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January 26, 2015

The General Assembly of Virginia  
Division of Legislative Automated Systems  
General Assembly Building  
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 the assistance of the State Drug Treatment Court Advisory Committee, to develop a statewide evaluation model, and to conduct ongoing evaluations on 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. Attached, please find the Annual Report.

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

With best wishes, I am

Very truly yours,

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

Karl R. Hade

KRH:jcm

Enclosures

# Virginia's Drug Treatment Courts 2014 Annual Report



Office of the Executive Secretary  
Supreme Court of Virginia

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# Executive Summary

## Virginia Drug Treatment Court Dockets 2014 Annual Report Executive Summary

In fiscal year 2014, there were 37 drug treatment court docket programs approved to operate in Virginia: twenty three (23) adult, eight (8) juvenile, four (4) family, and two (2) regional DUI Drug Treatment Court Dockets. Three (3) of these drug treatment court docket programs are currently non-operational. The Newport News Family Drug Court has been suspended, while the Montgomery Family Drug Court and Danville Adult Drug Court are approved for operations but have not yet formally commenced their programs.

“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 a 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>

One new drug treatment court docket program, the Pulaski County Adult Drug program began in November 2014 – statistics from this program will not be included in this report.

The goals of Virginia drug treatment court programs 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
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 in fiscal year 2014. Information is provided in the report on program participants including

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<sup>1</sup> Chapter 3 - 2014 Special Session Virginia Acts of Assembly - Item 37.H.1. (page 23)

demographics, program entry offenses, and program length. The report is based on 1) data from the drug court database established and maintained by the Office of the Executive Secretary (OES); and 2) arrest data from the Virginia State Police.

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

The Office of the Executive Secretary, Supreme Court of Virginia facilitates the development, implementation and monitoring of local adult, juvenile, family, and driving under the influence (DUI) drug treatment court dockets through the Drug Treatment Court Division in the Department of Judicial Services of the Office of the Executive Secretary. The State Drug Treatment Court Advisory Committee, established by statute, offers recommendations to the Chief Justice regarding recognition and funding for drug treatment court docket programs, best practices, and minimum standards for program operations. It also evaluates all proposals for the establishment of new programs and offers recommendations to the Chief Justice.

Across the nation, the executive, legislative and judicial branches of state governments are working together to develop problem-solving courts committed to core principles of therapeutic jurisprudence that address an offender's underlying problems. Increasingly, the public and the other branches of government are looking to the judicial system to address complex social issues that are not being effectively resolved by the traditional legal processes and sentencing methods. In addition, state and local governments are realizing they can save taxpayer dollars through the use of problem-solving courts. To name only a few, some of the problem-solving courts found in many states are drug treatment courts, mental health courts, veteran's courts, and domestic violence courts.

## **Funding for Drug Treatment Court Dockets**

Virginia's drug treatment court dockets operate under a funding strategy implemented in 2005 to sustain operation and funding of the 14 original drug treatment courts after their federal funding grants expired. There are ten (10) adult and four (4) juvenile drug treatment court docket programs included in this funding. Those programs receiving state funds administered through the Supreme Court of Virginia use these funds primarily for drug court personnel. Treatment services for drug court participants are generally provided through the public substance abuse treatment system also known as the Virginia Community Services Boards (CSBs). The drug treatment court programs establish memorandums of agreement with their local CSB for needed treatment services with agreed upon financial and/or clinical personnel arrangements. The remaining docket programs operate without state funds; seventeen draw upon local funds, augmented in a few situations by federal grant funds and other resources. Two family and one adult drug treatment court docket programs are not currently accepting participants. The two remaining programs, which are DUI drug court docket programs, operated by the local Alcohol Safety Action Program (ASAP), use offender fees to support their program.

In August 2012, the OES received a 30 month Statewide Adult Drug Court Discretionary grant award from the Bureau of Justice Assistance for \$1.5 million. The purpose of the Adult Drug Court Discretionary Grant Program (42 U.S.C. 3797u et seq.) is to provide financial and technical assistance to states, state courts, local courts, units of local government, and Indian tribal governments to develop and implement drug treatment courts that effectively integrate substance abuse treatment, mandatory drug testing, sanctions and incentives, and transitional services in a judicially supervised court setting with jurisdiction over nonviolent, substance-abusing offenders.

Funds from grants can also be used at the state level to: improve drug court functioning; increase drug court participation and participant outcomes; track, compile, coordinate, and disseminate state drug court information and resources; increase communication, coordination, and information sharing among drug court programs; conduct a statewide drug court evaluation; or establish a statewide automated drug court data collection and/or performance management system.

### **Fiscal Year 2014 Summary Measures**

*Referrals.* There were 1,375 referrals to adult, juvenile and DUI drug treatment court dockets in 2014. This is a decrease of 1%, which is negligible.

*New Admissions.* New admissions totaled 946 to adult, juvenile, and DUI drug court dockets. This is a decrease of 0.3%, which is negligible.

*Active Participants.* In 2014, there were a total of 2,349 active participants in adult, juvenile, and DUI drug court dockets. This is an increase of 5.1%.

*Graduates.* In 2014, there were a total of 552 graduates in adult, juvenile, and DUI drug court dockets. This is an increase of 12.7% from 2013.

*Terminations.* In 2014, there were a total of 436 terminations in adult, juvenile, and DUI drug court dockets. This is an increase of 29.4% from 2013. There is an expectation that this number will drop with increased usage in 2014 of the Risk and Needs Triage (RANT) assessment and intervention classification tool.

