



National Treatment
Court Resource Center

Painting the Current Picture

A National Report on Treatment
Courts in the United States

By The Numbers

Lindsay J. Baker, M.A.
Kristen DeVall, Ph.D.
Christina Lanier, Ph.D.

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Kristen DeVall, Ph.D., *Co-Director*
Christina Lanier, Ph.D., *Co-Director*
National Treatment Court Resource Center
University of North Carolina Wilmington
680 S. College Road
Wilmington, NC 28403-5978
(910) 962-2440
ntcrc.org

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Publication design by Ben Yerby

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About the Authors

Lindsay Baker, M.A., is a proud two-time alumna of the University of North Carolina Wilmington, where she earned a Bachelor of Arts in Criminology and Sociology in 2020, followed by a Master of Arts in Criminology in 2022. Throughout her academic career, Lindsay cultivated a deep passion for restorative justice and reentry initiatives, areas that ultimately sparked her interest in treatment court work. In her role as Social Science Researcher with the NTCRC, Lindsay excels at collecting and analyzing data, translating research into accessible and impactful narratives that resonate with diverse audiences in the field. Lindsay's commitment to advancing therapeutic approaches within the justice system is at the heart of her work, and through her efforts with the NTCRC, she strives to underscore the critical role of therapeutic jurisprudence while advocating for evidence-based treatment interventions that foster lasting, positive change.

Kristen E. DeVall, Ph.D., received her Ph.D. in sociology from Western Michigan University in 2008. At present she is the co-director of the National Treatment Court Resource Center & a professor of sociology and criminology at the University of North Carolina Wilmington. She has conducted evaluations of numerous treatment court programs and other criminal justice initiatives since 2004. Several statewide evaluations have involved the collection and analysis of both quantitative and qualitative data, as well as the merging of large datasets. Dr. DeVall has also garnered over \$14 million in grant funding from SAMHSA, BJA, OJJDP, as well as state and local entities to support various treatment courts & other criminal justice programs. In addition, she worked as a case manager for a community corrections program for seven years. Providing direct services to individuals involved with the criminal justice system allowed her to see firsthand how the system operates and identify opportunities for system-level and policy change. Overall, her work seeks to bridge the gap between academia and practitioners, as well as influence the development of evidence-based policies and practices.

Christina Lanier, Ph.D., is the co-director of the National Treatment Court Resource Center and a professor of sociology and criminology at the University of North Carolina Wilmington. She received her Ph.D. in sociology from the University of Delaware in 2006. She has extensive experience in the area of program evaluation and has conducted several evaluations of treatment courts, as well as other criminal justice programs such as the Swift and Sure Sanctions Probation Program (SSSPP) in Michigan and the North Carolina Treatment Alternatives for Safe Communities (TASC). Additionally, Dr. Lanier has secured over \$10 million in federal (OJJDP, BJA, and SAMHSA), state, and local agencies. Her research has been published in *Substance Use and Misuse*, *The Prison Journal*, *Violence Against Women*, *Homicide Studies*, *International Journal of Offender Therapy and Comparative Criminology*, and *The Australian and New Zealand Journal of Criminology*. Dr. Lanier's focus is on linking the work of researchers with practitioners to develop policy and implement social change.

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Introduction

This report is designed to provide an overview of treatment courts in operation within the United States and territories during 2022. These data were gathered as part of a larger project titled *Painting the Current Picture: A National Report on Treatment Courts in the United States* (hereafter referred to as *PCP*) conducted by the National Treatment Court Resource Center (NTCRC) on behalf of the Bureau of Justice Assistance (BJA). The *PCP* is conducted biennially and gathers information from statewide/territory coordinators regarding the treatment court programs in their states/territories. The purpose of this survey is to better understand how these specialty courts are structured, how they operate, the outcomes produced (i.e., graduation rate), challenges experienced, resources needed, etc. Moreover, these data allow us to determine the number of individuals participating in these programs nationally and identify and monitor trends within the field. We hope this report provides laypersons, practitioners, researchers, policymakers, legislators, and funders with a snapshot of treatment court activity during 2022.

