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November 29, 2021

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

Dear Senators and Delegates:

The Virginia Behavioral Health Docket Act (Virginia Code 18.2-254.3) directs the Office of the Executive Secretary of the Supreme Court of Virginia, with the assistance of the state behavioral health docket advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local behavioral health dockets established in accordance with the Rules of Supreme Court of Virginia. Please find attached the current annual report.

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

With best wishes, I am

Very truly yours,

Handwritten signature of Karl R. Hade in black ink.

Karl R. Hade

KRH: atp

Enclosure

cc: Division of Legislative Automated Systems

2021 Virginia Behavioral Health Dockets Annual Report

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

PREFACE

Virginia Code § 18.2-254.3 (Appendix A) requires the Office of the Executive Secretary of the Supreme Court of Virginia (OES), with the assistance of the state behavioral health docket advisory committee, to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all behavioral health dockets. The Act further directs the OES to submit an annual report of these evaluations to the General Assembly by December 1 of each year. This report reflects fiscal year 2021 data.¹

¹ Va. Code §18.2-254.2 directs OES to develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all local specialty dockets established in accordance with the Rule of Supreme Court of Virginia. The following behavioral health docket report also satisfies a component of the requirement.

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BEHAVIORAL HEALTH DOCKETS

Background

Behavioral Health dockets are modeled after drug court dockets and were developed in response to the overrepresentation of individuals with behavioral health disorders in the criminal justice system. Such programs aim to divert eligible defendants with diagnosed mental health disorders into judicially supervised, community-based treatment, designed and implemented by a team of court staff and mental health professionals. These programs are distinguished by several unique elements: a problem-solving focus, team approach to decision making, integration of social services, judicial supervision of the treatment process, direct interaction between defendants and the judge, community outreach, and a proactive role for the judge. Through voluntary admission, eligible defendants are invited to participate in the Behavioral Health dockets following a specialized screening and assessment. For those who agree to the terms and conditions of community-based supervision, a team of program and treatment professionals work together to develop service plans and supervise participants. Preliminary research, although still very limited, demonstrates that Behavioral Health docket participants tend to have lower rates of criminal activity and increased linkages to treatment services when compared to defendants with mental illnesses who go through the traditional court system. Together, these resources, coupled with community supervision, lower the likelihood of criminal activity among docket participants when compared to those who go through the traditional court system (Steadman, 2005; Thomas, Osher, & Tomasini-Joshi, 2008; VADBHDS, 2016).

Understanding the Behavioral Health docket means recognizing there are multiple options available for improving the court's response to defendants with behavioral health issues. In Virginia, these specialized dockets are designed to fulfill a local need utilizing local resources. A circuit, general district, or juvenile and domestic relations district court that intends to establish one or more behavioral health dockets must petition the Supreme Court of Virginia for authorization prior to initiating the operation of the docket.

Both the Behavioral Health Docket application and standards incorporate the Essential Elements of a Mental Health Court², which include the following components:

1. Planning and Administration
2. Target Population
3. Timely Participant Identification and Linkage to Services
4. Terms of Participation

² Essential Elements of Mental Health Courts were developed as part of a technical assistance program provided by the Council of State Governments (CSG) Justice Center through the Bureau of Justice Assistance (BJA) Mental Health Courts Program. The BJA Mental Health Courts Program, which was authorized by America's Law Enforcement and Mental Health Project (Public Law 106-515), provided grants to support the development of mental health courts in 23 jurisdictions in FY 2002 and 14 jurisdictions in FY 2003. The Justice Center currently provides technical assistance to the grantees of BJA's Justice and Mental Health Collaboration Program, the successor to the Mental Health Courts Program.

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

In November 2017, the Council of State Governments (CSG) Justice Center convened the “50-State Summit on Public Safety” in Washington, D.C. to help teams from each state learn more about criminal justice system trends and the latest best practices in the field. Each state team included representatives from law enforcement, behavioral health, corrections and the legislature. Virginia was represented by Senator Creigh Deeds (D-25th), Senator Charles Carrico (R-40th), Virginia Department of Corrections Director, Harold Clarke, and Richmond Commonwealth’s Attorney, Michael Herring. The Virginia contingent expressed an interest in using a Justice Reinvestment approach. The Center for Behavioral Health and Justice operated by the Department of Behavioral Health and Developmental Services (DBHDS) was created in 2016 by Executive Order. The Center for Behavioral Health and Justice was a center of excellence in the Commonwealth of Virginia designed to address the evolving changes that exist in coordinating and collaborating across the behavioral health and criminal justice systems.³ The Executive Order establishing the Center for Behavioral Health and Justice was not re-authorized. As a result, oversight of the Center’s work transitioned to DBHDS’ Office of Forensic Services.

Behavioral Health Dockets in Virginia

Effective January 16, 2017, Supreme Court Rule 1:25, Specialty Dockets, set forth the type of court proceedings appropriate for grouping in a specialty docket as “those which (i) require more than simply the adjudication of discrete legal issues, (ii) present a common dynamic underlying the legally cognizable behavior, (iii) require the coordination of services and treatment to address that underlying dynamic, and (iv) focus primarily on the remediation of the defendant in these dockets. The treatment, the services, and the disposition options are those which are otherwise available under law.”

The Virginia General Assembly enacted the Behavioral Health Docket Act in 2020. (see Appendix A). Administrative oversight of the implementation of behavioral health dockets lies with the Supreme Court of Virginia. Oversight responsibilities include the following: (i) providing oversight of the distribution of funds for behavioral health dockets; (ii) providing technical assistance to behavioral health dockets; (iii) providing training to judges who preside over behavioral health dockets; (iv) providing training to the providers of administrative, case management, and treatment services to behavioral health dockets; and (v) monitoring the completion of evaluations of the effectiveness and efficiency of behavioral health dockets in the Commonwealth” (Va. Code § 18.2-254.3(E)).

The Behavioral Health Docket Advisory Committee (see Appendix B) established by Chief Justice

³ <https://dbhds.virginia.gov/behavioral-health/center-for-behavioral-health-and-justice>

Donald W. Lemons, reviews all applications requesting authorization according to the approved Virginia Behavioral Health Docket Standards (see Appendix D). The Behavioral Health Docket Advisory Committee developed an application (see Appendix C) and established a standardized process for evaluating requests from any locality seeking permission to establish a behavioral health docket. All applications are required to be submitted to OES.