**Table 1: 2014 Adult, Juvenile, & DUI DTC Referrals and New Admissions**

| Table 1: 2014 Adult, Juvenile, & DUI DTC Referrals and New Admissions |            |               |            |                |              |               |           |                |             |               |            |                |            |               |            |                |
|---|------------|---------------|------------|----------------|--------------|---------------|-----------|----------------|-------------|---------------|------------|----------------|------------|---------------|------------|----------------|
|   | Adult DTC  |               |            |                | Juvenile DTC |               |           |                | DUI DTC     |               |            |                | Totals     |               |            |                |
| Referred  | 810        |               |            |                | 81           |               |           |                | 484         |               |            |                | 1375       |               |            |                |
| Admitted  | 441        |               |            |                | 60           |               |           |                | 445         |               |            |                | 946        |               |            |                |
| Admittance Rate   | 54.4%      |               |            |                | 74.1%        |               |           |                | 91.9%       |               |            |                | 68.8%      |               |            |                |
| <b>Demographic Characteristics of Admits</b>                          | <b>N</b>   | <b>%</b>      | <b>N</b>   | <b>Valid %</b> | <b>N</b>     | <b>%</b>      | <b>N</b>  | <b>Valid %</b> | <b>N</b>    | <b>%</b>      | <b>N</b>   | <b>Valid %</b> | <b>N</b>   | <b>%</b>      | <b>N</b>   | <b>Valid %</b> |
| <b>Gender</b>   |            |               |            |                |              |               |           |                |             |               |            |                |            |               |            |                |
| Males   | 261        |               | 261        | 59.2%          | 48           |               | 48        | 80.0%          | 347         |               | 347        | 78.0%          | 656        |               | 656        | 69.3%          |
| Females   | 180        |               | 180        | 40.8%          | 12           |               | 12        | 20.0%          | 98          |               | 98         | 22.0%          | 290        |               | 290        | 30.7%          |
| No Data   | 0          | 0.0%          |            |                | 0            | 0.0%          |           |                | 0           | 0.0%          |            |                | 0          | 0.0%          |            |                |
| <b>Total</b>  | <b>441</b> | <b>100.0%</b> | <b>441</b> | <b>100%</b>    | <b>60</b>    | <b>100.0%</b> | <b>60</b> | <b>100%</b>    | <b>445</b>  | <b>100.0%</b> | <b>445</b> | <b>100%</b>    | <b>946</b> | <b>100.0%</b> | <b>946</b> | <b>100%</b>    |
| <b>Race</b>   |            |               |            |                |              |               |           |                |             |               |            |                |            |               |            |                |
| White   | 292        |               | 292        | 66.4%          | 42           |               | 42        | 71.2%          | 322         |               | 322        | 72.7%          | 656        |               | 656        | 69.6%          |
| Black   | 146        |               | 146        | 33.2%          | 13           |               | 13        | 22.0%          | 102         |               | 102        | 23.0%          | 261        |               | 261        | 27.7%          |
| Hispanic  | 0          |               | 0          | 0.0%           | 2            |               | 2         | 3.4%           | 15          |               | 15         | 3.4%           | 17         |               | 17         | 1.8%           |
| Asian   | 1          |               | 1          | 0.2%           | 0            |               | 0         | 0.0%           | 4           |               | 4          | 0.9%           | 5          |               | 5          | 0.5%           |
| Other   | 1          |               | 1          | 0.2%           | 2            |               | 2         | 3.4%           | 0           |               | 0          | 0.0%           | 3          |               | 3          | 0.3%           |
| No Data   | 1          | 0.2%          |            |                | 1            | 1.7%          |           |                | 2           | 0.4%          |            |                | 4          | 0.4%          |            |                |
| <b>Total</b>  | <b>441</b> | <b>100%</b>   | <b>440</b> | <b>100%</b>    | <b>60</b>    | <b>100%</b>   | <b>59</b> | <b>100%</b>    | <b>445</b>  | <b>100%</b>   | <b>443</b> | <b>100%</b>    | <b>946</b> | <b>100%</b>   | <b>942</b> | <b>100%</b>    |
| <b>Age</b>  |            |               |            |                |              |               |           |                |             |               |            |                |            |               |            |                |
| Ages 10-19  | 9          |               | 9          | 2.1%           | 60           |               | 60        | 100%           | 11          |               | 11         | 2.5%           | 80         |               | 80         | 8.5%           |
| Ages 20-29  | 175        |               | 175        | 39.9%          | 0            |               | 0         | 0%             | 177         |               | 177        | 40.2%          | 352        |               | 352        | 37.5%          |
| Ages 30-39  | 134        |               | 134        | 30.5%          | 0            |               | 0         | 0%             | 106         |               | 106        | 24.1%          | 240        |               | 240        | 25.6%          |
| Ages 40-49  | 72         |               | 72         | 16.4%          | 0            |               | 0         | 0%             | 80          |               | 80         | 18.2%          | 152        |               | 152        | 16.2%          |
| Ages 50-59  | 43         |               | 43         | 9.8%           | 0            |               | 0         | 0%             | 49          |               | 49         | 11.1%          | 92         |               | 92         | 9.8%           |
| Ages 60-69  | 6          |               | 6          | 1.4%           | 0            |               | 0         | 0%             | 17          |               | 17         | 3.9%           | 23         |               | 23         | 2.4%           |
| No Data   | 2          | 0.5%          |            |                | 0            | 0.0%          |           |                | 5           | 1.1%          |            |                | 7          | 0.7%          |            |                |
| <b>Total</b>  | <b>441</b> | <b>100%</b>   | <b>439</b> | <b>100%</b>    | <b>60</b>    | <b>100%</b>   | <b>60</b> | <b>100%</b>    | <b>445</b>  | <b>100%</b>   | <b>440</b> | <b>100%</b>    | <b>946</b> | <b>100%</b>   | <b>939</b> | <b>100%</b>    |
| <b>Marital Status</b>   |            |               |            |                |              |               |           |                |             |               |            |                |            |               |            |                |
| Single  | 286        |               | 286        | 67.6%          | 60           |               | 60        | 100%           | 261         |               | 261        | 59.7%          | 607        |               | 607        | 66.0%          |
| Separated   | 29         |               | 29         | 6.9%           | 0            |               | 0         | 0%             | 38          |               | 38         | 8.7%           | 67         |               | 67         | 7.3%           |
| Divorced  | 40         |               | 40         | 9.5%           | 0            |               | 0         | 0%             | 48          |               | 48         | 11.0%          | 88         |               | 88         | 9.6%           |
| Married   | 60         |               | 60         | 14.2%          | 0            |               | 0         | 0%             | 83          |               | 83         | 19.0%          | 143        |               | 143        | 15.5%          |
| Cohabiting  | 7          |               | 7          | 1.7%           | 0            |               | 0         | 0%             | 0           |               | 0          | 0.0%           | 7          |               | 7          | 0.8%           |
| Widowed   | 1          |               | 1          | 0.2%           | 0            |               | 0         | 0%             | 7           |               | 7          | 1.6%           | 8          |               | 8          | 0.9%           |
| Other   | 0          |               | 0          | 0.0%           | 0            |               | 0         | 0%             | 0           |               | 0          | 0.0%           | 0          |               | 0          | 0.0%           |
| No Data   | 18         | 4.1%          |            |                | 0            | 0.0%          |           |                | 8           | 1.8%          |            |                | 26         | 2.7%          |            |                |
| <b>Total</b>  | <b>441</b> | <b>100%</b>   | <b>423</b> | <b>100%</b>    | <b>60</b>    | <b>100%</b>   | <b>60</b> | <b>100%</b>    | <b>445</b>  | <b>100%</b>   | <b>437</b> | <b>100%</b>    | <b>946</b> | <b>100%</b>   | <b>920</b> | <b>100%</b>    |
| <b>Education (Highest Level Attained)</b>                             |            |               |            |                |              |               |           |                |             |               |            |                |            |               |            |                |
| Primary School  | 0          |               | 0          | 0.0%           | 0            |               | 0         | 0.0%           | Unavailable |               |            |                | 0          |               | 0          | 0.0%           |
| Middle School   | 5          |               | 5          | 1.2%           | 1            |               | 1         | 1.7%           |             |               |            |                | 6          |               | 6          | 1.3%           |
| 9th grade   | 12         |               | 12         | 2.9%           | 18           |               | 18        | 30.0%          |             |               |            |                | 30         |               | 30         | 6.3%           |
| 10th grade  | 25         |               | 25         | 6.0%           | 18           |               | 18        | 30.0%          |             |               |            |                | 43         |               | 43         | 9.0%           |
| 11th grade  | 39         |               | 39         | 9.3%           | 9            |               | 9         | 15.0%          |             |               |            |                | 48         |               | 48         | 10.0%          |
| 12th grade  | 54         |               | 54         | 12.9%          | 10           |               | 10        | 16.7%          |             |               |            |                | 64         |               | 64         | 13.3%          |
| High School Graduate  | 93         |               | 93         | 22.1%          | 0            |               | 0         | 0.0%           |             |               |            |                | 93         |               | 93         | 19.4%          |
| GED   | 92         |               | 92         | 21.9%          | 4            |               | 4         | 6.7%           |             |               |            |                | 96         |               | 96         | 20.0%          |
| Vocational Training   | 5          |               | 5          | 1.2%           | 0            |               | 0         | 0.0%           |             |               |            |                | 5          |               | 5          | 1.0%           |
| Junior College  | 0          |               | 0          | 0.0%           | 0            |               | 0         | 0.0%           |             |               |            |                | 0          |               | 0          | 0.0%           |
| Some College  | 82         |               | 82         | 19.5%          | 0            |               | 0         | 0.0%           |             |               |            |                | 82         |               | 82         | 17.1%          |
| Associate's Degree  | 6          |               | 6          | 1.4%           | 0            |               | 0         | 0.0%           |             |               |            |                | 6          |               | 6          | 1.3%           |
| Bachelor's Degree   | 6          |               | 6          | 1.4%           | 0            |               | 0         | 0.0%           |             |               |            |                | 6          |               | 6          | 1.3%           |
| Post-Bachelor's education   | 1          |               | 1          | 0.2%           | 0            |               | 0         | 0.0%           |             |               |            |                | 1          |               | 1          | 0.2%           |
| No Data   | 21         | 4.8%          |            |                | 0            | 0.0%          |           |                |             |               |            |                | 21         | 4.2%          |            |                |
| <b>Total</b>  | <b>441</b> | <b>100%</b>   | <b>420</b> | <b>100%</b>    | <b>60</b>    | <b>100%</b>   | <b>60</b> | <b>100%</b>    | <b>0</b>    | <b>0%</b>     | <b>0</b>   | <b>0%</b>      | <b>501</b> | <b>100%</b>   | <b>480</b> | <b>100%</b>    |

