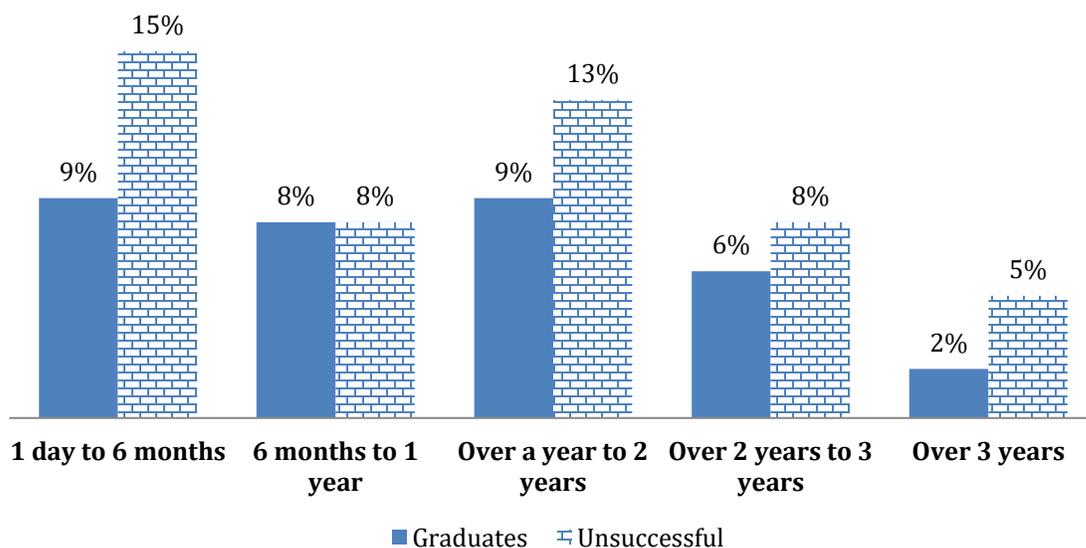


Table 11: Adult Participant FY 2014 Departures, Rearrests

Adult Participant Re-Arrest FY 2014			
	2014		
	Graduates	Unsuccessful	Totals
Total Departures	199	277	476
<b>Time Post Departure</b>			
<b>1 day to 6 months</b>	17	41	58
Re-arrest Rate	9%	15%	12%
<b>6 months to 1 year</b>	15	23	38
Re-arrest Rate	8%	8%	8%
<b>Over a year to 2 years</b>	17	36	53
Re-arrest Rate	9%	13%	11%
<b>Over 2 years to 3 years</b>	11	22	33
Re-arrest Rate	6%	8%	7%
<b>Over 3 years</b>	3	14	17
Re-arrest Rate	2%	5%	4%
<b>Total Re-arrests</b>	63	136	199
<b>Total Re-arrests Rates</b>	<b>32%</b>	<b>49%</b>	<b>42%</b>

Adult reconviction rates follow the same trend as re-arrest rates (see Figure 12). Showing higher percentages within the shorter timeframe post departure and graduates showing an overall lower reconviction percentage than their unsuccessful counterparts (see Table 12).

Figure 12: Adult Graduates and Unsuccessful Reconviction Rates Post Departure

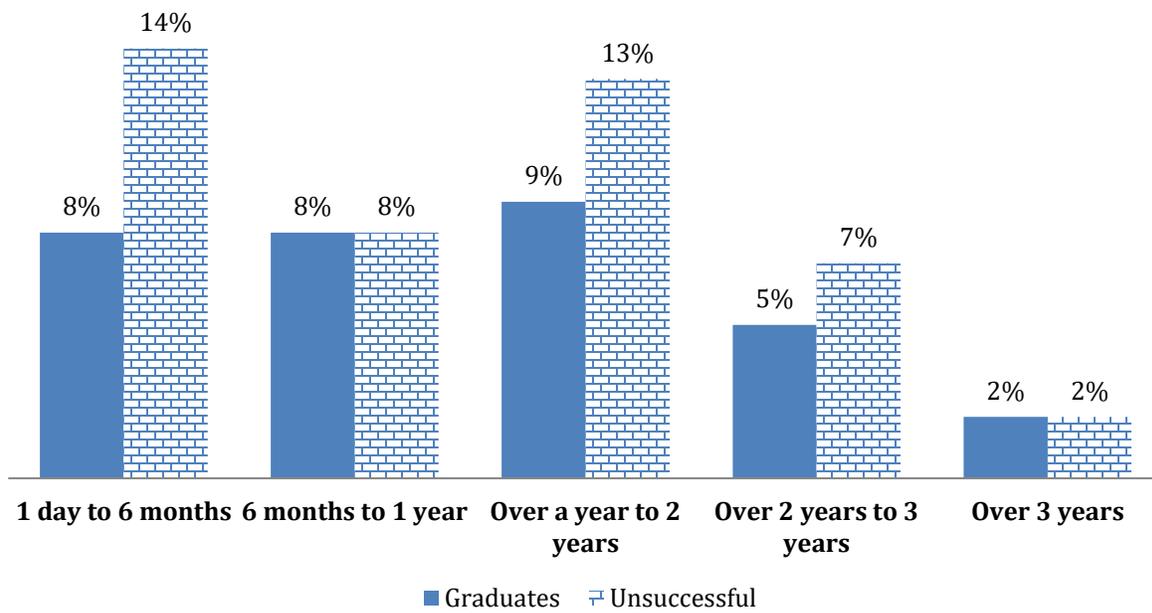


Table 12: Adult Participant FY 2014 Departures, Reconvictions

Adult Participant Re-Conviction FY 2014			
	2014		
	Graduates	Unsuccessful	Totals
Total Departures	<b>199</b>	<b>277</b>	<b>476</b>
<b>Time Post Departure</b>			
<b>1 day to 6 months</b>	15	38	53
Re-conviction Rate	8%	14%	11%
<b>6 months to 1 year</b>	15	23	38
Re-conviction Rate	8%	8%	8%
<b>Over a year to 2 years</b>	17	35	52
Re-conviction Rate	9%	13%	11%
<b>Over 2 years to 3 years</b>	10	20	30
Re-conviction Rate	5%	7%	6%
<b>Over 3 years</b>	3	5	8
Re-conviction Rate	2%	2%	2%
<b>Total Re-convictions</b>	<b>60</b>	<b>121</b>	<b>181</b>
<b>Total Re-conviction Rates</b>	<b>30%</b>	<b>44%</b>	<b>38%</b>

## DUI DRUG TREATMENT COURTS

Driving under the influence (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 abuse. With the hard-core 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 National Association of Drug Court Professionals and the National Drug Court Institute. DUI drug treatment court dockets operate within a post-conviction model.

Alcoholism/addiction left untreated affects not only the individual, but also the community as a whole. Ways in which addiction may affect the community include; Driving Under the Influence (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 at the highest level of accountability while receiving long-term intensive substance abuse treatment and compliance monitoring before a DUI drug treatment court judge. The DUI drug treatment court docket is post-conviction and mandatory, if assessed as needing treatment. In the absence of the DUI drug treatment court, offenders who fail to comply with Alcohol Safety Action Program (ASAP) are

terminated from the program by the court. The needs of these individuals are left unaddressed, they do not receive treatment, thus they are likely to reoffend. 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 collaboratively with the Department of Motor Vehicles and the Commission on VASAP, the agencies responsible for driver's license restoration, the state legislature and state and local non-governmental organizations.

Potential candidates for the DUI drug treatment court docket are first offenders before the court for failure to comply that were not ordered into the DUI drug treatment court docket at the time of conviction. These offenders may be ordered to participate by the court. Other potential candidates include multiple offenders who were arrested with a Blood Alcohol Content (BAC) in excess of .20, a failed breath test for alcohol, a positive Ethyl Glucuronide (EtG) urine test for alcohol, failing a drug test after entering ASAP or those non-compliant with ignition interlock. 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 ultimate 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 include:

- Referring defendants to treatment shortly after arrest
- Judges closely monitor the progress of participants in the DUI drug treatment court docket program through bi-monthly or monthly status hearings before the court. The judge encourages achievement in overcoming addiction and promptly sanctions non-compliance with program requirements
- The DUI drug treatment court docket operates with the team approach involving judges, prosecutors, defense bar, treatment providers, ASAP staff and community resources
- The judicial response is designed to have the participant take responsibility for his/her behavior and usually involves an established set of sanctions which 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

The local Alcohol Safety Action Program (ASAP) provides monitoring of 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 and works with Community Services Boards and other treatment providers to provide counseling and treatment for individuals participating in the DUI drug treatment court docket. ASAP works 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.

The 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 they serve.