Behavioral Health Docket Standards

Planning and administration of a behavioral health docket should reflect extensive collaboration among practitioners from each system, as well as community members. Virginia's Standards for Behavioral/Mental Health Dockets provide guidance that helps to ensure the highest levels of access, fairness, timeliness, accountability, and the use of evidence-based practices for criminal justice and behavioral health care providers.

Virginia's Behavioral Health docket standards have been developed to:

- Aid with planning and implementation of new Behavioral Health dockets;
- Inform training efforts for key team members and other collaborators;
- Establish a method to ensure accountability;
- Provide a structure that ensures continuity for dockets navigating transitions in judicial or administrative leadership;
- Demonstrate dockets' effectiveness at meeting their stated goals;
- Provide dockets with a framework for internal monitoring (e.g., performance measures); and
- Ensure that dockets adhere to a model based on research and evidence-based best practices.

Virginia's Standards for Behavioral Health dockets appear in Appendix D. The eleven standards created distill the best of research and practice into operating standards that foster high-quality programming and accountability for behavioral health dockets.

Behavioral Health Dockets Approved to Operate

This report reviews the basic operations and outcomes of Virginia's behavioral health dockets during FY 2021. The analyses provided in this report are based on data for participants who were enrolled in a behavioral health docket program after July 1, 2017 and completed (successfully or unsuccessfully) a behavioral health docket program on or before June 30, 2021. The current annual report includes measures of program participants including demographics, program entry offenses, length of program participation, and program completion. While OES assesses recidivism among successful and unsuccessful program completions by calculating one-, two-, and three-year rearrest and conviction rates, an insufficient number of program departures for FY 2018, delay the calculation of recidivism data. OES anticipates recidivism outcome data will be available for the FY 2022 Virginia Behavioral Health Dockets Annual Report. All data provided in this report are based on data extracted from the Specialty Docket Database developed and maintained by OES.

Thirteen behavioral health dockets were approved to operate in Virginia during FY 2021, a 30.0%

increase from the 10 reported in FY 2018. Of the 13 approved behavioral health dockets, 10 operate in general district courts. Two operate in circuit courts, while one docket operates in a juvenile and domestic relations district court. See Figure 1 and Table 1. Due to operational challenges, this report does not include FY 2021 data for the Norfolk Behavioral Health Docket.

Figure 1. Approved Behavioral Health Dockets in Virginia, FY 2021

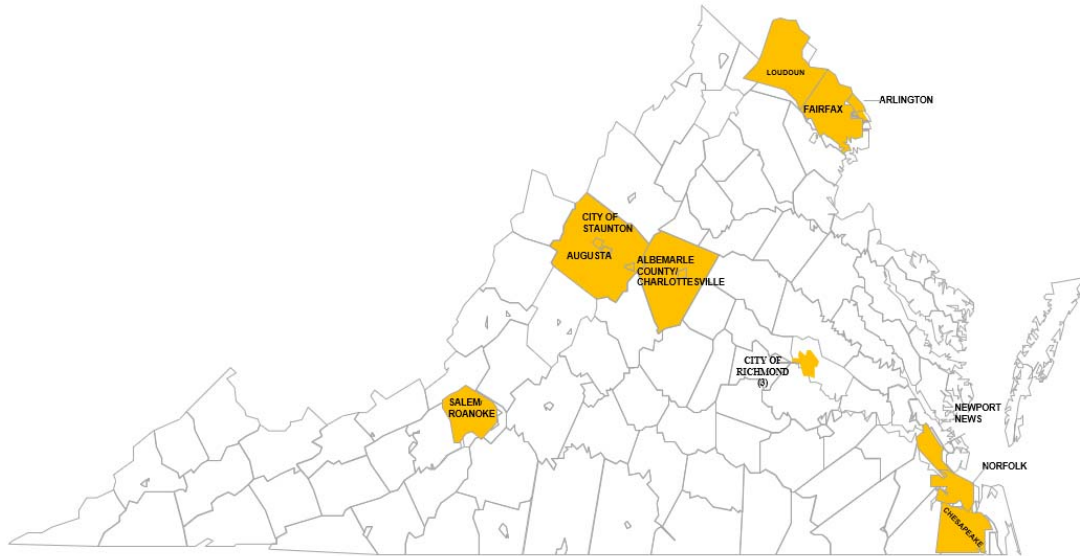


Table 1. Approved Behavioral Health Dockets in Virginia, FY 2021

Behavioral Health Dockets		
Arlington	Loudoun County	<i>n = 13</i>
Augusta County	Newport News	
Charlottesville/Albemarle	Norfolk	
Chesapeake	Richmond (3)	
Fairfax County	Roanoke	
Hampton		

Summary of Behavioral Health Docket Activity

Of the 231 active behavioral health docket participants in FY 2021, the majority were Black, African American (51.5%), male (61.5%), and single (74.9%) (see Tables 2 and 3).

Referral and Admissions: There were 311 referrals to behavioral health dockets. Of the 311 referrals reported in FY 2021, 126 were accepted, resulting in a 40.5% acceptance rate.

Participants: When considering the docket participants who remained from the FY 2020 and the addition of the 126 newly accepted participants, there were a total of 231 active participants, an increase from the count reported in FY 2020.

Gender: The majority of participants were male (143 or 61.9%); 88 (38.1%) were female.

Race: The majority of participants self-identified as Black, African American (119 or 51.5%). Ninety-seven participants or 42.0% self-identified as White. Less than two percent self-identified as Asian, approximately four percent self-identified as Other. Less than one percent did not report race.

Age: The majority of active participants were between 19-29 years old and 30-39 years old (37.7% and 30.7% respectively).

Marital Status: The majority of active participants (173 or 74.9%) reported being single at the time of referral.

Employment: The majority of active participants (119 or 51.5%) reported being unemployed at the time of referral. Forty participants (17.3%) reported being employed full-time at the time of referral, compared to 24 (10.4%) who reported being employed part-time. Thirty-three (14.3%) reported being unemployed due to disability at the time of referral.