**Table 2: 2014 Adult, Juvenile, & DUI DTC Total Active Participants**

| Table 2: 2014 Adult, Juvenile, & DUI DTC Active Participants |              |             |              |             |              |             |              |             |  |
|--|--------------|-------------|--------------|-------------|--------------|-------------|--------------|-------------|--|
|  | Adult DTC    |             | Juvenile DTC |             | DUI DTC      |             | Totals       |             |  |
| Active Participants  | 1,123        |             | 145          |             | 1,081        |             | 2,349        |             |  |
| Demographic Characteristics of Participants                  | N            | %           | N            | %           | N            | %           | N            | %           |  |
| <b>Gender</b>  |              |             |              |             |              |             |              |             |  |
| Male   | 650          | 57.9%       | 107          | 73.8%       | 846          | 78.3%       | 1603         | 68.2%       |  |
| Female   | 473          | 42.1%       | 38           | 26.2%       | 235          | 21.7%       | 746          | 31.8%       |  |
| <b>Total</b>   | <b>1,123</b> | <b>100%</b> | <b>145</b>   | <b>100%</b> | <b>1,081</b> | <b>100%</b> | <b>2,349</b> | <b>100%</b> |  |
| <b>Race</b>  |              |             |              |             |              |             |              |             |  |
| White  | 718          | 63.9%       | 107          | 73.8%       | 783          | 72.5%       | 1608         | 68.5%       |  |
| Black  | 393          | 35.0%       | 27           | 18.6%       | 248          | 23.0%       | 668          | 28.4%       |  |
| Hispanic   | 3            | 0.3%        | 5            | 3.4%        | 38           | 3.5%        | 46           | 2.0%        |  |
| Asian  | 6            | 0.5%        | 0            | 0.0%        | 8            | 0.7%        | 14           | 0.6%        |  |
| Native American  | 0            | 0.0%        | 0            | 0.0%        | 2            | 0.2%        | 2            | 0.1%        |  |
| Other  | 2            | 0.2%        | 4            | 2.8%        | 0            | 0.0%        | 6            | 0.3%        |  |
| No Data  | 1            | 0.1%        | 2            | 1.4%        | 1            | 0.1%        | 4            | 0.2%        |  |
| <b>Total</b>   | <b>1,123</b> | <b>100%</b> | <b>145</b>   | <b>100%</b> | <b>1,081</b> | <b>100%</b> | <b>2,349</b> | <b>100%</b> |  |
| <b>Marital Status</b>  |              |             |              |             |              |             |              |             |  |
| Single   | 730          | 65.0%       | 142          | 97.9%       | 602          | 55.7%       | 1474         | 62.8%       |  |
| Separated  | 75           | 6.7%        | 0            | 0.0%        | 87           | 8.0%        | 162          | 6.9%        |  |
| Divorced   | 117          | 10.4%       | 0            | 0.0%        | 133          | 12.3%       | 250          | 10.6%       |  |
| Married  | 144          | 12.8%       | 0            | 0.0%        | 232          | 21.5%       | 376          | 16.0%       |  |
| Cohabiting   | 20           | 1.8%        | 0            | 0.0%        | 0            | 0.0%        | 20           | 0.9%        |  |
| Widowed  | 9            | 0.8%        | 0            | 0.0%        | 15           | 1.4%        | 24           | 1.0%        |  |
| Other  | 0            | 0           | 1            | 0.7%        | 0            | 0.0%        | 1            | 0.0%        |  |
| No Data  | 28           | 2.5%        | 2            | 1.4%        | 12           | 1.1%        | 42           | 1.8%        |  |
| <b>Total</b>   | <b>1,123</b> | <b>100%</b> | <b>145</b>   | <b>100%</b> | <b>1,081</b> | <b>100%</b> | <b>2,349</b> | <b>100%</b> |  |
| <b>Education (Highest Level Attained)</b>                    |              |             |              |             |              |             |              |             |  |
| Primary School   | 1            | 0.1%        | 0            | 0.0%        | 0            | 0.0%        | 1            | 0.0%        |  |
| Middle School  | 16           | 1.4%        | 6            | 4.1%        | 0            | 0.0%        | 22           | 0.9%        |  |
| 9th grade  | 32           | 2.9%        | 39           | 26.9%       | 0            | 0.0%        | 71           | 3.0%        |  |
| 10th grade   | 77           | 6.9%        | 39           | 26.9%       | 0            | 0.0%        | 116          | 4.9%        |  |
| 11th grade   | 101          | 9.0%        | 20           | 13.8%       | 0            | 0.0%        | 121          | 5.2%        |  |

|                           |              |             |            |             |             |             |              |             |
|---------------------------|--------------|-------------|------------|-------------|-------------|-------------|--------------|-------------|
| 12th grade                | 151          | 13.5%       | 23         | 15.9%       | 0           | 0.0%        | 174          | 7.4%        |
| High School Graduate      | 245          | 21.8%       | 4          | 2.8%        | 0           | 0.0%        | 249          | 10.6%       |
| GED                       | 189          | 16.8%       | 10         | 6.9%        | 0           | 0.0%        | 199          | 8.5%        |
| Vocational Training       | 10           | 0.9%        | 0          | 0.0%        | 0           | 0.0%        | 10           | 0.4%        |
| Some College              | 213          | 19.0%       | 0          | 0.0%        | 0           | 0.0%        | 213          | 9.1%        |
| Associate's Degree        | 21           | 1.9%        | 0          | 0.0%        | 0           | 0.0%        | 21           | 0.9%        |
| Bachelor's Degree         | 22           | 2.0%        | 0          | 0.0%        | 0           | 0.0%        | 22           | 0.9%        |
| Post-Bachelor's Education | 6            | 0.5%        | 0          | 0.0%        | 0           | 0.0%        | 6            | 0.3%        |
| No Data                   | 38           | 3.4%        | 4          | 2.8%        | 1081        | 100%        | 1123         | 47.8%       |
| <b>Total</b>              | <b>1,123</b> | <b>100%</b> | <b>145</b> | <b>100%</b> | <b>1081</b> | <b>100%</b> | <b>2,349</b> | <b>100%</b> |

**Table 3: 2014 Adult, Juvenile, & DUI DTC Graduates**

| Table 3: 2014 Adult, Juvenile, & DUI DTC Graduations |           |       |              |       |         |       |        |       |  |
|--|-----------|-------|--------------|-------|---------|-------|--------|-------|--|
|  | Adult DTC |       | Juvenile DTC |       | DUI DTC |       | Totals |       |  |
| Terminations   | 200       |       | 21           |       | 331     |       | 552    |       |  |
| Demographic Characteristics of Participants          | N         | %     | N            | %     | N       | %     | N      | %     |  |
| <b>Gender</b>  |           |       |              |       |         |       |        |       |  |
| Male   | 115       | 57.5% | 14           | 66.7% | 261     | 78.9% | 390    | 70.7% |  |
| Female   | 85        | 42.5% | 7            | 33.3% | 70      | 21.1% | 162    | 29.3% |  |
| Total  | 200       | 100%  | 21           | 100%  | 331     | 100%  | 552    | 100%  |  |
| <b>Race</b>  |           |       |              |       |         |       |        |       |  |
| White  | 130       | 65.0% | 15           | 71.4% | 248     | 74.9% | 393    | 71.2% |  |
| Black  | 69        | 34.5% | 4            | 19.0% | 67      | 20.2% | 140    | 25.4% |  |
| Hispanic   | 0         | 0.0%  | 2            | 9.5%  | 12      | 3.6%  | 14     | 2.5%  |  |
| Asian  | 1         | 0.5%  | 0            | 0.0%  | 3       | 0.9%  | 4      | 0.7%  |  |
| Native American                                      | 0         | 0.0%  | 0            | 0.0%  | 1       | 0.3%  | 1      | 0.2%  |  |
| Other  | 0         | 0.0%  | 0            | 0.0%  | 0       | 0.0%  | 0      | 0.0%  |  |
| No Data  | 0         | 0.0%  | 0            | 0.0%  | 0       | 0.0%  | 0      | 0.0%  |  |
| Total  | 200       | 100%  | 21           | 100%  | 331     | 100%  | 552    | 100%  |  |
| <b>Marital Status</b>                                |           |       |              |       |         |       |        |       |  |
| Single   | 127       | 63.5% | 21           | 100%  | 166     | 50.2% | 314    | 56.9% |  |
| Separated  | 13        | 6.5%  | 0            | 0.0%  | 23      | 6.9%  | 36     | 6.5%  |  |
| Divorced   | 21        | 10.5% | 0            | 0.0%  | 43      | 13.0% | 64     | 11.6% |  |
| Married  | 31        | 15.5% | 0            | 0.0%  | 82      | 24.8% | 113    | 20.5% |  |
| Cohabiting   | 3         | 1.5%  | 0            | 0.0%  | 0       | 0.0%  | 3      | 0.5%  |  |
| Widowed  | 0         | 0.0%  | 0            | 0.0%  | 2       | 0.6%  | 2      | 0.4%  |  |
| Other  | 0         | 0.0%  | 0            | 0.0%  | 0       | 0.0%  | 0      | 0.0%  |  |