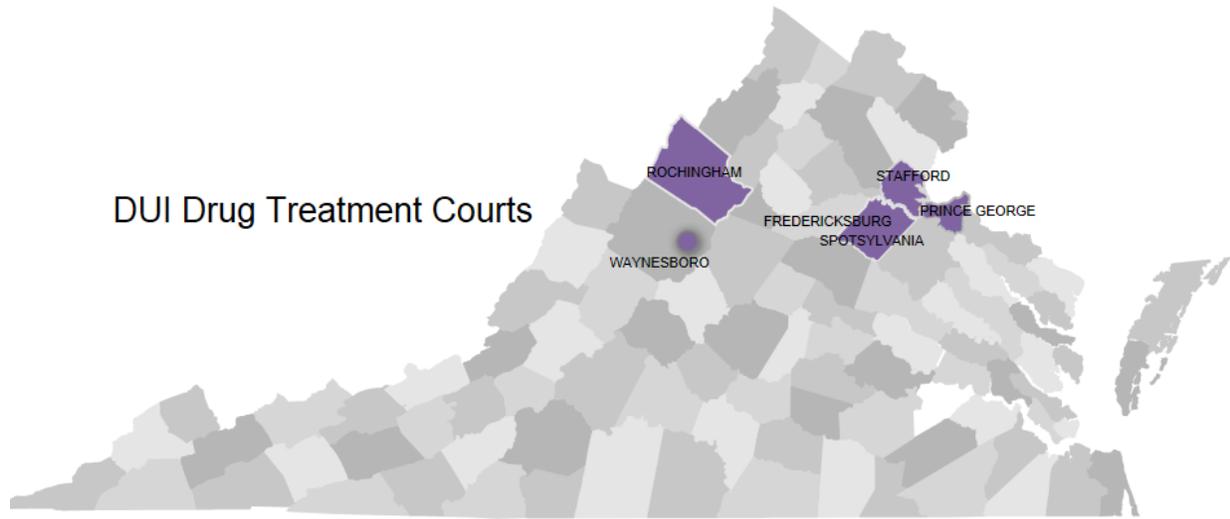
The Driving While Impaired Court Training is a national training initiative designed to assist communities develop DWI court programs and is conducted in cooperation with the National Center for DWI Courts (NCDC), a division of the National Association of Drug Court Professionals. Participating drug courts were to identify a team of professionals to participate in the training. This program was developed as a team orientated training; therefore, individual participation was not permitted. The training team worked through the Department of Motor Vehicles State Highway Safety Office (SHSO) for funding to cover travel costs associated with required team members' participation in this effort. This training for operational drug treatment courts assists with expanding their target population to include impaired drivers. Topics addressed at the enhancement training include: Targeting the Problem, The Guiding Principles of DWI Courts, Developing the DWI Court Treatment Continuum, Community Supervision Protocols, and Sustainability of the DWI Court Program.

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

As of 2017 fiscal end, there are three regional DUI drug treatment court dockets operating in Virginia (see

Figure 13). These include the Fredericksburg Area DUI Drug Treatment Court Docket that serves the Fredericksburg, King George, Spotsylvania, and Stafford General District Courts, Harrisonburg/Rockingham, and the Waynesboro Area DUI Drug Treatment Court Docket operating in Waynesboro General District Court serving Augusta County, Staunton, and Waynesboro residents.

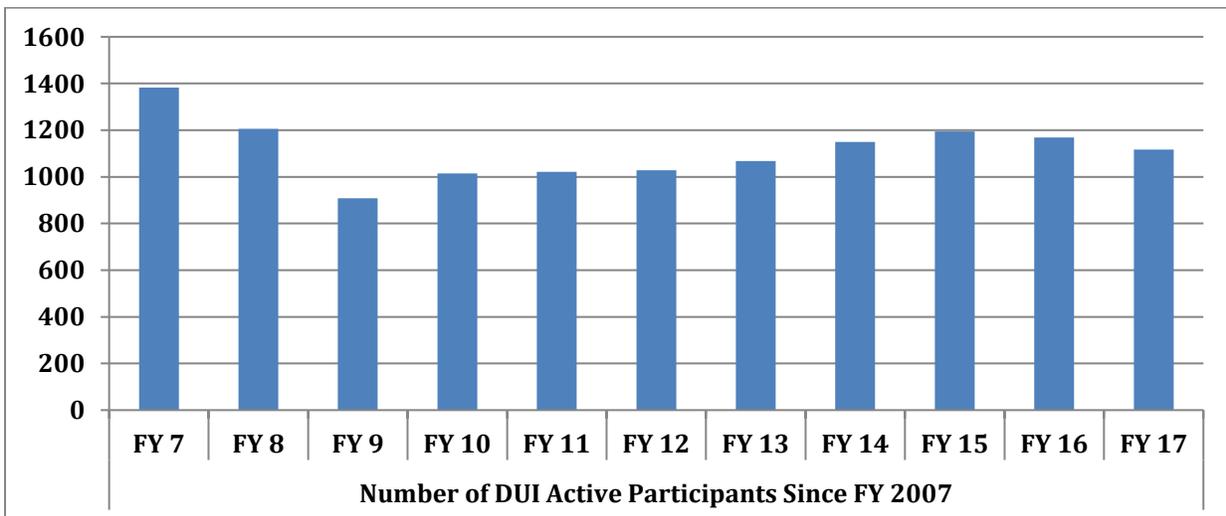
Figure 13: DUI Drug Treatment Court Dockets in Virginia



DUI Drug Treatment Courts		
Fredericksburg Area Harrisonburg/Rockingham	Waynesboro Area	N=3

As displayed by in Figure 14 below, DUI drug treatment court active participants have remained relatively consistent over the past 7 years, staying within 1,000 – 1,200 participants.

Figure 14: Program Capacity, Virginia DUI Drug Treatment Courts the Last Ten Years



## Summary of DUI Drug Treatment Court Docket Participant Activity

The DUI drug treatment court data reported below was retrieved from the drug court database for both programs combined. Similar to the adult drug treatment court demographics, DUI participants have a higher percentage of white (68%), males (76%), and fall between the ages of 30 – 39 (30%) with ages 19 – 29 being very close (29.1%). Again, like adult participants, the majority are single (57%), unemployed (32.5%), and high school graduates (10.5%), excluding the missing data (see Tables 11 & 12 below).

*Referral:* In FY 2017, 373 referrals were made to the Fredericksburg Area and Waynesboro Area DUI Drug Treatment Court Dockets. The number of referrals to the DUI courts has decreased over the past four years.

*Active Participants:* DUI drug treatment court dockets served 1,117 participants during FY 2017. The two DUI drug treatment court dockets served nearly as many as the twenty-six adult drug treatment court dockets combined.

*Race:* During 2017, the majority of participants in DUI drug treatment court dockets were Caucasian (762 or 68%). There were 283 African American participants (25%). Individuals claiming Hispanic backgrounds made up 5%, while others collectively accounted for 1%.

*Gender:* In 2017, the majority of participants in the DUI dockets were male (76%), while females accounted for 24%.

*Age:* Similar to the adult docket participants, about 60% of the DUI docket participants for whom data were available were between the ages of 19-29 and 30-39 (29% and 30% respectively). Roughly 19% of participants were between the ages of 40-49, while about 22% were over the age of 50.

*Marital Status:* In 2017, DUI docket participants for whom data were available, over half (57%) were single, 14% were reported as married, and 9% reported being divorced.

Table 13: 2017 DUI Active Participant Demographics

Demographics for DUI Active Fiscal Year 2017		
<b>Gender</b>		
Males	852	76.28%
Females	265	23.7%
<b>Total</b>	<b>1117</b>	<b>100.0%</b>
<b>Race</b>		
White	762	68.2%
Black	283	25.3%
Hispanic	54	4.8%
Asian	10	0.9%
Native American	4	0.4%
Unknown	4	0.4%
<b>Total</b>	<b>1117</b>	<b>100.0%</b>
<b>Age</b>		
Ages 19-29	325	29.1%
Ages 30-39	335	30.0%
Ages 40-49	210	18.8%
Ages 50-59	187	16.7%
Ages 60-69	46	4.1%
Ages 70+	14	1.3%
<b>Total</b>	<b>1117</b>	<b>100.0%</b>

Table 14: 2017 Active Participant Demographics Continued

Demographics for DUI Active Fiscal Year 2017								
Marital Status			Employment			Education		
Single	635	56.85%	Disabled	19	1.7%	Middle School	14	1.25%
Separated	63	5.64%	Full-time	106	9.5%	9th Grade	36	3.22%
Divorced	104	9.31%	Part-time	62	5.6%	10th Grade	45	4.03%
Married	158	14.15%	Unemployed	363	32.5%	11th Grade	46	4.12%
Cohabitating	11	0.98%	Missing	567	50.8%	12th Grade	69	6.18%
Widowed	16	1.43%	<b>Total</b>	<b>1117</b>	<b>100.0%</b>	HS Graduate	114	10.47%
No Data	130	11.64%				GED	94	8.42%
<b>Total</b>	<b>1117</b>	<b>100.0%</b>				Vocational training	5	0.45%
						Some college	95	8.50%
						Associates	5	0.45%
						Bachelors	12	1.07%
						Post bachelors	2	0.18%
						No Data	577	51.66%
						<b>Total</b>	<b>1117</b>	<b>100.0%</b>

### FY 2017 DUI Drug Screens

The overwhelming majority of DUI drug screens are found to be negative, with an average of six screens per participant and one positive screen per participant (see Table 15).