Education: Forty participants (17.3%) reported less than a high school diploma or equivalency, while 73 (31.6%) reported having obtained at least a high school diploma or equivalency at the time of referral. Additionally, 73 (31.2%) reported completing at least some college or vocational training, while 25 (10.8%) reported having obtained at least a bachelor's degree.

Table 2. Demographics of Active Behavioral Health Docket Participants, FY 2021

Gender		
	Count	Percent
Female	88	38.1%
Male	143	61.9%
No Data	0	0.0%
Total	<i>231</i>	<i>100.0%</i>
Race		
	Count	Percent
American Indian or Alaska Native	0	0.0%
Asian	3	1.3%
Black, African American	119	51.5%
Native Hawaiian or Other Pacific Islander	0	0.0%
White	97	42.0%
Other	10	4.3%
No Data	2	0.9%
Total	<i>231</i>	<i>100.0%</i>
Ethnicity		
	Count	Percent
Hispanic	0	0.0%
Non-Hispanic	231	100.0%
Total	<i>231</i>	<i>100.0%</i>
Age		
	Count	Percent
Younger than 18 years	10	4.3%
18-29 years old	87	37.7%
30-39 years old	71	30.7%
40-49 years old	33	14.3%
50-59 years old	19	8.2%
60 years and older	11	4.8%
Total	<i>231</i>	<i>100.0%</i>

Note: Data reflect demographic status at the time of referral to a behavioral health treatment docket program. All demographic data are self-reported.

Table 3. Social Characteristics of Active Behavioral Health Docket Participants, FY 2021

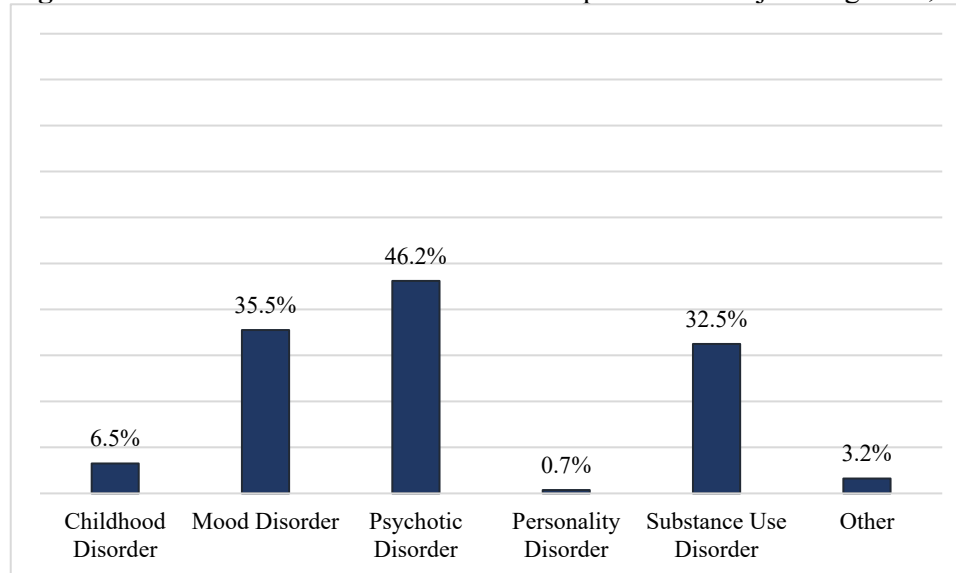
Marital Status		
	Count	Percent
Divorced	14	6.1%
Married	15	6.5%
Single	173	74.9%
Separated	5	2.2%
Widowed	2	0.9%
Other	6	2.6%
No Data	16	6.9%
Total	231	100.0%
Employment		
	Count	Percent
Disabled	33	14.3%
Full-Time	40	17.3%
Part-Time (<i>less than 32 hours, per week</i>)	24	10.4%
Unemployed	119	51.5%
No Data	15	6.5%
Total	231	100.0%
Educational Attainment		
	Count	Percent
Less than high school diploma or equivalent	40	17.3%
High school diploma or equivalent	73	31.6%
Some College or Vocational Training	73	31.6%
Bachelors	22	9.5%
Post-Bachelors	3	1.3%
No Data	20	8.7%
Total	231	100.0%

Note: Data reflect demographic status at the time of referral to a behavioral health treatment docket program. All demographic data are self-reported.

Mental and Behavioral Health Diagnosis Information

Of the active behavioral health docket participants, 46.2% were diagnosed with a psychotic disorder, while 35.5% were diagnosed with a mood disorder. Substance use disorder was diagnosed in 32.5% of participants (see Figure 2).

Figure 2: Percent of Behavioral Health Participants with Major Diagnoses, FY 2021