|   |            |             |           |             |            |             |            |             |
|---|------------|-------------|-----------|-------------|------------|-------------|------------|-------------|
| No Data                                   | 5          | 2.5%        | 0         | 0.0%        | 15         | 4.5%        | 20         | 3.6%        |
| <b>Total</b>                              | <b>200</b> | <b>100%</b> | <b>21</b> | <b>100%</b> | <b>331</b> | <b>100%</b> | <b>552</b> | <b>100%</b> |
| <b>Education (Highest Level Attained)</b> |            |             |           |             |            |             |            |             |
| Primary School                            | 0          | 0.0%        | 0         | 0.0%        | 0          | 0.0%        | 0          | 0.0%        |
| Middle School                             | 2          | 1.0%        | 0         | 0.0%        | 0          | 0.0%        | 2          | 0.4%        |
| 9th grade                                 | 6          | 3.0%        | 5         | 23.8%       | 0          | 0.0%        | 11         | 2.0%        |
| 10th grade                                | 9          | 4.5%        | 5         | 23.8%       | 0          | 0.0%        | 14         | 2.5%        |
| 11th grade                                | 22         | 11.0%       | 3         | 14.3%       | 0          | 0.0%        | 25         | 4.5%        |
| 12th grade                                | 24         | 12.0%       | 4         | 19.0%       | 0          | 0.0%        | 28         | 5.1%        |
| High School Graduate                      | 47         | 23.5%       | 0         | 0.0%        | 0          | 0.0%        | 47         | 8.5%        |
| GED                                       | 19         | 9.5%        | 2         | 9.5%        | 0          | 0.0%        | 21         | 3.8%        |
| Vocational Training                       | 0          | 0.0%        | 0         | 0.0%        | 0          | 0.0%        | 0          | 0.0%        |
| Some College                              | 46         | 23.0%       | 0         | 0.0%        | 0          | 0.0%        | 46         | 8.3%        |
| Associate's Degree                        | 10         | 5.0%        | 0         | 0.0%        | 0          | 0.0%        | 10         | 1.8%        |
| Bachelor's Degree                         | 9          | 4.5%        | 0         | 0.0%        | 0          | 0.0%        | 9          | 1.6%        |
| Post-Bachelor's Education                 | 1          | 0.5%        | 0         | 0.0%        | 0          | 0.0%        | 1          | 0.2%        |
| No Data                                   | 5          | 2.5%        | 2         | 9.5%        | 331        | 100%        | 338        | 61.2%       |
| <b>Total</b>                              | <b>200</b> | <b>100%</b> | <b>21</b> | <b>100%</b> | <b>331</b> | <b>100%</b> | <b>552</b> | <b>100%</b> |

**Table 4: 2014 Adult, Juvenile, & DUI DTC Terminations**

| Table 4: 2014 Adult, Juvenile, & DUI DTC Terminations |           |       |              |       |         |       |        |       |  |
|---|-----------|-------|--------------|-------|---------|-------|--------|-------|--|
|   | Adult DTC |       | Juvenile DTC |       | DUI DTC |       | Totals |       |  |
| Terminations  | 273       |       | 31           |       | 132     |       | 436    |       |  |
| Demographic Characteristics of Participants           | N         | %     | N            | %     | N       | %     | N      | %     |  |
| <b>Gender</b>   |           |       |              |       |         |       |        |       |  |
| Male  | 153       | 56.0% | 23           | 74.2% | 100     | 75.8% | 276    | 63.3% |  |
| Female  | 120       | 44.0% | 8            | 25.8% | 32      | 24.2% | 160    | 36.7% |  |
| Total   | 273       | 100%  | 31           | 100%  | 132     | 100%  | 436    | 100%  |  |
| <b>Race</b>   |           |       |              |       |         |       |        |       |  |
| White   | 171       | 62.6% | 18           | 58.1% | 90      | 68.2% | 279    | 64.0% |  |
| Black   | 98        | 35.9% | 9            | 29.0% | 37      | 28.0% | 144    | 33.0% |  |
| Hispanic  | 1         | 0.4%  | 2            | 6.5%  | 3       | 2.3%  | 6      | 1.4%  |  |
| Asian   | 2         | 0.7%  | 0            | 0.0%  | 2       | 1.5%  | 4      | 0.9%  |  |
| Native American                                       | 0         | 0.0%  | 0            | 0.0%  | 0       | 0.0%  | 0      | 0.0%  |  |
| Other   | 1         | 0.4%  | 2            | 6.5%  | 0       | 0.0%  | 3      | 0.7%  |  |
| No Data   | 0         | 0.0%  | 0            | 0.0%  | 0       | 0.0%  | 0      | 0.0%  |  |

|   |     |       |    |       |     |       |     |       |
|---|-----|-------|----|-------|-----|-------|-----|-------|
| <b>Total</b>                              | 273 | 100%  | 31 | 100%  | 132 | 100%  | 436 | 100%  |
| <b>Marital Status</b>                     |     |       |    |       |     |       |     |       |
| Single                                    | 177 | 64.8% | 30 | 96.8% | 87  | 65.9% | 294 | 67.4% |
| Separated                                 | 16  | 5.9%  | 0  | 0.0%  | 7   | 5.3%  | 23  | 5.3%  |
| Divorced                                  | 27  | 9.9%  | 0  | 0.0%  | 15  | 11.4% | 42  | 9.6%  |
| Married                                   | 34  | 12.5% | 0  | 0.0%  | 16  | 12.1% | 50  | 11.5% |
| Cohabiting                                | 2   | 0.7%  | 0  | 0.0%  | 0   | 0.0%  | 2   | 0.5%  |
| Widowed                                   | 5   | 1.8%  | 0  | 0.0%  | 4   | 3.0%  | 9   | 2.1%  |
| Other                                     | 0   | 0     | 1  | 3.2%  | 0   | 0.0%  | 1   | 0.2%  |
| No Data                                   | 12  | 4.4%  | 0  | 0.0%  | 3   | 2.3%  | 15  | 3.4%  |
| <b>Total</b>                              | 273 | 100%  | 31 | 100%  | 132 | 100%  | 436 | 100%  |
| <b>Education (Highest Level Attained)</b> |     |       |    |       |     |       |     |       |
| Primary School                            | 0   | 0.0%  | 0  | 0.0%  | 0   | 0.0%  | 0   | 0.0%  |
| Middle School                             | 4   | 1.5%  | 0  | 0.0%  | 0   | 0.0%  | 4   | 0.9%  |
| 9th grade                                 | 10  | 3.7%  | 5  | 16.1% | 0   | 0.0%  | 15  | 3.4%  |
| 10th grade                                | 15  | 5.5%  | 9  | 29.0% | 0   | 0.0%  | 24  | 5.5%  |
| 11th grade                                | 27  | 9.9%  | 5  | 16.1% | 0   | 0.0%  | 32  | 7.3%  |
| 12th grade                                | 35  | 12.8% | 6  | 19.4% | 0   | 0.0%  | 41  | 9.4%  |
| High School Graduate                      | 53  | 19.4% | 1  | 3.2%  | 0   | 0.0%  | 54  | 12.4% |
| GED                                       | 54  | 19.8% | 4  | 12.9% | 0   | 0.0%  | 58  | 13.3% |
| Vocational Training                       | 2   | 0.7%  | 0  | 0.0%  | 0   | 0.0%  | 2   | 0.5%  |
| Some College                              | 48  | 17.6% | 0  | 0.0%  | 0   | 0.0%  | 48  | 11.0% |
| Associate's Degree                        | 2   | 0.7%  | 0  | 0.0%  | 0   | 0.0%  | 2   | 0.5%  |
| Bachelor's Degree                         | 7   | 2.6%  | 0  | 0.0%  | 0   | 0.0%  | 7   | 1.6%  |
| Post-Bachelor's Education                 | 0   | 0.0%  | 0  | 0.0%  | 0   | 0.0%  | 0   | 0.0%  |
| No Data                                   | 16  | 5.9%  | 1  | 3.2%  | 132 | 100%  | 149 | 34.2% |
| <b>Total</b>                              | 273 | 100%  | 31 | 100%  | 132 | 100%  | 436 | 100%  |

## Drug Treatment Courts in Virginia

### Introduction

The General Assembly enacted the Virginia Drug Treatment Court Act (§18.2-254.1) in 2004. The Act authorizes the Supreme Court of Virginia to provide administrative oversight of all drug treatment courts and establishes 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 and drug-related cases. The intent of the General Assembly 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 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 improve its development and operation of evidence-based treatment court 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.

The goals of Virginia drug treatment court programs are:

1. to reduce drug addiction and drug dependency among offenders
2. to reduce recidivism
3. to reduce drug-related court workloads
4. to increase personal, familial and societal accountability among offenders
5. to 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 in fiscal year 2014. Information is provided in the report on program participants including demographics, program entry offenses, program length, and re-arrest after program completion or termination. Details are provided separately for adult, juvenile, and driving under the influence (DUI) drug treatment court docket programs. The report is based on data from the drug court database established and maintained by the Office of the Executive Secretary (OES), as well as arrest data from the Virginia State Police obtained by OES staff and DUI drug court data recently electronically transferred from VASAP's inferno database to the drug court database. Drug treatment court staff in local programs enters data on program participants into the OES drug court database. Local Virginia Alcohol Safety Action Programs (VASAP) enters data for DUI drug courts into their separate data system. This year efforts to electronically migrate the data from VASAP's database to the drug court database were successful. As a result this information is included in this report. Analyses provided in this report were based on data entered for participants in Virginia's drug treatment courts who entered a program after July 1, 2007, and either graduated or were terminated from a program between July 1, 2007 and June 30, 2013. Statistical information was provided for participants who remain active.