Table 15: 2017 DUI Drug Screens

2017 DUI Drug Screens		
Negative	4,043	91%
Positive	409	9%
<b>Total Screens</b>	<b>4,452</b>	<b>100%</b>
Total Participants Tested	725	
Average Screenings Per Participant	6	
Average Positive Screenings Per Participant	1	

## 2017 Summary of DUI Participant Departures from Drug Treatment Court Dockets

*Graduation Rates:* Among the 1,117 DUI drug treatment court participants in 2017, 490 exited the program by either graduation or termination. In 2017 the graduation rate was 66% (324 participants), while 34% (166 participants) of participants did not successfully complete the program.

*Terminations:* Of those 166 participants who did not successfully complete the program, nearly half (42%) were terminated for not attending the program or not having contact, and about one-third (32%) of participants were terminated for drinking. Approximately 15% of participants were terminated for ‘other’ reasons, while 1% were terminated for not paying fees and less than 1% (7 participants) died prior to completing the program.

*Length of Stay:* Length of stay (LOS) is measured from program entry (acceptance date) to completion date (either graduation date or date of termination). The mean LOS for 2017 departures was 611 days (see Table 14). For 2017 DUI drug treatment court program graduates, the mean LOS was 702 days compared to 561 days for those terminated. The median LOS for DUI graduates was 397 days, compared to a median LOS of 358 days for terminated participants. Similar to adult drug court graduates, DUI treatment court graduates (702 days) on average stay in the program longer than those that are unsuccessful (561 days), an average of 141 days longer.

**Table 16: DUI Drug Treatment Court Length of Stay in Days**

<b>2017 DUI Average Time in Program</b>	
Mean Length of Stay	611
<b>Graduates</b>	702
<b>Unsuccessful Completions</b>	561
Median Length of Stay	365
<b>Graduates</b>	397
<b>Unsuccessful Completions</b>	358

### Gender in DUI Departures

DUI drug court departures show an even larger difference between males and females than adult drug treatment court (see Figure 15 & Figure 16). Again, looking at program demographics showing active participants, females are significantly lower than that of males, 23% and 76% respectively. So it is to be expected that there would be less female graduates. However, to determine if a disparity exists, future research should look at whether the arrest population is matching the program population.

Figure 15: DUI Participants Graduating Fiscal Years 2014 through 2017 by Gender

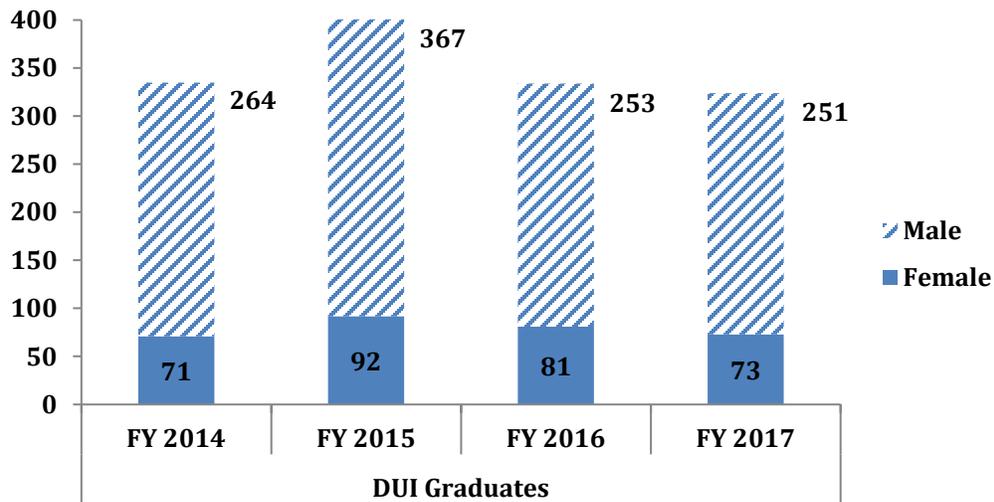
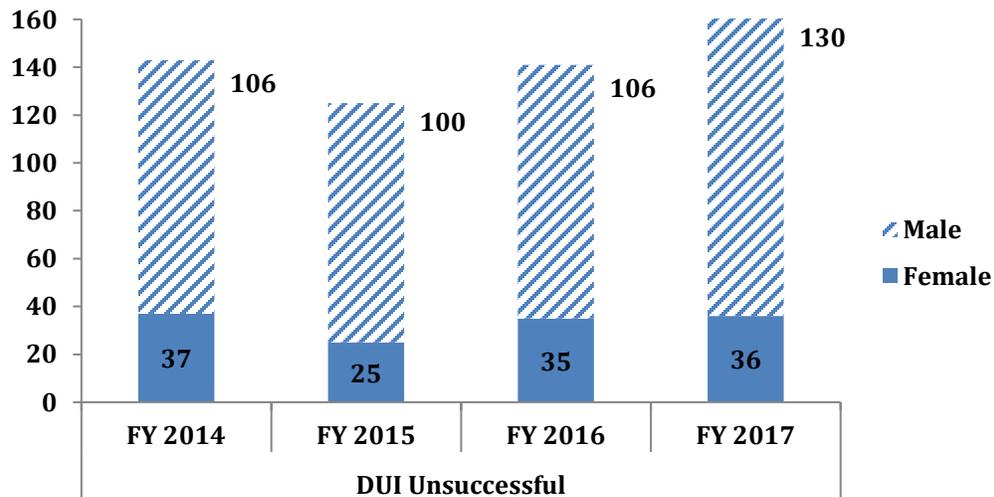


Figure 16: Gender of DUI Unsuccessful Departures Fiscal Years 2014 through 2017



### DUI Recidivism

*Rearrests:* For the purpose of this report, recidivism was defined using re-arrests and reconvictions. For this year, all program departure for fiscal year 2014, were used to assess recidivism. Previous years used the last two fiscal years, but based on previous research that time frame is not adequate as a measure, as not enough time has passed post program. Criminal history records were requested from the Virginia State Police. Recidivism was calculated using the most recent re-arrest occurring post-program departure. Rearrests were divided into five separate time frames: 1 day – 6 months; 6 months – 1 year; 1 – 2 years; 2 – 3 years; and over 3 years post-program departure. For the purposes of this analysis, recidivism was defined as any felony or misdemeanor re-arrest denoted in the criminal record. Offenses marked as Good

Behavior, Probation Violations, and Contempt of Court were excluded from the results. Findings between graduates and unsuccessful departures were compared to assess if there was any difference. Re-arrest data from the Virginia State Police used for this analysis was available only through July 2017.

*Reconviction:* Reconviction was also used as a measure for recidivism. Reconviction was defined by using the re-arrests that also resulted in a conviction. Reconviction was calculated using the most recent re-arrest that resulted in a conviction occurring post-program departure. Reconvictions were divided into five separate timeframes: 1 day – 6 months; 6 months – 1 year; 1 – 2 years; 2 – 3 years; and over 3 years post-program departure.

DUI graduates show only a small difference in re-arrest rates versus their unsuccessful counterparts (see Figure 15). The timeframe of 6 months to one year post-departure shows the largest differences at 3%, while the other timeframes have either no difference or only 1% difference (see Table 17).

**Figure 17: DUI Graduates and Unsuccessful Re-arrest Rates Post Departure**

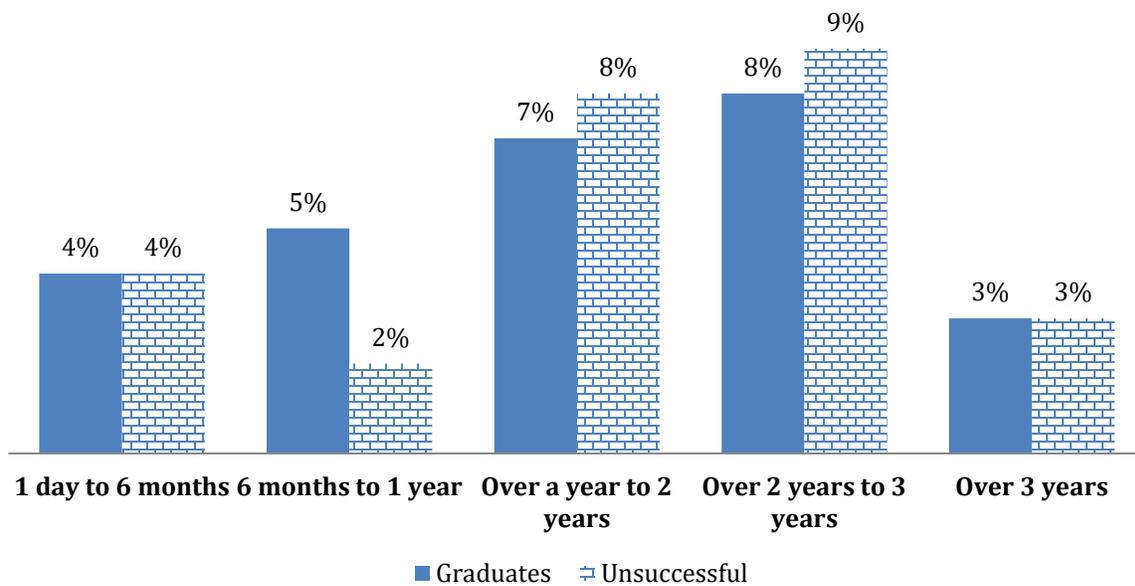


Table 17: DUI Participant FY 2014 Departures, Rearrests

DUI Participant Re-Arrest FY 2014			
	2014		
	Graduates	Unsuccessful	Totals
Total Departures	<b>335</b>	<b>143</b>	<b>478</b>
<b>Time Post Departure</b>			
<b>1 day to 6 months</b>	14	6	20
Re-arrest Rate	4%	4%	4%
<b>6 months to 1 year</b>	17	3	20
Re-arrest Rate	5%	2%	4%
<b>Over a year to 2 years</b>	25	12	37
Re-arrest Rate	7%	8%	8%
<b>Over 2 years to 3 years</b>	28	13	41
Re-arrest Rate	8%	9%	9%
<b>Over 3 years</b>	11	5	16
Re-arrest Rate	3%	3%	3%
<b>Total Re-arrests</b>	<b>95</b>	<b>39</b>	<b>134</b>
<b>Total Re-arrests Rates</b>	<b>28%</b>	<b>27%</b>	<b>28%</b>

Following the findings from the overall re-arrest rates, the overall reconviction rates between DUI graduates and their unsuccessful counterparts have very small differences, the most being 2% as shown in Figure 18 and Table 18 below.