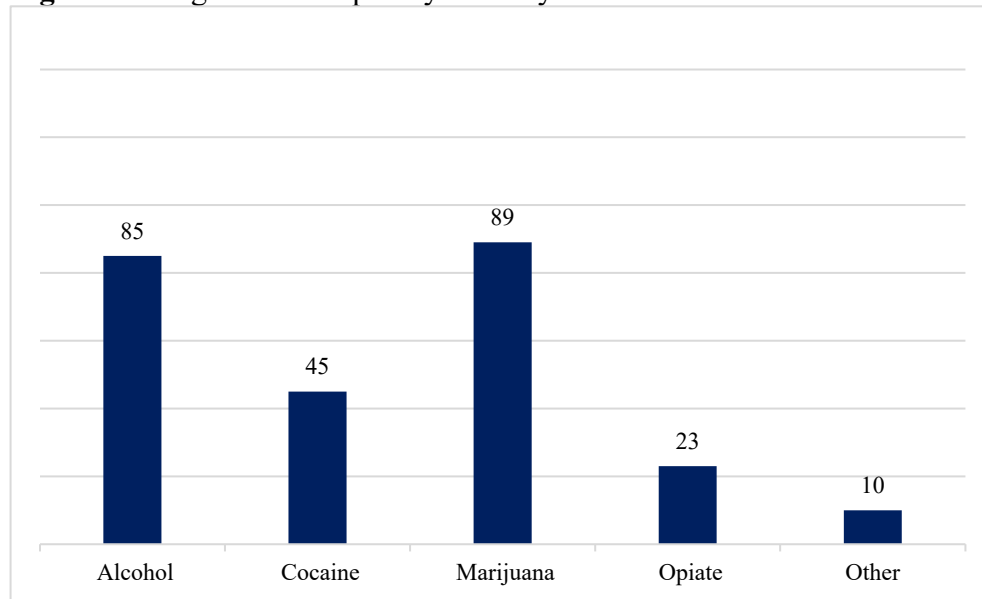


Note. Percentages equal more than 100% because participants may have multiple diagnoses. Psychotic disorders may include schizophrenia, schizoaffective disorder, other psychotic disorders, and delusional disorders. Mood disorders may include major depression, anxiety disorders, bipolar disorder, and dysthymia. Childhood disorders may include developmental disorders, autism, attention deficit disorder, conduct disorder, and adjustment disorder. Personality disorder may include borderline, antisocial, paranoid, and narcissistic disorders. These are often a secondary diagnosis. Moderate, mild, and severe diagnoses were included.

Drug History and Drug Screens

Drug History: When referred to a behavioral health docket, participants were asked to disclose previously used drugs. Participants may have used multiple drugs. The most frequently reported drugs (see Figure 3) were marijuana (89 participants), alcohol (85 participants), and cocaine (45 participants).

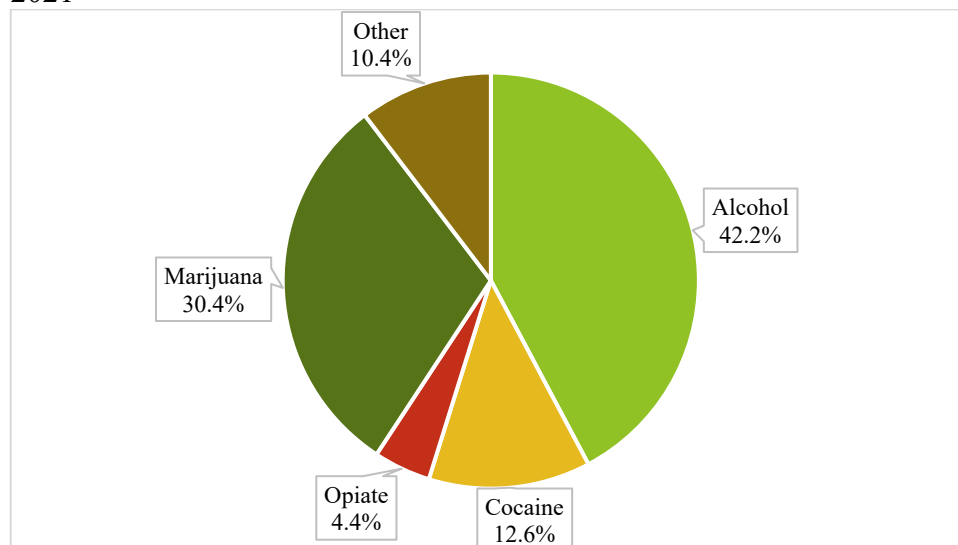
Figure 3. Drugs Most Frequently Used by Behavioral Health Docket Participants, FY 2021



Note: Figure 3 should be interpreted with caution. Data are based on self-reported drug use. Participants may report using more than one drug or may choose to not disclose previous drug use.

Drug of Choice: Behavioral health docket participants were also asked to identify their primary drug of choice. As demonstrated by the chart below (see Figure 4), of the participants for whom data were available, 42.2% reported alcohol as their primary drug of choice, while 30.4% reported marijuana as their primary drug of choice.

Figure 4. Primary Drug of Choice among Behavioral Health Docket Participants, FY 2021



Note: Figure 4 should be interpreted with caution. Data are based on self-reported primary drug of choice.

Program Drug Screenings: In behavioral health docket, 577 drug screens were conducted for the 74 participants for whom data were available. This resulted in an average of 8 drug screens per participant. Of the 577 drug screens, 451 (78.2%) were negative (see Table 4). These results are similar to those reported in FY 2020.

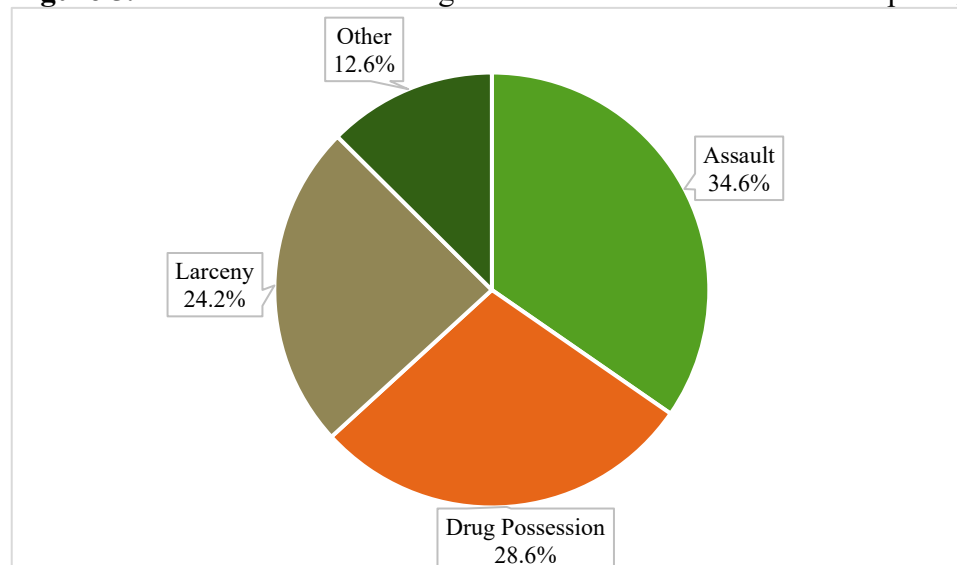
Table 4. Behavioral Health Docket Drug Screens, FY 2021

	Count	Percent
Total Screens	577	
Negative	451	78.2%
Positive	126	21.8%
Total Participants Tested	74	
Average Number of Screenings per Participant	8	

Instant Offenses

Analyses of types of offenses upon program entry for behavioral health docket programs show three major areas: assault, larceny, and drug offenses (see Figure 5). Approximately 34.6% of reported offenses were related to assault, while 28.6% were related to a drug possession charge, and 24.2% involved larceny.