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

In 2014, there were 37 drug treatment court dockets approved to operate in Virginia: twenty-three (23) adult, eight (8) juvenile, four (4) family and two (2) regional DUI drug treatment courts. Twenty-three programs were approved to operate in circuit courts, with two in general district courts and twelve in juvenile and domestic relations district (J&DR) courts. The two docket programs operating in the general district courts were both DUI drug treatment court docket programs. The Danville Adult and Montgomery County Family Drug courts were approved to operate in July 2012 but have not yet had their first docket. The Newport News Family Drug Court has been suspended. Adult drug courts operate in circuit courts and both juvenile and family drug courts were operating in the juvenile and domestic relations district courts as described below.

### **General Description of Operational Drug Treatment Court Dockets**

**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.**

**Family drug treatment court dockets in juvenile and domestic relations district courts monitor parent respondents adjudicated for child abuse, neglect, and/or dependency who are seeking custody of their children.**

An Adult Drug Treatment Court Docket program was approved for Pulaski County in April 2014 and is the newest Virginia drug court docket. The adult felony drug treatment court docket program serving Roanoke City, Roanoke County and the City of Salem (23rd Judicial Circuit) is the longest operational drug treatment court in the Commonwealth having been implemented in September 1995.

In fiscally challenging times, there is always the pressure to do more with less. Fidelity to the Drug Court model has been studied to determine if any of the "key components" of Drug Courts are not necessary for effective results. The results confirmed that fidelity to the full drug court model, implementing all National Association of Drug Court Professionals (NADCP) 10 Key Components is necessary for optimum outcomes - assuming that the programs are treating their correct target population of high-risk, addicted drug offenders.

## **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 the influence (DUI) drug treatment court dockets through the Drug Treatment Court Division in the Department of Judicial Services for the Office of the Executive Secretary. The state Drug Treatment Court Advisory Committee, established pursuant to statute, makes recommendations to the Chief Justice regarding recognition and funding for drug treatment courts, 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.

The Drug Treatment Court Advisory Committee established the following standing committees:

- Executive Committee acts as an overseer of committee activities and meets monthly to manage the affairs and further the purposes of the Drug Treatment Court Advisory Committee and Virginia's Drug Treatment Court Dockets.
- Operations Committee has the responsibility for developing operating standards applicable to all of Virginia's drug treatment court models. This committee also reviews all applications requesting permission to establish new drug treatment court dockets. In addition, this committee focuses on the training duties set forth in §18.2-254.1 (E) (iii) and (iv).
- Planning and Development Committee focuses on the need to obtain permanent or dedicated funding for Virginia's drug treatment court dockets. This committee also works closely with the Judicial Services Department and the legislative arm of the Supreme Court of Virginia as well as local civic, advocacy and community groups. It is also responsible for efforts to increase public awareness of the benefits of drug treatment court dockets.
- Evaluation Committee focuses on the duties imposed in §18.2-254.1 (E) (v) and (N). This includes assistance in preparing the annual report to the Virginia General Assembly, as well as assistance to the local drug treatment court dockets in how they can make use of the drug court database provided by the Office of the Executive Secretary of the Supreme Court of Virginia for the Evaluation.

The executive committee continued regular meetings by conference call monthly. The executive committee is chaired by the Vice Chair of the Drug Treatment Court Advisory Committee and its members include the chairs of the three standing committees and a representative from the Virginia Drug Court Association.

## **Funding for Drug Treatment Court Dockets**

Virginia's drug treatment court dockets operate under a funding strategy implemented in 2005 to sustain operation and funding for the 14 original drug treatment courts after their federal grants expired. There are ten adult and four juvenile drug treatment courts included in this funding. Those drug treatment courts receiving state funds use the funds primarily for drug court personnel. Treatment services for drug treatment court participants are generally assessed through the public substance abuse treatment system also known as the Virginia Community Services Boards (CSBs) through a memorandum of agreement and fixed cost. The drug treatment courts establish memorandums of agreement with their local CSB for needed treatment services with agreed upon financial and/or clinical personnel arrangements. The remaining programs operate without state funds; by drawing upon local resources augmented in a few situations by federal grant funds and other resources. The two remaining programs, which are DUI drug court docket programs operated by the local Alcohol Safety Action Program (ASAP), use offender fees to support their program.

## **Impact of Drug Treatment Courts**

### **Introduction**

Drug Treatment Courts are a beneficial and unique part of the judicial system of Virginia. There are four (4) models for adults, juveniles, families, and DUI. The treatment process works like this: an offender is arrested with a drug-related charge – likely a long line of drug-related charges. A team of Drug Treatment Court professionals (including counselors, prosecutors, defenders or public attorneys, judges, probation officers, coordinators, specialists, and others) chooses that individual based on their personal history and apparent addiction. Violent offenders are not eligible for drug court. The offender can choose between prison and drug court, and drug court is often more difficult because once they become a participant in a drug court, they are expected to stay clean, come to meetings, and retain employment.

After 1-2 years of grueling, intensive treatment, group support meetings, random drug tests, job hunting and placement, and one-on-one sessions to deal with their past and source of addiction, the participant graduates from the program. Drug treatment courts save money by keeping participants out of prison and in steady jobs.

The National Institute of Justice, under the U.S. Department of Justice, stated that drug courts significantly reduce the costs of managing drug offenders – as much as \$6,744 a participant. Meanwhile, the National Association of Drug Court Professionals reports that 75% of drug court graduates remain arrest-free for two years after leaving the program, while 62% of prisoners are re-arrested within three years, according to the Justice Department. But they also help individual Virginia citizens. The cost-benefit analysis performed by the National Center for State Courts in 2012 report that Virginia's Drug Courts save \$19,234 per person as compared to traditional case

processing. The report noted that Virginia's adult drug courts saved taxpayers \$18,022,258 compared to the cost of "business-as-usual" processing for this same group of offenders.<sup>2</sup>

## **Personal Stories**

Quwanisha H. had a juvenile record for multiple drug and alcohol crimes. Her life began going downhill. She drank a six pack of beer every day, and more on the weekends. Then, she became a part of the Newport News Juvenile Drug Treatment Court program which changed her life. She started working two jobs to make ends meet and earned a degree at Old Dominion University. According to an article written in the Daily Press, Quwanisha said "I felt like I always had it in me to do well. I just needed a push."

Bridget M. was one of the first participants in the Washington County Drug Court. She was on her third probation violation after failing a drug screening, and had a choice to go to prison or complete drug court. She became the program's first graduate. In an article published on Tricities.com, she stated, "I feel very confident in my future. My kids are happy I'm home from jail and I'm clean. I'm in a happy place." After 91 urine drug screenings, 90 group treatment sessions, and 52 Narcotics Anonymous meetings, she finally finished her rigorous program and is on the road to recovery and wellness.

Clinton S. began his addiction the way so many do: a prescription for pain medication to help his arthritis. Eventually he moved onto more and more drugs. Then he joined the Roanoke City Drug Court program. In the Salem Times-Register, he said, "Drug Court is the best thing that could have happened to me. I've been clean and sober for the last year. It was life changing, for sure."

In 2013, Russell County had its first graduation from its new drug court program. Three people, including April M., a mother, were able to overcome their addictions to drugs and alcohol in this regimented treatment program, which according to the National Center for Drug Courts, saves about \$19,000 per offender when compared to traditional sentencing methods. In an article written in the Bristol Herald Courier, April said, "I always wanted to be sober. I just didn't know how." Russell County Prosecutor Brian Patton also changed his tune. "At first, I wasn't a believer in this program." But watching the people work hard and graduate from their program made him one. Drug treatment courts really do change lives.

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<sup>2</sup> Virginia Adult Drug Treatment Courts Cost Benefit Analysis - <http://www.courts.state.va.us/courtadmin/aoc/djs/programs/dtc/resources/virginiadtccostbenefit.pdf>

# Information about Risk and Needs Triage Tool

## Executive Summary

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 courts 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 programs implemented the use of this tool.

The Risk and Needs Triage (RANT) is an assessment and intervention classification tool that evaluates an offender's criminogenic risks and clinical needs to determine the level and type of criminal justice supervision and treatment services where research suggests the offender stands the best chance of success. One state's success, Missouri, is highlighted in this section. That state received federal funds to purchase the RANT tool to integrate into their adult drug court programs and, in 2014, Virginia used a portion of their federal funding to do the same.

Findings in support of the RANT tool include:

- The RANT was developed by a credible group of people as evidenced by affiliation with a major university (University of Pennsylvania) and previous development of a major assessment tool, the Addiction Severity Index (ASI).
- The initial categorization of individuals into four groups was based on years of research and the instrument was validated in Hennepin County, Minnesota.
- The second component of the RANT tool model is to develop differentiated strategies for addressing the identified risks and needs. Through ongoing research, Treatment Research Institute is developing these strategies through a series of pilot tests and experimental studies.