Figure 18: DUI Graduates and Unsuccessful Reconviction Rates Post Departure

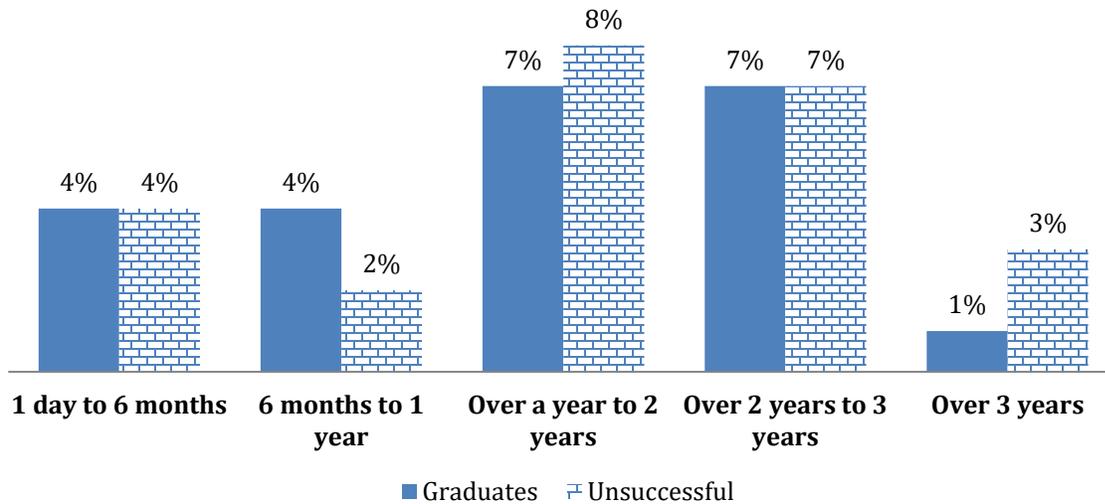


Table 18: DUI Participant FY 2014 Departures, Reconvictions

DUI Participant Re-Conviction FY 2014			
	2014		
	Graduates	Unsuccessful	Totals
Total Departures	<b>335</b>	<b>143</b>	<b>478</b>
<b>Time Post Departure</b>			
<b>1 day to 6 months</b>	13	6	19
Re-conviction Rate	4%	4%	4%
<b>6 months to 1 year</b>	15	3	18
Re-conviction Rate	4%	2%	4%
<b>Over a year to 2 years</b>	25	12	37
Re-conviction Rate	7%	8%	8%
<b>Over 2 years to 3 years</b>	24	10	34
Re-conviction Rate	7%	7%	7%
<b>Over 3 years</b>	2	4	6
Re-conviction Rate	1%	3%	1%
<b>Total Re-convictions</b>	<b>79</b>	<b>35</b>	<b>114</b>
<b>Total Re-conviction Rates</b>	<b>24%</b>	<b>24%</b>	<b>24%</b>

## JUVENILE DRUG TREATMENT COURTS

Juvenile drug treatment court dockets are a collaboration of the judicial system, treatment system and juvenile justice system. The juvenile drug treatment court dockets strive to reduce re-arrests and substance use by processing substance-abusing juveniles charged with 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, such as school attendance for the juvenile and parenting skills for the parents/guardians, as well as youth with children. The families of these juveniles play a very important role in the drug treatment court process. The nature of both the delinquent behavior and the dependency matters being handled in our juvenile courts have become far more complex, entailing more serious and violent criminal activity and escalating degrees of substance abuse. The situations that are bringing many juveniles under the court's jurisdiction are often closely linked with substance abuse and with complicated and often multigenerational family and personal problems. These associated problems must be addressed if the escalating pattern of youth crime and family dysfunction is to be reversed. Insofar as substance abuse problems are at issue, the "juvenile" and "criminal" dockets are increasingly handling the same types of situations, and often the same litigants.

The juvenile and domestic relations court traditionally has been considered an institution specifically established to address the juvenile's needs holistically. However, many juvenile court practitioners have found the traditional approach to be ineffective when applied to the problems of juvenile substance-abusing offenders.

During the past several years, a number of jurisdictions have looked to the experiences of adult drug treatment court dockets to determine how juvenile court dockets might incorporate a similar therapeutic approach to deal more effectively with the increasing population of substance-abusing juveniles. Development of juvenile drug treatment court dockets is proving to be a much more complex task than development of the adult drug treatment court dockets. For example, juvenile drug treatment court dockets require the involvement of more agencies and community representatives. Most programs characterize the extent of drug use among the participating juveniles as increasingly more severe. Although earlier use is being detected, most programs also report the age at first use among participants to be between 10 and 14 years. During 1995-1996, when the first juvenile drug treatment court dockets began, the primary drugs used by juvenile participants were reported to be alcohol and marijuana. More recently, there appears to be increasing use of other substances, particularly methamphetamine, crack/cocaine, heroin, K2/Spice, toxic inhalants and opiates, some of which there are no drug detection tests.

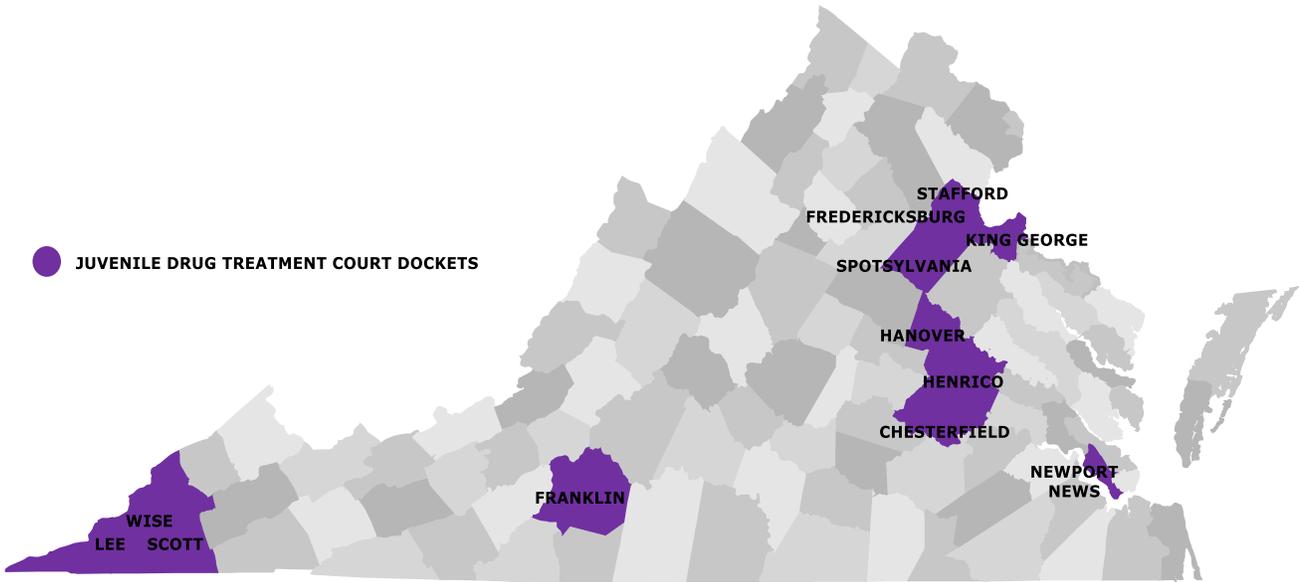
Research on juvenile drug treatment court dockets has lagged behind that of its adult counterparts. The field is beginning to identify the factors that distinguish effective from ineffective programs. Significant positive outcomes have been reported for juvenile drug treatment court dockets that adhere 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 drug-using and delinquent peers, 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 fiscal years 2016-17. Over the past two years there have been a decreasing number of participants statewide to the juvenile drug treatment court dockets. Juvenile court cases have likewise been decreasing. This will continue to be monitored. Information is provided in the report on program participants, including demographics, program entry offenses, program length and program completion or termination. This information is based on data from the drug court database established and maintained by the Office of the Executive Secretary. Juvenile drug treatment court docket staff in local programs entered data on drug treatment court participants into the OES drug court 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. This appears to be a national and state trend with fewer cases being referred to the juvenile courts. This will continue to be monitored.