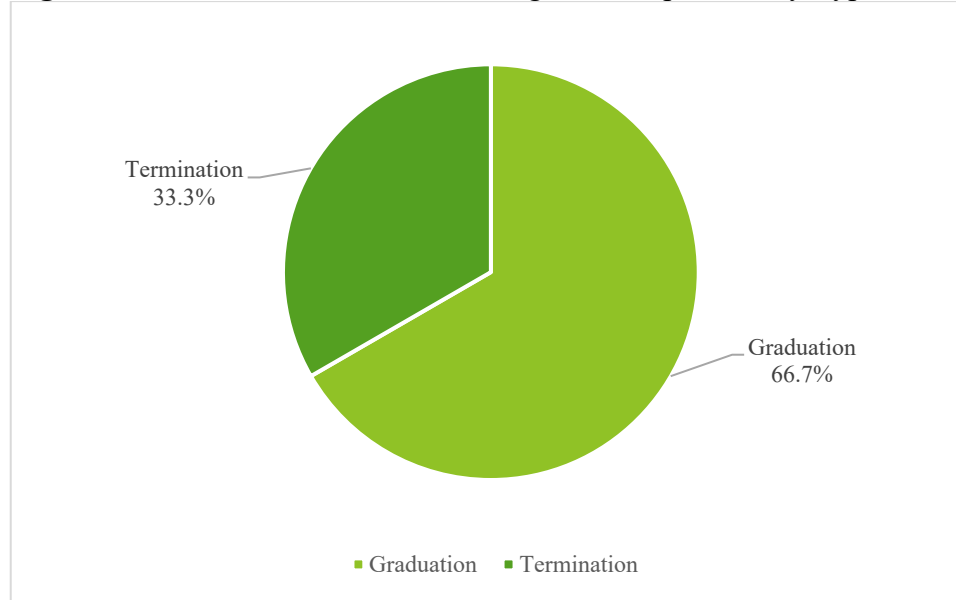
Figure 5. Instant Offenses among Behavioral Health Docket Participants, FY 2021



Summary of Departures

Graduation and Termination Rates: Among the 231 active behavioral health docket participants, 108 exited the program by graduation, termination, or withdrawal in FY 2021. Of those exiting the program, the graduation rate was 66.7% (72 participants). The termination rate was 33.3% (36 participants) (see Figure 6).

Figure 6. Behavioral Health Docket Program Completions by Type, FY 2021



Length of Stay: Length of stay was measured by calculating the number of days from program entry (acceptance date) to completion date (either graduation date, date of termination, or withdrawal). The mean length of stay for graduates was 359 days compared to a mean length of stay of 238 days for those who were terminated or withdrew (see Table 5). The median length of stay for graduates in FY 2021 was 364 days, compared to a median length of stay 155 for terminated or withdrawn participants.

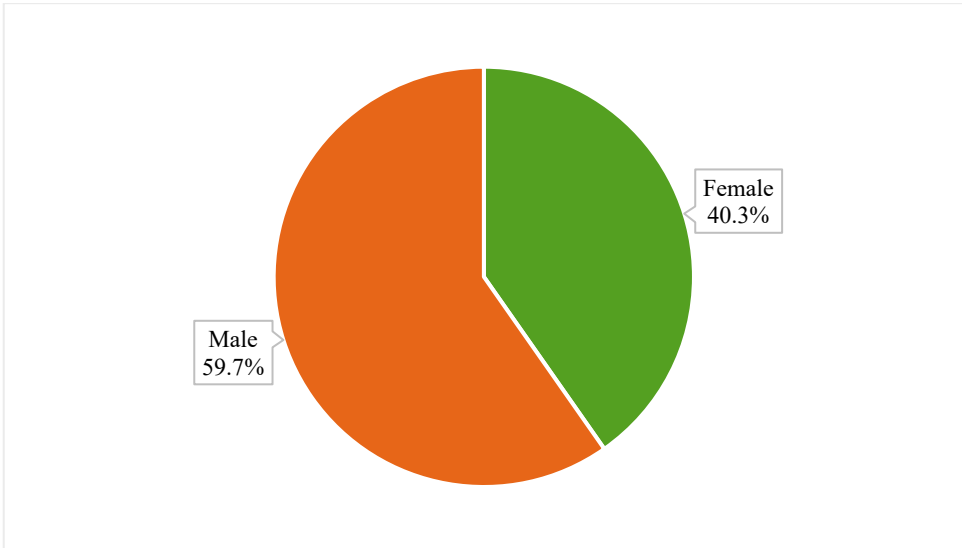
Table 5. Behavioral Health Docket Length of Stay, Departures, FY 2021

Mean Length of Stay, <i>in days</i>	
Graduates	359
Unsuccessful Completions	238
Median Length of Stay, <i>in days</i>	
Graduates	364
Unsuccessful Completions	155

Departures by Gender

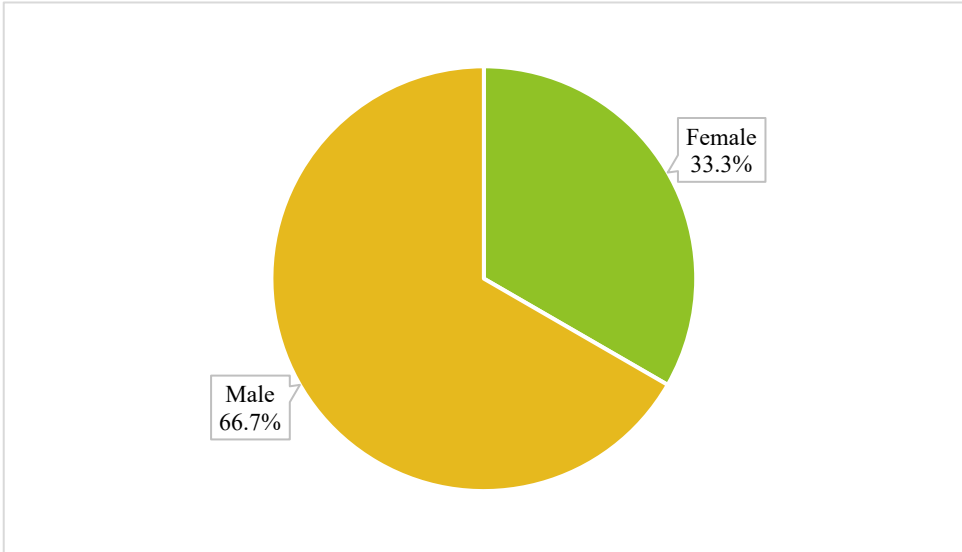
Of the 72 graduates, 29 (40.3%) were female, while 43 (59.7%) were male (see Figure 7).