## Purpose

A detailed methodology led to development of the RANT classification tool. Some of the research and experimental studies that document its impact on treatment court operations are described in this section. Specifically, the information detailed describes the early research upon which the tool is based as well as ongoing studies to test and refine the instrument. The results of a pilot test of the tool's use in one successful program will also be highlighted.

## Background

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. Intense judicial supervision, the most costly aspect of treatment court programs, has been shown to have the most effect on high risk offenders and little or no impact on those considered low risk (Marlowe, Festinger, & Lee (2003). With no standard means to differentiate among offenders, treatment court protocol may do more harm than good for some offenders, or end up providing unnecessary and costly services to others (DeMatteo, Marlowe, & Festinger (2006). In fact,

exposing low risk offenders to high risk groups can have negative effects on the offenders who are low risk (Petrosino, Turpin-Petrosino, & Finckenauer, 2000).

For over a decade, Drs. Douglas Marlowe and David Festinger along with colleagues at The Treatment Research Institute (TRI) have been conducting research to determine which types of drug offenders are best suited for which types of treatment programs. In February 2008, they released the Risk and Needs Triage (RANT), an assessment and intervention classification tool that evaluates an offender’s criminogenic risks and clinical needs to determine the level and type of criminal justice supervision and treatment services where research suggests the offender stands the best chance of success. The beta version was introduced in 2007 and pilot tested in Hennepin County, Minnesota.

TRI is a not-for-profit research and development organization founded by researchers from the University of Pennsylvania’s Center for Studies of Addiction. Since its founding in 1992, one of their missions has been to turn research findings into useful products and services for the addiction and related fields. The founders of TRI are developers of the Addiction Severity Index (ASI), one of the most widely used assessment tools in the field of addiction.

### Description of the RANT Classification Tool

The RANT classification tool includes a series of questions related to empirically identified, criminogenic risks and clinical needs of treatment court participants. Offenders are assigned to one of four quadrants with two scales, one of risk and one of need, based upon their RANT score. The classification tool can be administered in a short period of time by personnel with limited interviewing or assessment experience. Some examples of indicated interventions, as defined by Dr. Marlowe, for individuals in each of the four quadrants are provided below (TRI, 2010):

|                       |             | <b>Criminogenic Risks</b>  |  |
|-----------------------|-------------|--|--|
|                       |             | <b>High</b>  | <b>Low</b>   |
| <b>Clinical Needs</b> | <b>High</b> | <ul style="list-style-type: none"> <li>• Court supervision</li> <li>• Status calendar</li> <li>• Intensive drug treatment</li> <li>• Rewards &amp; sanctions</li> <li>• UA monitoring</li> </ul>                                   | <ul style="list-style-type: none"> <li>• Probation supervision</li> <li>• Non-compliance calendar</li> <li>• Intensive drug treatment</li> <li>• Rewards &amp; sanctions</li> <li>• UA monitoring</li> </ul> |
|                       | <b>Low</b>  | <ul style="list-style-type: none"> <li>• Probation supervision</li> <li>• Status calendar</li> <li>• Pro-social rehabilitation</li> <li>• Rewards &amp; sanctions</li> <li>• Intermediate punishment for non-compliance</li> </ul> | <ul style="list-style-type: none"> <li>• Pretrial services supervision</li> <li>• Non-compliance calendar</li> <li>• Prevention / education</li> </ul>   |

<sup>3</sup> Source: [www.trirant.org/development](http://www.trirant.org/development)

Criminogenic risks, according to Dr. Marlowe, are those characteristics of offenders that make them less likely to succeed in traditional forms of rehabilitation and thus more likely to return to drug use, drinking or to commit other crimes (TRI, 2010). Examples of high risk factors include an early onset of substance abuse or crime, recurring criminal activity and previously unsuccessful treatment outcomes. 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 (TRI, 2010). Examples of high needs factors include alcohol or drug addiction, mental illness, chronic medical conditions, homelessness and chronic unemployment.

## **Development & Research of the RANT Classification Tool**

The methodology behind the RANT classification tool is based on years of experimental studies. Early research focused on the categorization of individuals into four groups. Studies were conducted in a misdemeanor drug court where the typical schedule of judicial status hearings was every 4 to 6 weeks. Participants were randomly assigned at entry to either attend status hearings more often than in standard practice (bi-weekly) or to be monitored by treatment case managers who petitioned the drug court for status hearings only when needed in response to noncompliance of program requirements. Results revealed that for the participants in total, the schedule of judicial status hearings had no impact on urine results, counseling attendance or criminal activity during enrollment in drug court (Marlowe et al., 2003), on program graduation rates (Festinger et al., 2002) or on substance use, criminal activity or psychosocial functioning at 12 months post admission (Marlowe, Festinger, Dugosh, & Lee, 2005).

However, part of this early research included planned interaction analyses to determine whether certain groups of participants performed better or worse in each of the two conditions. Results revealed that participants who met DSM-IV (Diagnostic and Statistical Manual of Mental Disorders, American Psychiatric Association) diagnostic criteria for antisocial personality disorder (APD) or had a prior history of drug abuse treatment, provided more drug-negative urine specimens while enrolled in drug court and were more likely to graduate from the program when they attended status hearings more often (Festinger et al., 2002). Participants without these two risk factors performed as well or better when attending hearings only when needed. Many of the studies that followed continued to validate and build upon these earlier findings, where TRI researchers examined the effects of matching participants to a specific schedule of court hearings based on their risk status. High risk participants were assigned to bi-weekly judicial status hearings and those who were low risk were assigned to hearings when needed. The outcomes of these matched participants were compared to the outcomes of participants attending the standard schedule of judicial status hearings.

High-risk clients either met the same DSM-IV diagnostic criteria for APD or had a history of drug abuse treatment. Results confirmed that high risk participants attended significantly more counseling sessions and provided significantly more drug-negative urine specimens during enrollment in treatment court when they attended bi-weekly judicial status hearings (Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006). High risk participants also graduated at a significantly higher rate, provided more drug-negative urine specimens and reported less illicit drug and alcohol use 6 and 12 months after entering treatment court when they were assigned to

bi-weekly status hearings (Marlowe, Festinger, Dugosh, Lee, & Benasutti, 2007). Outcomes were generally equivalent for low risk participants regardless of how often they were required to attend judicial status hearings.

Later studies focused on the development of adaptive strategies aimed at determining the effects of adjusting services based upon performance using standardized criteria. The term adaptive is commonly used for strategies that readjust the interventions over the course of treatment (e.g., Marlowe, Festinger, Dugosh, Lee, & Benasutti, 2007). The researchers believed that outcomes could perhaps be improved through the use of a different type of intervention or by applying interventions at different time intervals and that participant progress could be monitored through periodic reclassifications, and services adapted based on current performance, using RANT protocol.

First a small trial was conducted to determine whether an adaptive algorithm could even be implemented in an existing drug court program and whether results were promising enough to proceed with a larger study. Participants in a misdemeanor drug court were randomly assigned to either drug court as usual or to an adaptive intervention condition where pre-established responses were applied based on changes in participant performance. They were assigned to bi-weekly judicial status hearings or to attend status hearings as needed using the same criteria that was used in prior studies (Marlowe, Festinger, Lee, Dugosh, & Benasutti, 2006; (Marlowe, Festinger, Dugosh, Lee, & Benasutti, 2007).

Results of the trial suggested that an adaptive algorithm could be successfully implemented and used in a real drug court program, as the pre-established interventions were implemented as intended 88% of the time, and had the potential to improve participant outcomes. Participants in the adaptive condition graduated more often, were issued a bench warrant less often and provided more drug-negative urine specimens than did participants in drug court as usual (Marlowe et al., 2008). The overall difference in graduation rates was fairly small; however participants took an average of four fewer months to graduate (Marlowe et al., 2010). In contrast to findings in earlier studies, positive outcomes were observed for both high risk and low risk participants, indicating that monitoring participant progress through periodic reclassifications and adapting treatment and supervision plans using the RANT protocol may lead to improved outcomes for all participants, not just the ones considered high risk.

## **Pilot Study**

*Fourth Judicial District, Hennepin County, Minnesota*

### **Introduction**

The Fourth Judicial District's Property Drug Calendar handles first appearances for offenders charged with felony level property or drug offenses. It began on February 26, 2007. Prior to the creation of the Property Drug Calendar, cases were handled on separate calendars. Between March, 2007 and February, 2008 the Fourth Judicial District Research Division conducted a process evaluation of the newly created Property Drug Calendar as well as an outcome evaluation to analyze recidivism rates for offenders receiving a RANT assessment who were subsequently placed on probation.