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

In FY 2017, there were 7 operational Juvenile Drug Treatment Courts throughout Virginia (see Figure 19). Rappahannock Regional Juvenile Drug Treatment Court began operation as the first juvenile drug treatment court docket in Virginia in November 1998. This court initially served the city of Fredericksburg and the counties of Spotsylvania and Stafford, and in 2011 added King George County. Richmond had a juvenile drug treatment court until 2016 and has transitioned into a Behavioral Health Docket.

Figure 19: Juvenile Drug Treatment Court Dockets in Virginia



Juvenile Drug Treatment Courts		
Chesterfield/Colonial Heights	Newport News	N = 7
Franklin County	Rappahannock Regional	
Hanover County	Thirtieth Circuit (Lee, Scott & Wise Counties)	
Henrico County		

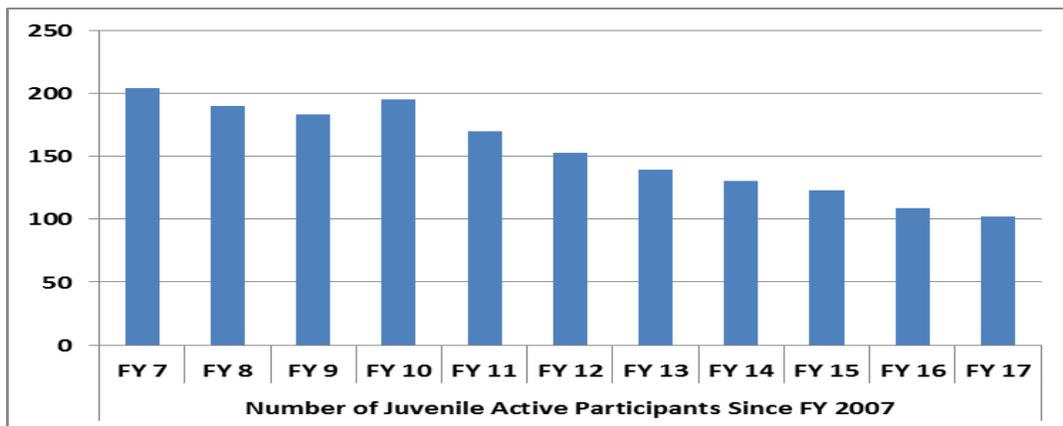
The most common instant offenses committed by juvenile participants that resulted in their referral to drug court include Drug Possession, Probation Violations, and Grand Larceny (Figure 20).

Figure 20: Top 3 Instant Offense Categories for Juvenile Participants



As demonstrated in Figure 21 below, active juvenile drug treatment court participants have been on a decline. This may be due to the decline in arrest rates for juveniles as a whole. The Office of Juvenile Justice and Delinquency reported that they have been on a steady decline nationwide and in Virginia since 2006.<sup>10</sup>

Figure 21: Program Capacity, Virginia Juvenile Drug Treatment Courts the Last Ten Years



### Summary of Juvenile Drug Treatment Court Docket Activity

Of active juvenile participants within FY 2017, the majority of participants are Caucasian (67%), male (75%) and either 16 or 17 years old (28% and 39% respectively), as shown in Table 17 below.

*Referrals:* There were 56 referrals to the juvenile drug treatment court dockets in the fiscal year 2017, a decrease from 73 referrals in fiscal year 2016.

*Admissions:* New admissions to the juvenile drug treatment court dockets also declined from 48 in 2016 to 36 in FY 2017. This results in a 64% admission rate for 2017.

*Participants:* The number of active participants in the juvenile drug treatment court dockets for fiscal year 2017 has also decreased slightly to 102 participants in 2017 from 109 active participants in 2016.

*Race:* During 2017, the majority of participants in juvenile drug treatment court dockets were Caucasian (70 or 67%), followed by 19 (19%) African American participants, 9 (9%) Hispanic participants, and 4 (4%) participants who identified as ‘other’.

*Gender:* In juvenile drug treatment court dockets, the majority of active participants were male (77 or 75%) and 25 (25%) were female participants.

*Age:* The majority of juvenile drug treatment court participants were either 17 years old (39%) or 16 years old (28%) at the time of program entry.

<sup>10</sup> [https://www.ojjdp.gov/ojstatbb/crime/JAR\\_Display.asp?ID=qa05201](https://www.ojjdp.gov/ojstatbb/crime/JAR_Display.asp?ID=qa05201)

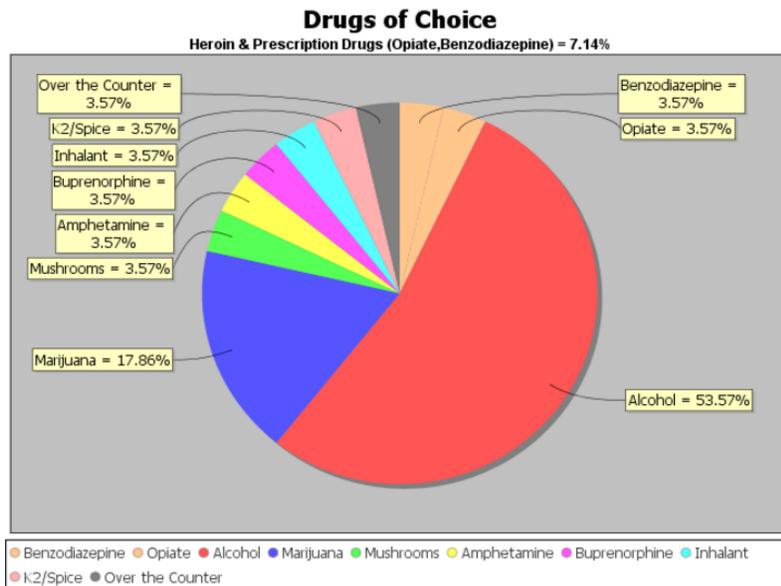
**Table 19: 2017 Juvenile Active Participant Demographics**

<b>Demographics for Juvenile Active Participants Fiscal Year 2017</b>		
<b>Gender</b>		
Males	77	75%
Females	25	25%
<b>Total</b>	<b>102</b>	<b>100.0%</b>
<b>Race</b>		
White	70	67%
Black	19	19%
Hispanic	9	9%
Other	4	4%
<b>Total</b>	<b>102</b>	<b>100.0%</b>
<b>Age</b>		
Ages 14	6	6%
Ages 15	14	14%
Ages 16	29	28%
Ages 17	40	39%
Ages 18+	13	13%
<b>Total</b>	<b>102</b>	<b>100.0%</b>

**FY 2017 Juvenile Active Participant’s Top Drug of Choice**

As demonstrated by Figure 21 below, the top drug of choice overall for all active juvenile drug treatment court participants within FY 2017 is alcohol (54%), followed by marijuana (18%). Please consider alcohol is illegal for this age population. Note: this is an average of all self-reported drugs of choice so should be interpreted with caution.

Figure 22: Juvenile Drugs of Choice



*Drugs of Choice:* When admitted to a drug treatment court docket, participants are asked what drug they identify as their “drug of choice” or “drug preference.” The data confirms drug users do not limit themselves exclusively to one preferred choice. The majority of all juvenile participants reported alcohol as a drug of choice (54%).

*Program Drug Screenings:* Juvenile drug screen results do not have as high of a negative percentage as the other drug court programs do. In juvenile drug treatment court dockets in 2017, there were 2,887 drug screenings conducted for the 102 participants for which data were available, an average of 36 screenings per participant for the year. Of the 2,887 total screenings, only 357 (12%) were positive. Among the juvenile participants for whom data were available, there were 4 positive drug screens per participant throughout the year. This does not mean that each participant tested positive, as there are many participants who do not test positive throughout the entirety of the program (see Table 20).