Figure 7. Behavioral Health Docket Graduates by Gender, FY 2021



Additionally, a total of 36 behavioral health docket participants were terminated or withdrew from a program during FY 2021. Twelve unsuccessful completions (33.3%) were female, while 24 (66.7%) were male (see Figure 8).

Figure 8. Behavioral Health Docket Terminations by Gender, FY 2021



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APPENDICES

Appendix A

Behavioral Health Docket Act. § 18.2-254.3. Behavioral Health Docket Act.

A. This section shall be known and may be cited as the "Behavioral Health Docket Act."

B. The General Assembly recognizes the critical need to promote public safety and reduce recidivism by addressing co-occurring behavioral health issues, such as mental illness and substance abuse, related to persons in the criminal justice system. It is the intention of the General Assembly to enhance public safety by facilitating the creation of behavioral health dockets to accomplish this purpose.

C. The goals of behavioral health dockets shall include (i) reducing recidivism; (ii) increasing personal, familial, and societal accountability among offenders through ongoing judicial intervention; (iii) addressing mental illness and substance abuse that contribute to criminal behavior and recidivism; and (iv) promoting effective planning and use of resources within the criminal justice system and community agencies. Behavioral health dockets promote outcomes that will benefit not only the offender but society as well.

D. Behavioral health dockets are specialized criminal court dockets within the existing structure of Virginia's court system that enable the judiciary to manage its workload more efficiently. Under the leadership and regular interaction of presiding judges, and through voluntary offender participation, behavioral health dockets shall address offenders with mental health conditions and drug addictions that contribute to criminal behavior. Behavioral health dockets shall employ evidence-based practices to diagnose behavioral health illness and provide treatment, enhance public safety, reduce recidivism, ensure offender accountability, and promote offender rehabilitation in the community. Local officials shall complete a planning process recognized by the state behavioral health docket advisory committee before establishing a behavioral health docket program.

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

F. A state behavioral health docket advisory committee shall be established in the judicial branch. The committee shall be chaired by the Chief Justice of the Supreme Court of Virginia, who shall appoint a vice-chair to act in his absence. The membership of the committee shall include a behavioral health circuit court judge, a behavioral health general district court judge, a behavioral health juvenile and domestic relations district court judge, the Executive Secretary of the Supreme Court or his designee, the Governor or his designee, and a representative from each of the following entities: the Commonwealth's Attorneys' Services Council, the Virginia Court Clerks' Association, the Virginia Indigent Defense Commission, the Department of Behavioral Health and Developmental Services, the Virginia Organization of Consumers Asserting Leadership, a community services board or behavioral health authority, and a local community-based probation and pretrial services agency.

G. Each jurisdiction or combination of jurisdictions that intend to establish a behavioral health docket or continue the operation of an existing behavioral health docket shall establish a local behavioral health docket advisory committee. Jurisdictions that establish separate adult and juvenile behavioral health dockets may establish an advisory committee for each such docket. Each local behavioral health docket advisory committee shall ensure quality, efficiency, and fairness in the planning, implementation, and operation of the behavioral health dockets that serve the jurisdiction or combination of jurisdictions. Advisory committee membership may include, but shall not be limited to, the following persons or their designees: (i) the behavioral health docket judge; (ii) the attorney for the Commonwealth or, where applicable, the city or county attorney who has responsibility for the prosecution of misdemeanor offenses; (iii) the public defender or a member of the local criminal defense bar in jurisdictions in which there is no public defender; (iv) the clerk of the court in which the behavioral health docket is located; (v) a representative of the Virginia Department of Corrections or the Department of Juvenile Justice, or both, from the local office that serves the jurisdiction or combination of jurisdictions; (vi) a representative of a local community-based probation and pretrial services agency; (vii) a local law-enforcement officer; (viii) a representative of the Department of Behavioral Health and Developmental Services or a representative of local treatment providers, or both; (ix) a representative of the local community services board or behavioral health authority; (x) the behavioral health docket administrator; (xi) a public health official; (xii) the county administrator or city manager; (xiii) a certified peer recovery specialist; and (xiv) any other persons selected by the local behavioral health docket advisory committee.

H. Each local behavioral health docket advisory committee shall establish criteria for the eligibility and participation of offenders who have been determined to have problems with drug addiction, mental illness, or related issues. The committee shall ensure the use of a comprehensive, valid, and reliable screening instrument to assess whether the individual is a candidate for a behavioral health docket. Once an individual is identified as a candidate appropriate for a behavioral health court docket, a full diagnosis and treatment plan shall be prepared by qualified professionals.

Subject to the provisions of this section, neither the establishment of a behavioral health docket nor anything in this section shall be construed as limiting the discretion of the attorney for the Commonwealth to prosecute any criminal case arising therein that he deems advisable to prosecute, except to the extent that the participating attorney for the Commonwealth agrees to do so.

I. Each local behavioral health docket advisory committee shall establish policies and procedures for the operation of the docket to attain the following goals: (i) effective integration of appropriate treatment services with criminal justice system case processing; (ii) enhanced public safety through intensive offender supervision and treatment; (iii) prompt identification and placement of eligible participants; (iv) efficient access to a continuum of related treatment and rehabilitation services; (v) verified participant abstinence through frequent alcohol and other drug testing and mental health status assessments, where applicable; (vi) prompt response to participants' noncompliance with program requirements through a coordinated strategy; (vii) ongoing judicial interaction with each behavioral health docket participant; (viii) ongoing monitoring and evaluation of program effectiveness and efficiency; (ix) ongoing interdisciplinary education and training in support of program effectiveness and efficiency; and

(x) ongoing collaboration among behavioral health dockets, public agencies, and community-based organizations to enhance program effectiveness and efficiency.