### **Methodology**

Offenders who were deemed to have a possible substance abuse problem were eligible for the RANT assessment. Additionally, offenders with court conditions that were monitored by probation (offenders were not serving an executed prison sentence or were not simply given conditions of restitution or a community service sanction that was not monitored) were also eligible for the RANT assessment. It was originally planned that offenders in a majority of Property and Drug Calendar cases would be assessed using the RANT classification tool, however the process did not work as anticipated and offenders in only 20% of all eligible cases received the assessment. Of these cases, 18% were property offenses and 82% were drug offenses.

Hennepin County Department of Community Corrections and Rehabilitation supervision levels were aligned to the four RANT risk and need quadrants as shown in the following table:

|                  | <b>High Risk</b>       | <b>Low Risk</b>                                |
|------------------|------------------------|--|
| <b>High Need</b> | Model Drug Court       | Traditional Probation                          |
| <b>Low Need</b>  | Neighborhood Probation | Reporting, Center, Administrative or Diversion |

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The offenders were followed for one year after sentencing to determine recidivism. Recidivism was calculated two ways, one in terms of new charges and the other in terms of new convictions for offenses occurring within twelve months of disposition of the case for which the offender was evaluated using the RANT classification tool. There were 459 cases with offenders having at least a full twelve months in which to re-offend.

### **Results**

Based on how the RANT classification tool categorized offenders, the researchers expected that high risk/high need offenders would have the highest recidivism rate, while those with a low risk/low need RANT score would have the lowest rate. High risk/low need offenders were expected to have the second highest recidivism rate and those with a low risk/high need RANT score were expected to have the third highest rate.

For recidivism rates based on new arrests or new convictions, the RANT classification tool accurately predicted an offender's likelihood to recidivate. Those offenders placed in the high risk/high need category were convicted of new offenses at the highest rate – 31% had at least one new conviction for an offense occurring within twelve months of disposition of the case for

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<sup>4</sup> Source: Caron & Kubits, 2009, p. 12.

which they were assessed by the RANT tool. Recidivism rates for the other quadrants were 27% for high risk/low need offenders, 24% for low risk/high need offenders and 10% for low risk/low need offenders (Caron & Kubits, 2009).

The recidivism rate of offenders with different RANT classifications was also compared for each of the four types of probation assignment. During the study, 259 of the 459 offenders were assigned to traditional probation or the low risk/high need quadrant. Offenders with a RANT score matching them to this quadrant recidivated at a lower rate (24%) than those who went to traditional probation, but were recommended by the RANT classification tool for model drug court (32%) or to neighborhood probation (27%) instead. Offenders with only a high risk/high need RANT score were assigned to model drug court, thus a similar comparison is not available for these participants.

### **Conclusion**

The Hennepin County researchers concluded that the RANT classification tool correctly classified offenders into risk and need levels and improved outcomes if offenders received the type of probation assignment recommended by the RANT tool. They concluded that “If defendants are placed into the level of supervision recommended by the RANT as often as possible, they will better receive the type and level of probation services and supervision they require (Caron & Kubits, 2009, p.25).” In addition, if offenders are referred to a treatment and supervision program different than the RANT recommendation, case plans may need to be modified to specifically address the needs or risks of the offender.

### **Ongoing Research and Validation**

Researchers at TRI continue to work on identifying other variables that may contribute to better treatment matching strategies for participants and to improve outcomes for low risk offenders. They are currently in the process of conducting a larger study to further examine the effects of adaptive intervention strategies; which provides further evidence of their commitment to the ongoing testing and refinement of the RANT instrument.

### **Conclusion and Recommendations**

Research has shown that incorporating a classification assessment system into the drug court screening process results in positive outcomes for participants. Treatment courts 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. Implementation strategies and recommendations include the following:

- Validate the instrument in Missouri using treatment court program retention rates, exit status and cost per client comparisons.
- Develop a secondary prevention strategy prior to implementing the model and plan alternatives for offenders identified as not suitable for treatment court.
- Develop a means to consistently administer the assessment to all eligible offenders.

## Virginia Risk and Needs Triage Assessment Statistics

The Risk and Needs Triage (RANT) Assessment was administered to individuals that were referred to a Virginia Drug Court. Three hundred and thirty nine (339) cases that were referred to a Virginia Drug Court between 10/28/2013 and 9/30/2014 are included in this summary. The majority of cases were referred to Adult Drug Courts (337) and the remaining two cases were referred to the Veterans Court track.

Of the 339 cases referred to a drug court, 281 individuals were accepted into a drug court program. As shown in Table 1, approximately four-fifths (82%) of all cases referred scored High Risk/High Need (HR/HN) on the RANT while only six cases (2%) indicated Low Risk/Low Need (LR/LN). The remaining 16% of case scores were split between High Risk/Low Need (HR/LN) and Low Risk/High Need (LR/HN).

Table 1. RANT Scores for Virginia Drug Court Cases (n=281)

|                  |                  | High Risk      | Low Risk     |
|------------------|------------------|----------------|--------------|
| <b>High Need</b> | Total %<br>Count | 82%<br>(n=230) | 7%<br>(n=21) |
| <b>Low Need</b>  | Total %<br>Count | 9%<br>(n=24)   | 2%<br>(n=6)  |

Fifty-seven (57) cases had a completion type of referral indicating that they were referred but not accepted into a drug court program. One additional case had a current status of referral but no completion type. Table 2 below shows that 88% of those referred but not accepted into the program scored in the HR/HN quadrant.

Table 2. RANT Scores for Referral Responses (n=57)

|                  |                  | High Risk     | Low Risk    |
|------------------|------------------|---------------|-------------|
| <b>High Need</b> | Total %<br>Count | 88%<br>(n=50) | 5%<br>(n=3) |
| <b>Low Need</b>  | Total %<br>Count | 7%<br>(n=4)   | 0%<br>(n=0) |

### Demographics Profile

Demographic information for the cases accepted in the program are displayed in Table 3. Both Caucasian and African-American scores for the HR/HN and LR/LN align with the overall distribution of RANT scores on the HR/HN and LR/LN quadrants. Caucasians had a slightly higher distribution of LR/HN scores while African-Americans had a slightly higher distribution of HR/LN scores as compared to the overall distribution. Two additional cases, one Hispanic and one identified as other, indicated scores of HR/HN.

The highest proportion of both male and female scores was in the HR/HN group.

The average age for all groups was between 32 and 36 years. Both high need groups, HR/HN and LR/HN, were the youngest (average age of 32) while the LR/LN group had the highest average age (36).

Table 3. RANT Scores for Virginia Drug Court Cases by Demographics

| Demographics   | High Risk/High Need (HR/HN) | High Risk/Low Need (HR/LN) | Low Risk/High Need (LR/HN) | Low Risk/Low Need (LR/LN) |
|--|-----------------------------|----------------------------|----------------------------|---------------------------|
| <b>All Cases accepted in Drug Courts (as a comparison)</b> | 82%<br>(n=230)              | 9%<br>(n=24)               | 7%<br>(n=21)               | 2%<br>(n=6)               |
| <b>Race</b>  |                             |                            |                            |                           |
| Caucasian  | 82%<br>(n=159)              | 6%<br>(n=11)               | 11%<br>(n=21)              | 2%<br>(n=4)               |
| African-American   | 82%<br>(n=69)               | 15%<br>(n=13)              | 0%<br>(n=0)                | 2%<br>(n=2)               |
| <b>Gender</b>  |                             |                            |                            |                           |
| Male   | 83%<br>(n=148)              | 9%<br>(n=17)               | 7%<br>(n=12)               | 1%<br>(n=2)               |
| Female   | 80%<br>(n=82)               | 7%<br>(n=7)                | 9%<br>(n=9)                | 4%<br>(n=4)               |
| <b>Age*</b>  |                             |                            |                            |                           |
| <b>Average Age – Date of RANT</b>                          | 32.0<br>(n=227)             | 34.8<br>(n=23)             | 31.5<br>(n=21)             | 35.7<br>(n=6)             |

\*A total of 3 cases were removed from the Average Age calculations due to discrepancies between reported Current Age (at time of RANT) and recorded Date of Birth.

## Referring Agency

As shown in Table 4, the highest proportion of cases for all five referral groups scored in the HR/HN RANT category. Self-referral by candidates (93%) had the highest proportion of HR/HN followed by referrals from county or city attorneys (87%). Probation and parole (23%), judges (14%) and county or city attorneys (11%) had a higher percentage of HR/LN as compared to the percentage of all accepted cases in the HR/LN quadrant (9%). Additional single referral sources from DSS and Interview both scored in the HR/LN and the single police office referral scored in the HR/HN category. Ten cases had no referral source indicated.