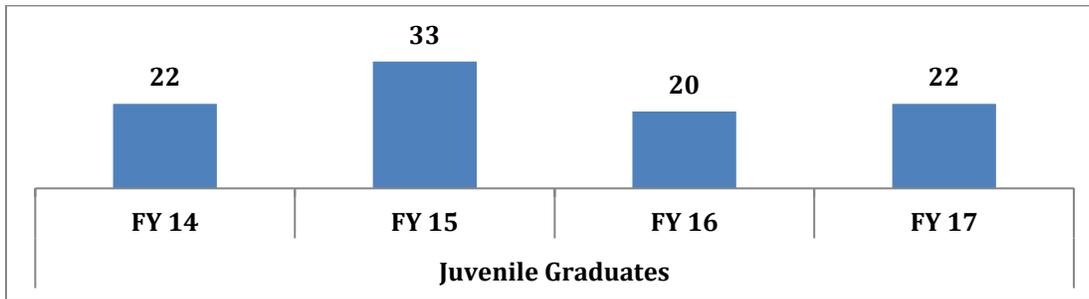
Table 20: 2017 Juvenile Active Drug Screens

2017 Juvenile Drug Screens		
Negative	2,530	88%
Positive	357	12%
<b>Total Screens</b>	<b>2,887</b>	<b>100%</b>
Total Participants Tested	80	
Average Screenings Per Participant	36	
Average Positive Screenings Per Participant	4	

## 2017 Summary of Juvenile Participant Departures from Drug Treatment Court Dockets

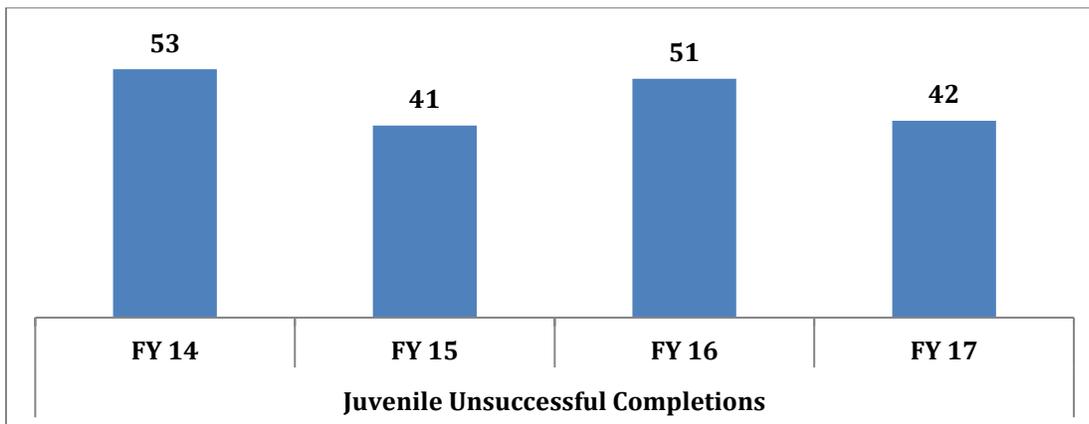
*Graduation Rates:* Among the 102 juvenile drug treatment court participants in 2017, 64 exited the program by either graduation or termination. In 2017 the graduation rate was 34% (22 participants), an increase from FY 2016 (20 participants), but a decrease from FY 2015 (33 participants) (see Figure 23).

Figure 23: Juvenile Participants Graduating Fiscal Years 2014 through 2017



*Terminations:* Over half 66% (42 participants) of 2017 participants who left the juvenile drug court program were terminated. The majority of terminations occurred for other reasons (57%), with 17% terminated for unsatisfactory performance, 10% terminated for absconding, 10% terminated for new criminal offenses, 2% terminated for excessive relapse, 2% terminated for repeated minor violations, and 2% terminated for recovery goal not achieved. The number of terminations has decreased since 2014 from 53 to 42 (see Figure 24).

Figure 24: Juvenile Unsuccessful Departures Fiscal Years 2014 through 2017



*Length of Stay:* Length of stay (LOS) is measured from program entry (acceptance date) to completion date (either graduation date or date of termination). The mean LOS for 2017 departures was 429 days (see Table 21). For 2017 juvenile drug treatment court program graduates, the mean LOS was 482 days compared to 375 days for those terminated. The median LOS for juvenile graduates was 441 days, compared to a median LOS of 336 days for terminated participants.

**Table 21: Juvenile Drug Treatment Court Length of Stay in Days**

<b>2017 Juvenile Average Time in Program</b>	
Mean Length of Stay	429
<b>Graduates</b>	482
<b>Unsuccessful Completions</b>	375
Median Length of Stay	828
<b>Graduates</b>	441
<b>Unsuccessful Completions</b>	336

## **FAMILY DRUG TREATMENT COURTS**

Family drug treatment courts (FDTCs) 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 program is a specialized civil docket devoted to cases of child abuse and neglect that involve substance abuse 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 abuse and other co-morbidity issues. To accomplish this, the family drug treatment court 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 children and the parent(s). In this way, the family drug treatment court team provides children with quick access to permanency and offers parent(s) a viable chance to achieve sobriety, provide a safe and nurturing home and hold their families together.<sup>11</sup>

Family drug treatment court programs serve addicted parents who come to the court’s attention in the following situations: (1) hospital tests that indicate substance-exposed babies; (2) founded cases of child neglect or abuse; (3) child in need of services (CHINS) cases; (4) custody or temporary entrustment cases; and (5) delinquency cases. In practice, family drug treatment court programs function similar to adult drug treatment court programs with the exception that jurisdiction in family drug treatment court programs is based on civil matters not criminal offenses. The major incentive for addicted 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 programs, social services professionals provide case management and supervision and fill other roles in family drug treatment court programs.

Family drug treatment courts (FDTC) have adapted the adult criminal drug court 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 alcohol and drug

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<sup>11</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.

services coupled with intensive judicial monitoring to support reunification of families affected by substance use disorders. The focus, structure, purpose and scope of a FDTC differ significantly from the adult criminal or juvenile delinquency drug treatment court models.

FDTC draws on best practices from both the drug court model and dependency court practice to effectively manage cases within Adoption and Safe Families Act (ASFA) mandates. By doing so, they ensure the best interests of children while providing coordinated substance abuse treatment and family-focused services to timely secure a safe and permanent placement for the children.

Family drug treatment courts work with substance abusing parents who are under the jurisdiction of the juvenile court due to a petition alleging child abuse, neglect or dependency or the finding of child abuse, neglect, or dependency. 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 FDTC, there must be a case plan for family reunification. Before being admitted to FDTC, the parents are screened and substance abuse is determined to be a factor that contributed to the substantiation of neglect, abuse or dependency.

The Virginia family drug treatment court programs provide: (1) timely identification of defendants in need of substance abuse treatment, (2) the opportunity to participate in the family drug treatment court 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 participants must submit to frequent and random drug testing, intensive group and individual outpatient therapy 2-3 times per week and regular attendance at Narcotics Anonymous or Alcoholics Anonymous 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.

These programs provide permanency for children, sometimes by reunification. Without this program, more children would spend additional time in foster care. The Court Appointed Special Advocate (CASA) is a significant partner in this process. When children are removed from the family home and placed in the foster care system, the Adoption Safe Families Act (ASFA) mandates strict time frames for permanency. The strict statutory time frame is generally unreasonable for addicted parents struggling to stabilize their sobriety. The collaborative efforts of the court, treatment providers and social services professionals in a family drug treatment court program provide the structure and oversight that gives recovering parents needed support. At the same time, drug court staff have the opportunity to closely monitor the progress of addicted parents and their children. Early reports of family drug treatment court programs' effectiveness indicate that participants are more likely to achieve family reunification when

involved in court-monitored programs. When family reunification does not occur, drug treatment court professionals report that children may still be better served when their parents are involved in family drug treatment court programs. Drug treatment court staff report cases in which parents recognize early that their recoveries were very unlikely. Subsequently, they agreed that family reunification was not in the best interests of their children. The decreased time in temporary placement and expedited permanent placement was beneficial to the children. Family drug treatment courts are guided by 10 Key Principles for Permanency Planning for Children.<sup>12</sup>

Virginia created and adopted the Family Drug Treatment Court Standards. 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>13</sup> They have been modified for use within the Commonwealth of Virginia. There are and will continue to be differences among individual drug treatment court 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 courts in the Commonwealth of Virginia should subscribe.

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

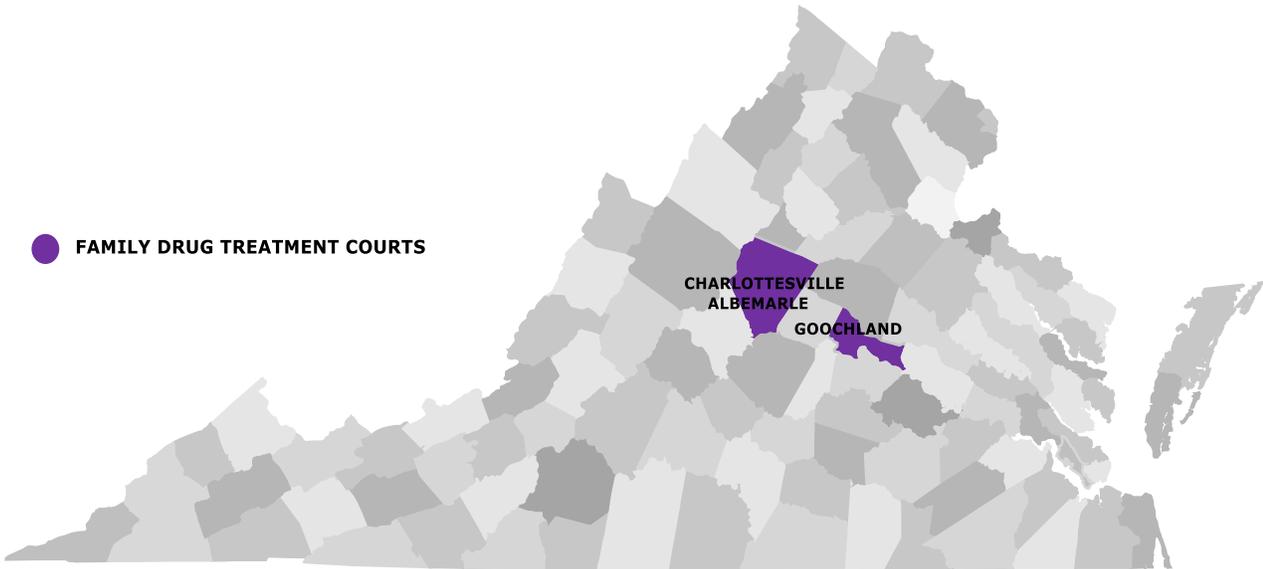
In FY 2017, two family drug treatment court dockets operated in Charlottesville/Albemarle County and Goochland County (see Figure 25). These family drug treatment court dockets operate in the juvenile and domestic relations district courts.