J. If there is cause for concern that a defendant was experiencing a crisis related to a mental health or substance abuse disorder then his case will be referred, if such referral is appropriate, to a behavioral health docket to determine eligibility for participation. Participation by an offender in a behavioral health docket shall be voluntary and made pursuant only to a written agreement entered into by and between the offender and the Commonwealth with the concurrence of the court.

K. An offender may be required to contribute to the cost of the treatment he receives while participating in a behavioral health docket pursuant to guidelines developed by the local behavioral health docket advisory committee.

L. Nothing contained in this section shall confer a right or an expectation of a right to treatment for an offender or be construed as requiring a local behavioral health docket advisory committee to accept for participation every offender.

M. The Office of the Executive Secretary shall, with the assistance of the state behavioral health docket advisory committee, develop a statewide evaluation model and conduct ongoing evaluations of the effectiveness and efficiency of all behavioral health dockets. The Executive Secretary shall submit an annual report of these evaluations to the General Assembly by December 1 of each year. The annual report shall be submitted as a report document as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents and reports and shall be posted on the General Assembly's website. Each local behavioral health docket advisory committee shall submit evaluative reports, as provided by the Behavioral/Mental Health Docket Advisory Committee, to the Office of the Executive Secretary as requested.

2020, c. [1096](#).

Appendix B

**Behavioral Mental Health Docket Advisory Committee
Membership Roster**

Chair:

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

Co-Vice-Chairs:

The Honorable Jacqueline F. Ward Talevi, Judge
23rd Judicial District of Virginia
Roanoke County General District Court
&
The Hon. Philip Hairston, Judge
13th Judicial Circuit of Virginia
Richmond Circuit Court

Members:

Sara Davis, MA
Forensic MH Consultant/Court-Based Diversion
Coordinator
Office of Forensic Services

Jae Davenport, Deputy Secretary
of Public Safety and Homeland Security

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

The Hon. Erin L. Evans, Judge
1st Judicial District
Chesapeake General District Court

Catherine French-Zagurskie
Chief Appellate Counsel
Virginia Indigent Defense Commission

Maria Jankowski, Deputy Director
Virginia Indigent Defense Commission

Wendy Goodman, Administrator
Case Management and Program Infrastructure
Reentry and Programs Unit
Virginia Department of Corrections

The Hon. Marilyn Goss-Thornton, Chief Judge
13th Judicial District
Richmond Juvenile & Domestic Relations
District Court

Elizabeth Bouldin-Clopton, Network
Program Director
Virginia Organization of Consumers
Asserting Leadership (VOCAL)

The Hon. LaBravia Jenkins
Commonwealth's Attorney
City of Fredericksburg

Jennifer MacArthur, Manager
Division of Programs and Services,
Adult Justice Programs, Department of
Criminal Justice Services

Charles Quagliato, Business and Jurisprudence
Section Manager
Division of Legislative Services

Leslie Weisman, LCSW
Client Services Entry Bureau Chief
Arlington Community Services Board
Crisis Intervention Center

Staff:

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

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

Bre'Auna Beasley, Specialty Dockets Analyst
Department of Judicial Services
Office of the Executive Secretary

Appendix C

Application
for
Behavioral Health Docket

Submitted by:

Signature of Judge

Signature of Coordinator

of

Name of Court

Date

APPLICATION GUIDELINES

The Supreme Court of Virginia has established a standardized review process to use in evaluating requests from any locality seeking permission to establish a behavioral health docket. The application should be completed by the local planning committee created to plan the docket. Applications should be submitted to the Supreme Court of Virginia. All application packages should be sent to:

Supreme Court of Virginia
Office of the Executive Secretary
100 North 9th Street
Richmond, Virginia 23219
Email: apowers@vacourts.gov

In order to evaluate the quality, efficiency and fairness of dockets requesting approval to establish a behavioral health docket the following information shall be submitted by the requesting local advisory committee.

Behavioral Health Docket Application

Jurisdiction Name: _____

Court: _____ Circuit _____ District

Problem Solving Docket Model: _____ Veterans _____ Behavioral Health

Supervising Judge:

Name: _____ Telephone: _____

Address: _____ E-mail: _____

Program Coordinator:

Name: _____ Telephone: _____

Address: _____ E-mail: _____

Target Population – (list all that apply):

Proposed Start Date: ____ / ____ / ____

Approved Docket Planning Training:

_____	_____	Veterans Treatment Court Planning Initiative (VTCPI)
Date	Location	
_____	_____	Developing a Mental Health Court: An Interdisciplinary Curriculum (CSG)
Date	Location	
_____	_____	Other: _____
Date	Location	Other: _____

Application Contact Person:

Name: _____

Telephone:

Address: _____

E-mail:

Please submit your policy and procedures manual, all forms and the following information as attachments to this application. If any of the information described in an attachment is included in the docket's policy and procedures manual, please reference its location in the policy and procedures manual on the application form.

Attachment A: Project Abstract and the Ten Essential Elements of Behavioral Health Dockets

This attachment must include the project abstract and how it will implement and comply with the Ten Essential Elements of Behavioral Health Dockets as well as incorporate evidence-based practices into the daily operations of the behavioral health docket.

Attachment B: Statement of the Problem

Attachment C: Docket Goals and Objectives

This attachment must include a description of the behavioral health docket goals and objectives. Each docket goal should include measurable objectives and should reflect the docket's proposed operations.

Attachment D: Description of the Behavioral health docket

This attachment must include a case flow chart outlining a description of the docket's operational and administrative structure to include:

1. Screening and eligibility
2. Structure of the docket
3. Length of stay
4. Graduation requirements
5. Expulsion criteria

This attachment should include a detailed description of the legal eligibility for behavioral health docket participation as well as any other factors taken into consideration when determining eligibility.