Table 4. RANT Scores for Virginia Drug Court Cases by Referring Agency

| Referring Agency                | High Risk/High Need (HR/HN) | High Risk/Low Need (HR/LN) | Low Risk/High Need (LR/HN) | Low Risk/Low Need (LR/LN) |
|---------------------------------|-----------------------------|----------------------------|----------------------------|---------------------------|
| <b>Defense Attorney</b>         | 82%<br>(n=136)              | 5%<br>(n=9)                | 10%<br>(n=16)              | 3%<br>(n=5)               |
| <b>County or City Attorney*</b> | 87%<br>(n=33)               | 11%<br>(n=4)               | 3%<br>(n=1)                | 0%<br>(n=0)               |
| <b>Judge</b>                    | 75%<br>(n=21)               | 14%<br>(n=4)               | 7%<br>(n=2)                | 4%<br>(n=1)               |
| <b>Probation &amp; Parole*</b>  | 76%<br>(n=16)               | 23%<br>(n=5)               | 5%<br>(n=1)                | 0%<br>(n=0)               |
| <b>Candidate</b>                | 93%<br>(n=13)               | 0%<br>(n=0)                | 7%<br>(n=1)                | 0%<br>(n=0)               |

\*Case responses were combined to form these categories. County or City Attorney responses were combined with the one Prosecutor response. Probation & Parole responses were combined with the two Local Probation/Pretrial Services responses.

## Current Status

The distribution of RANT scores for both active and completed drug court cases align with the distribution of RANT scores for all accepted cases for all four quadrants (see Table 5 below). The cases with a current status of residential treatment have a lower proportion of HR/HN (45%) scores and a higher proportion of HR/LN (18%) and LR/N (36%) scores as compared to all accepted cases in these quadrants. The distribution of HR/HN scores for cases with absconder or incarcerated responses as a current status were similar in distribution to the HR/HN scores for all accepted cases. A single case with the current status of administration probation was in the HR/HN category.

Table 5. RANT Scores for Virginia Drug Court Cases by Current Status

| Current Status        | High Risk/High Need (HR/HN) | High Risk/Low Need (HR/LN) | Low Risk/High Need (LR/HN) | Low Risk/Low Need (LR/LN) |
|-----------------------|-----------------------------|----------------------------|----------------------------|---------------------------|
| Active                | 83%<br>(n=176)              | 7%<br>(n=15)               | 7%<br>(n=15)               | 2%<br>(n=5)               |
| Completed Drug Court  | 82%<br>(n=32)               | 10%<br>(n=4)               | 5%<br>(n=2)                | 3%<br>(n=1)               |
| Residential Treatment | 45%<br>(n=5)                | 18%<br>(n=2)               | 36%<br>(n=4)               | 0%<br>(n=0)               |
| Absconder             | 85%<br>(n=11)               | 15%<br>(n=2)               | 0%<br>(n=0)                | 0%<br>(n=0)               |
| Incarcerated          | 83%<br>(n=5)                | 17%<br>(n=1)               | 0%<br>(n=0)                | 0%<br>(n=0)               |

## Completion Type

As expected with a large number of current status cases indicating active, the majority of cases that received a RANT score did not have a completion type indicated (86%). Thirty-six cases had a completion type that included the response of terminated. Specific termination reasons included: absconding, excessive relapses, new criminal offense and unsatisfactory performance. The distribution of RANT scores for cases with a terminated response is shown in Table 6. This distribution of scores aligns with the distribution of RANT scores for all accepted cases across all four quadrants. Three additional cases had a completion type of either death or withdrawal.

Table 6. RANT Scores for Terminated Responses (n=36)

|           |                  | High Risk     | Low Risk    |
|-----------|------------------|---------------|-------------|
| High Need | Total %<br>Count | 83%<br>(n=30) | 6%<br>(n=2) |
| Low Need  | Total %<br>Count | 8%<br>(n=3)   | 3%<br>(n=1) |

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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

### 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

Department of Social Services

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

**Vice-Chair:**

Honorable Jerauld C Jones, Judge\*  
Norfolk Circuit Court

Llezelle Dugger, Clerk of Court  
Charlottesville Circuit Court

**Members:**

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

Bruce Cruser, Director Programs & Services  
Department of Criminal Justice Services

Hon. Charles S. Sharp, Judge\*  
Stafford Circuit Court

Catherine Mullins, Esq.  
Virginia Indigent Defense Commission

Patricia Shaw, President\*  
Virginia Drug Court Association

Melanie Meadows, Vice-President  
Virginia Drug Court Association

Major Steve Thompson  
Prince William County Police Department

Hon. Charles Dorsey, Judge  
Roanoke City Circuit Court

Hon. John Weisenburger, Sheriff  
Virginia Sheriff's Association

Bettina Coghill, Coordinator  
Hopewell/Prince George Surry Adult Drug Court.

Mike Whipple, SA Program Manager  
Department of Corrections

Cheryl Robinette, Coordinator  
Tazewell Adult Drug Court

Deron Phipps, Policy & Planning Director  
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Natale Ward, Senior Director  
Hampton/Newport News CSB  
Virginia Association of Community Services Boards

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

Hon. Denise Lunsford  
Albemarle Commonwealth's Attorney  
Commonwealth's Attorneys Association

Makita Lewis, Family Services

Hon. D. Scott Bailey, Judge  
Prince William J&DR District Court

Hon. Chadwick S. Dotson, Judge  
Wise Circuit Court

Hon. Jack Hurley, Judge  
Tazewell Circuit Court

Hon. Frederick G. Rockwell, III, Judge  
Chesterfield Circuit Court

**Staff:**

Paul DeLosh, Director  
Judicial Services Department

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

Jennifer C. Martin, Administrative Assistant  
Drug Treatment Courts  
Judicial Services Department

\*EXECUTIVE COMMITTEE

## Appendix C

### Virginia's Drug Treatment Court Dockets

#### Adult Drug Treatment Courts

30th Circuit Adult Drug Court (Lee, Scott & Wise Counties)  
Wise County Circuit Court

Albemarle County/Charlottesville Drug Court  
Charlottesville Circuit Court

Arlington County Drug Court  
Arlington County Circuit Court

Veritas (Bristol) Drug Court  
Bristol Circuit Court

Buchanan County Drug Court  
Buchanan County Circuit Court

Chesapeake Drug Court  
Chesapeake Circuit Court

Chesterfield County/Colonial Heights Drug Court  
Chesterfield Circuit Court

Danville Drug Court  
Danville Circuit Court

Dickenson County Drug Court  
Dickenson County Circuit Court

Hampton Drug Court  
Hampton Circuit Court

Henrico County Drug Court  
Henrico Circuit Court

Hopewell Drug Court

(serves the counties of Prince George and Surry Counties, and the City of Hopewell)  
Prince George Circuit Court

Newport News Drug Court  
Newport News Circuit Court

Norfolk Drug Court  
Norfolk Circuit Court

Portsmouth Drug Court  
Portsmouth Circuit Court

Pulaski Adult Drug Court  
Pulaski Circuit Court

Rappahannock Regional Drug Court  
(serves the counties of King George, Spotsylvania and Stafford, and the City of Fredericksburg)

Richmond Drug Court  
Richmond Circuit Court

Twenty-third Judicial Circuit Drug Court  
(serves the County of Roanoke and the cities of Roanoke, Salem and Vinton)  
City of Roanoke Circuit Court, County of Roanoke Circuit Court and Salem Circuit Court

Russell County Drug Court  
Russell County Circuit Court

Staunton Drug Court  
(serves the County of Augusta and the cities of Staunton and Waynesboro)  
Staunton Circuit Court

Tazewell County Drug Court  
Tazewell Circuit Court

Washington County Drug Court  
Washington County Circuit Court

### **Juvenile Drug Treatment Courts**

Chesterfield County/Colonial Heights  
Drug Court  
Chesterfield J&DR District Court

Franklin County Drug Court  
Franklin County J&DR District Court

Hanover Drug Court  
Hanover J&DR District Court

Newport News Drug Court  
Newport News J&DR District Court

Prince William County Drug Court  
Prince William J&DR District Court

Rappahannock Regional Drug Court  
(serves the counties of King George,  
Spotsylvania and Stafford, and the City of  
Fredericksburg)  
Fredericksburg J&DR District Court

Richmond Drug Court  
Richmond J&DR District Court

Thirtieth District Drug Court  
(serves the counties of Lee, Scott & Wise )

Lee, Scott, and Wise Counties J&DR  
District Courts

### **Family Drug Treatment Courts**

Albemarle County/Charlottesville Drug  
Court  
Charlottesville J&DR District Court

Goochland County Drug Court  
Goochland County J&DR District Court

Montgomery County Drug Court  
Montgomery County J&DR District Court

Newport News Drug Court  
Newport News J&DR District Court

### **DUI Drug Treatment Courts**

Fredericksburg Area Drug Court (serves the  
counties of King George, Spotsylvania and  
Stafford, and the City of Fredericksburg)  
Fredericksburg General District Court  
King George General District Court  
Spotsylvania General District Court  
Stafford General District Court

Waynesboro Area Drug Court (serves the  
County of Augusta and the cities of  
Staunton and Waynesboro)  
Waynesboro General District Court