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<sup>12</sup> <http://www.ncjfcj.org/images/stories/dept/ppcd/keyprinciples.final.pdf>

<sup>13</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.

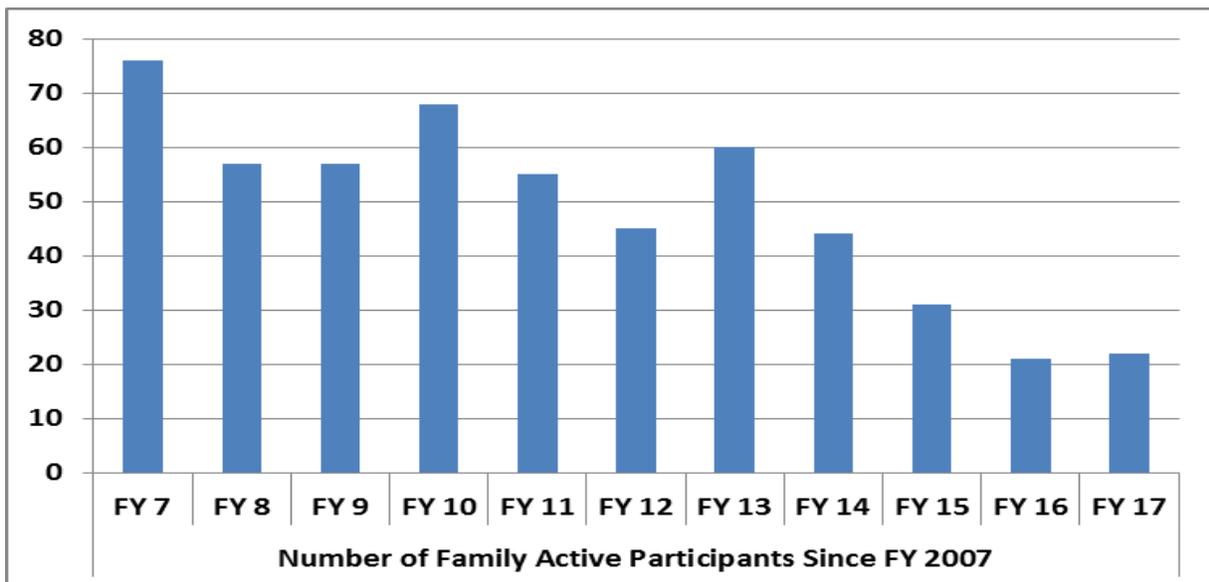
Figure 25: Family Drug Treatment Court Dockets in Virginia



Family Drug Treatment Courts		
Charlottesville/Albemarle County	Goochland County	N = 2

As demonstrated in Figure 26 below, active family drug treatment court participants have been on a fairly consistent decline since FY 2007. With a high of over 70 participants in 2007, the family drug treatment court has never again reached that capacity, but has declined to slightly over 20 active participants for the past two fiscal years.

Figure 26: Program Capacity, Virginia Family Drug Treatment Courts the Last Ten Years



## SPECIALTY DOCKETS

Specialty Dockets accommodate offenders with specific problems and needs that are not or could not be adequately addressed in the traditional court setting. They have been called by various titles, including therapeutic jurisprudence courts/dockets, specialty dockets, boutique courts, and problem-solving justice. Specialty dockets seek to promote outcomes that will benefit not only the offender, but also the victim and society. They were developed as an innovative judicial response to a variety of offender problems, including substance abuse, mental illness, homelessness, teen violence and domestic violence as well as problems presented to the courts involving military veterans. Early studies conclude that these types of dockets have a generally positive impact on the lives of offenders and victims, and, in most instances, save governmental authorities significant jail and prison costs.

It must also be noted that, across the country, specialty dockets have experienced exponential growth in recent years. There is a common belief that courts and judges have an obligation to use their resources and best efforts to solve the problems that bring people into court, whether as the accused, the victim, or the witness. Toward that end, problem-solving or specialty dockets generally conduct hearings before a judge who, through frequent interaction, utilizes sanctions as well as incentives in order to compel defendants to comply with appropriate treatment and intervention. These dockets are testing new methods of administering justice, recreating ways that state courts address the many factors which contribute to crime. Among these factors are: mental illness, illegal drug use, domestic violence, and child abuse or neglect. The judge works closely with a community-based team of experts in order to develop specific case plans for each person before the court. The primary goal is to protect public safety through individualized meaningful treatment.

In the year 2000, and again in 2009, the Conference of Chief Justices (CCJ) and the Conference of State Court Administrators (COSCA) issued joint resolutions concluding that drug treatment courts and other problem-solving courts are the most effective strategies for reducing drug abuse, preventing crime, and restoring families. In recognition of this fact, CCJ and COSCA called upon the justice system to extend the reach of problem-solving courts to every citizen in need, and further, to infuse the principles and practices of these proven programs throughout our system of justice. They found that, "drug court and problem-solving court principles and methods have demonstrated great success in addressing certain complex social problems, such as recidivism, which are not effectively addressed by the traditional legal process." In the year 2000, CCJ and COSCA committed all fifty states "to taking steps, nationally and locally, to expand and better integrate the principles and methods of well-functioning drug courts into ongoing court operations." In October of 2009, CCJ and COSCA both reaffirmed their unanimous commitment to drug treatment courts by asserting that "drug courts have proven to be the most effective strategy for reducing drug use and criminal recidivism among criminal offenders with substance abuse and addiction and reuniting families broken by drug dependency." (NDCI, The Drug Court Judicial Benchbook, 2011).

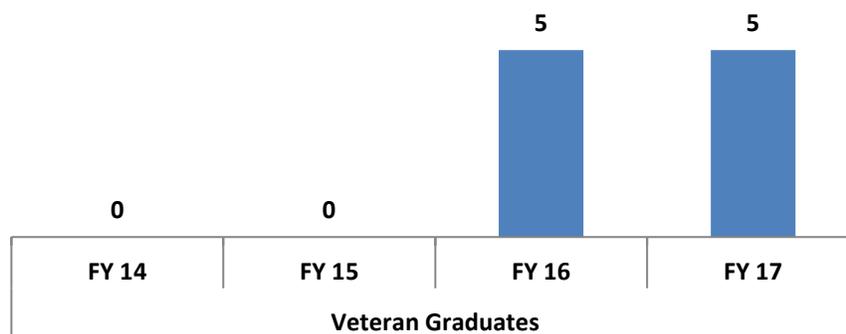
Behavioral/Mental Health Court and Veterans' Treatment Court dockets build upon the infrastructure which exists within Drug Treatment Courts. They combine rigorous treatment and accountability of persons with mental illnesses and our military veterans. Behavioral/Mental

Health Court dockets divert selected defendants with diagnosed mental illnesses into judicially supervised, community-based treatment. For those who agree to the terms and conditions of community-based supervision, a team of court and mental health professionals develop treatment plans and supervise those individuals in the community. Veterans' Treatment Courts use a hybrid integration of Drug Treatment Court and Behavioral/Mental Health Court docket principles to serve military veterans facing possible incarceration. They promote sobriety, recovery and stability through a coordinated response with the understanding that the bonds of military service and combat run very deep. Veterans' Treatment Court dockets allow veterans to navigate the court process with other veterans who are similarly situated and have common experiences, but also links them with Veterans Affairs Services uniquely designed for their needs. Veterans' Treatment Court dockets utilize collaboration with the U.S. Department of Veterans Affairs healthcare networks, the Veterans Benefits Administration, State Departments of Veteran Affairs, volunteer veteran mentors, and veterans' family support organizations. (NDCI, Painting the Current Picture, July 2011).

In response to numerous inquiries about various specialty dockets in Virginia, the Supreme Court of Virginia promulgated Rule 1:25, Specialty Dockets, effective January 16, 2017. The Rule includes the definition of and criteria for specialty dockets, types of specialty dockets, an authorization process, expansion of types of specialty dockets, oversight structure, operating standards, funding, and evaluation. The types of specialty dockets currently recognized by the Supreme Court of Virginia are drug treatment court dockets as provided for in the Drug Treatment Court Act, §18.2-254.1, veterans dockets and behavioral/mental health dockets.