Attachment E: Policy and Procedures Manual

This attachment must include a current copy of the behavioral health docket policy and procedures manual. The policy and procedures manual should incorporate the principles of problem-solving courts, the ten (10) essential elements of behavioral health dockets, and

include information related to participant eligibility, the screening and referral process, docket services and requirements, graduation criteria, case management procedures, judicial interaction, team meetings and court session schedule, incentives and sanctions, compliance monitoring, confidentiality policies and termination procedures. It should also include all docket forms, such as the participation agreement, consent for release of confidential information, orientation information, and referral agreements.

Attachment F: Estimated Budget

This attachment must include the estimated behavioral health docket budget including all projected income (user- fees, grants, county general funds) and expenses. All fees must be assessed and collected in compliance with financial management general principles.

Attachment G: Organizational Plan

This attachment must include an organizational chart and a description of the docket's operational and administrative structure to include:

Behavioral Health Docket Staff Requirements (For each staff position include the person's name, agency, address, telephone and fax numbers, and e-mail address.) This attachment must include documentation that the behavioral health docket coordinator, each case manager and any volunteer who performs one or more job functions for the docket is appropriately trained and credentialed. Use the Justice for Vets staff core competencies as a guide to design your staff position.

Treatment Provider Information (Include name, agency, address, telephone and fax numbers, and e-mail address for each treatment agency providing services to participants.)

Referring Courts/Dockets (names of other courts referring or transferring cases to the behavioral health docket)

Monitoring and Evaluation

Ongoing Interdisciplinary Education and Training

Ongoing Collaboration/Sustainability

Attachment H: Memoranda of Understanding (MOU)

This attachment must include information on each partner and a copy of their MOU with the docket. If the problem-solving docket is not using contractors, this attachment does not apply.

Attachment I: Certification and Assurances

Attachment J: Applicant Disclosure of Pending Grant Applications

Appendix D

Standards for Behavioral/Mental Health

Dockets in Virginia

Standard 1: Goals. The goals of behavioral health dockets shall include (i) reducing recidivism; (ii) increasing personal, familial, and societal accountability among offenders through ongoing judicial intervention; (iii) addressing mental illness and substance abuse that contribute to criminal behavior and recidivism; and (iv) promoting effective planning and use of resources within the criminal justice system and community agencies. Behavioral health dockets promote outcomes that will benefit not only the offender but society as well.

Standard 2: Administration. A circuit or district court which intends to establish a behavioral health docket must petition the Supreme Court of Virginia for authorization before beginning operation of a specialty docket or, in the instance of an existing specialty docket, continuing its operation. A petitioning court must demonstrate sufficient local support for the establishment of this specialty docket, as well as adequate planning for its establishment and continuation. Each docket must have a policy and procedure manual that sets forth its goals and objectives, general administration, organization, personnel, and budget matters. The policies and procedures for the operation of the docket shall attain the goals as listed in §18.2-254.3.I.

Standard 3: Local Behavioral Health Docket Advisory Committee. Each local behavioral health docket advisory committee shall ensure quality, efficiency, and fairness in the planning, implementation, and operation of the behavioral health dockets that serve the jurisdiction or combination of jurisdictions. Membership should include those as stated in §18.2-254.3.G. An offender may be required to contribute to the cost of treatment received while participating in a behavioral health docket pursuant to guidelines developed by the local advisory committee. An inability to pay shall not prohibit participation in the docket.

Standard 4: Docket Team. A behavioral health docket team should include, at a minimum, the judge, a representative from the local Behavioral Health Authority/Community Services Board, and a representative from community corrections. The Commonwealth's Attorney and the Defense Attorney are encouraged, but are not required, to participate as members of the court docket team.

Standard 5: Evidence-Based Practices. The docket should establish and adhere to practices that are evidence-based and outcome-driven and should be able to articulate the research basis for the practices it uses.

Standard 6: Voluntary and Informed Participation. All docket participants should be provided with a clear explanation of the docket process including sanctions and removal proceedings. Participation in the docket must be completely voluntary and made pursuant only to a written agreement entered into by and between the offender and the Commonwealth with concurrence of the court. Participants must have capacity to consent to participation in the docket.

Standard 7: Eligibility Criteria. Criteria regarding eligibility for participation in the docket must be well-defined and written and must address public safety and the locality's treatment capacity. The committee shall ensure the use of a comprehensive, valid, and reliable screening instrument to assess whether the individual is a candidate for a behavioral health docket. The criteria should focus on defendants whose mental illness is related to their current offenses.

Standard 8: Program Structure. A behavioral health docket program should be structured so that participants progress through phases which may include orientation, stabilization, community reintegration, maintenance, successful completion and transition out of the program.

Standard 9: Treatment and Support Services. Behavioral health dockets must provide prompt admission to continuous, comprehensive, evidence-based treatment and rehabilitation services to participants. Once an individual is identified as a candidate appropriate for a behavioral health court docket, a full diagnosis and treatment plan shall be prepared by qualified professionals. All treatment providers used by the docket should be appropriately licensed by the applicable state regulatory authority and trained to deliver the necessary services according to the standards of their profession.

Standard 10: Participant Compliance. Behavioral health dockets should have written procedures for incentives, rewards, sanctions, and therapeutic responses to participant behavior while under court supervision. These procedures must be provided to all team members and the participant at the start of a participant's participation in the program.

Standard 11: Confidentiality. Behavioral health docket programs must protect confidentiality and privacy rights of individuals and proactively inform them about those rights. Information gathered as part of a participant's court-ordered treatment program or services should be safeguarded in the event that the participant is returned to traditional court processing.

Standard 12: Evaluation and Monitoring. Behavioral health docket programs must establish case tracking and data collection practices as required by the Office of the Executive Secretary specialty dockets. At a minimum, data should be collected regarding 1) Characteristics of the Participants, 2) Clinical Outcomes, and 3) Legal Outcomes. All behavioral health docket programs are subject to annual fiscal and program monitoring and compliance review by the Office of the Executive Secretary.

Standard 13: Education. All team members, including the judge, should be knowledgeable about underlying medical or social-science research relevant to the docket. All team members should attend continuing education programs or training opportunities to stay current regarding the legal aspects of a behavioral health docket and the clinical aspects of mental illness and substance abuse.