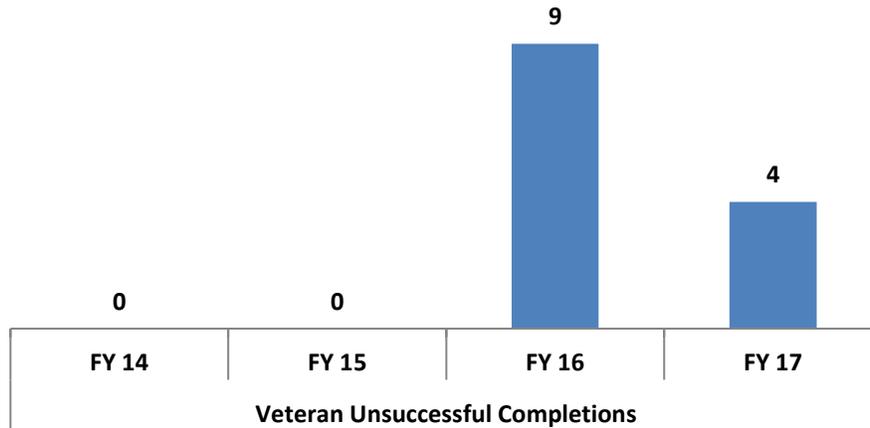
In parallel to the administration of drug treatment courts, advisory committees for veterans' dockets and behavioral/mental health dockets were created. Since two veteran dockets began as tracks within adult drug treatment courts, data collection has only begun and there is limited information to report. However, the preliminary data does show that Veterans have the highest percentage of negative drug screen results at 99%. Also, graduates of the program have gone from zero to five within the last two fiscal years (see Figure 27).

Figure 27: Veteran Participants Graduating Fiscal Years 2014 through 2017



Further, the number of unsuccessful departures from the Veteran drug treatment court docket has decreased from nine to four within the last two fiscal years (see Figure 28).

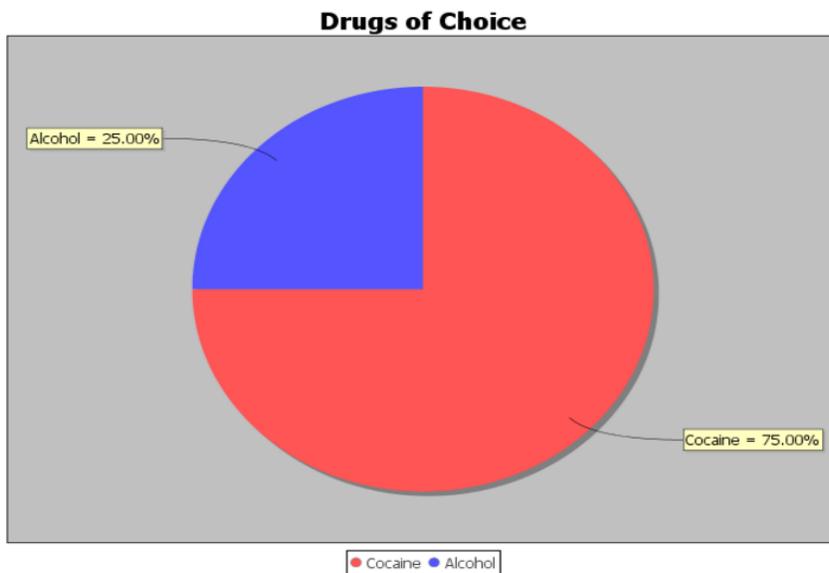
Figure 28: Veteran Unsuccessful Departures Fiscal Years 2014 through 2017



### FY 2017 Veteran Active Participant’s Top Drug of Choice

Out of active FY 2017 Veteran participants, 75% reported cocaine as their top drug of choice and alcohol was the only other reported drug of choice (see Figure 29).

Figure 29: Veteran Drugs of Choice



*Drugs of Choice:* When admitted to a drug treatment court docket, participants are asked what drug they identify as their “drug of choice” or “drug preference.” The data confirms drug users do not limit themselves exclusively to one preferred choice.

*Program Drug Screenings:* The overwhelming majority of Veteran drug screens performed within the past fiscal year were found to be negative 99% of the time, with an average of six screens per participant, and just under one positive screen per participant (see Table 22).

Table 22: 2017 Veteran Drug Screens

2017 Veteran Drug Screens		
Negative	639	99%
Positive	4	1%
Total Screens	643	100%
Total Participants Tested	10	
Average Screenings Per Participant	64	
Average Positive Screenings Per Participant	0.4	

In the future specialty dockets will be evaluated for effectiveness and efficiency similar to drug treatment court dockets.

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## Appendix A

### **The Virginia Drug Treatment Court Act**

### **§ 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.

M. 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.

N. 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.

O. 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.

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 following jurisdictions: the City of Chesapeake and the City of Newport News.

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 Juvenile and Domestic Relations District Court for the County of Franklin, provided that such court is funded solely through local sources.

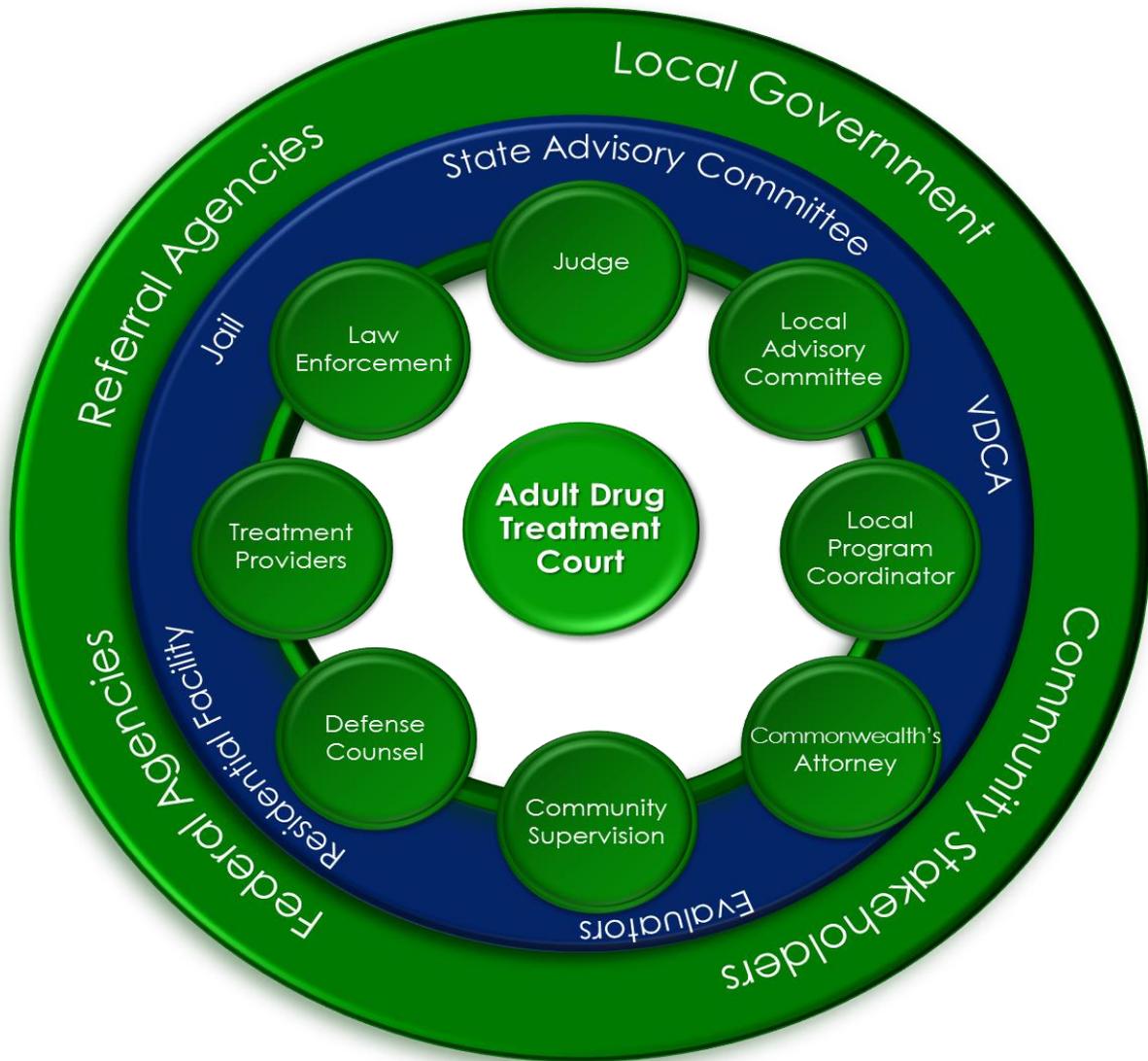
R. Subject to the requirements and conditions established by the state Drug Treatment Court Advisory Committee, there shall be established a drug treatment court in the City of Bristol and the County of Tazewell, provided that the court is funded within existing state and local appropriations.

(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**

# Virginia Adult Drug Treatment Court Docket Stakeholders



*Appendix C*

**State Drug Treatment Court Advisory Committee Membership List**

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

**Chair:**

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

**Vice-Chair:**

Honorable Jack S. Hurley, Judge\*  
Norfolk Circuit Court

**Members:**

Karl Hade, Executive Secretary\*  
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Hopewell/Prince George Surry Adult Drug  
Court

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**Staff:**

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Judicial Services Department

Anna T. Powers, State Drug Court Coordinator  
Judicial Services Department

Shayna Helms, Administrative Assistant  
Drug Treatment Court Division  
Judicial Services Department

**\*EXECUTIVE COMMITTEE**

## 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.

Add Rule 1:25 to read as follows:

### **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 black ink, appearing to read "Paul L. Harris". The signature is written in a cursive style with a large initial "P".

Clerk