Survey Methodology

The 2022 *Painting the Current Picture: A National Report on Treatment Courts in the United States* survey was disseminated to state/territory treatment court coordinators on January 31, 2023 using Qualtrics, a web-based survey platform. Respondents were asked to complete the survey instrument by October 31, 2023. This provided respondents with nine full months to complete the electronic survey. Prior to beginning this survey project, the *PCP* survey instrument was submitted to the Office of Management and Budget (OMB) for approval. In addition, the University of North Carolina Wilmington (UNCW) Institutional Review Board reviewed the project protocol and survey instrument to ensure compliance with human subjects' protection. Approval was granted by both external entities.

The *PCP* survey was distributed to the designated state/territory coordinator(s) in all 50 states, the District of Columbia, Guam, Northern Mariana Islands, and Puerto Rico. For states/territories where the designated coordinator could complete the survey on behalf of all programs within their state/jurisdiction, they were asked to answer the questions for the entire state/territory. However, in states/territories where these data were not available (e.g., where there was no statewide management information system), the state/territory coordinator was asked to send the survey instrument to local treatment court administrators/coordinators to complete. It should be noted that some data was provided at the state-level for all programs by court type vs. program-level data by court type. National Treatment Court Resource Center (NTCRC) staff then aggregated all data received from these local personnel to create a state/territory profile/summary.

Respondents were asked to provide data regarding participants served in calendar year 2022 (January 1, 2022 – December 31, 2022) for each adult and/or juvenile court program. For example, if the respondent indicated 10 operational adult treatment courts in their state/territory, they provided data for each adult treatment court program separately, including the name of the program. The three question blocks outlined below appeared for the corresponding number of operational programs indicated by the respondent:

Section 1: Demographic Characteristics of 2022 Treatment Court Program Participants

Section 1 included questions regarding participants in operational treatment court programs during 2022 – the number of individuals served (between January 1 – December 31, 2022), the number of graduates, and the number of individuals unsuccessfully discharged. Respondents were asked to parcel out the total number of participants, graduates, and those unsuccessfully discharged by sex, race/ethnicity, and age.

Section 2: Drugs of Use among 2022 Treatment Court Program Participants

Section 2 included questions about the primary and secondary drugs of use reported by program participants.

Section 3: Treatment Court Program Structure

Section 3 asked respondents about the structure of operational treatment court programs, including the offense levels permitted in each court type (misdemeanors, felonies, and/or status offenses [juvenile only])

and the dispositional model (pre-plea, post-plea, and/or post-sentence). For family treatment courts, programs were asked about whether participants entered the program voluntarily, through a court order, or through another mechanism.

Response Rates

Treatment court data at the program level were provided by respondents for 69.5% (n=2,884 of 4,148) of operational treatment court programs located in 50 states/territories. Kansas, Massachusetts, South Carolina, and Virginia did not respond to the *PCP* survey, but did provide the number of operational treatment courts (by type). Together, these states account for 16.0% of a missing treatment court data at the program level (n=203). It should be noted that jurisdictions do not collect data in the same way and the reliability of data collection varies greatly across states/territories. Some items were not applicable to all jurisdictions and/or treatment court types. Therefore, only valid jurisdictions were included in the denominator when calculating response rates and percentages.

Growth of Treatment Courts

Figure 1 presents the growth of treatment courts between 1989 and 2022. As can be seen, there has been an exponential increase in the number of programs during this time. As of December 31, 2022, 4,148¹ treatment courts (see Figure 1) were operational within the United States (91.8% of these programs serviced adults and 8.2% serviced juveniles). This represents a 12% increase in the number of operational programs since year-end 2019. However, this increase was among adult programs (12%), as the total number of juvenile programs *decreased* by 5% between 2019 and 2022.

Of these 4,148 programs, adult drug courts continue to be the most prevalent model, comprising 44.2% (n=1,832) of all treatment courts. Other prevalent models included: adult mental health courts (14.9%; n=618), veterans treatment courts (12.9%; n=537), family treatment courts (9.0%; n=374), DUI/DWI courts (7.7%, n=320), and juvenile drug courts (6.4%, n=265). The remaining treatment court models together represented 4.9% of all treatment courts.

As presented in Table 1, program growth from 2019-2022 was the greatest among juvenile COD courts (120%), opioid intervention courts (54%), juvenile mental health courts (33%), adult co-occurring disorder (COD) courts (33%), mental health courts (26%), and DUI/DWI courts (25%). Additionally, family treatment courts and veterans treatment courts each increased by 12%, while adult drug courts increased by 8%. Only two categories of treatment courts observed a decrease in the number of programs between 2019-2022, which included: juvenile drug court (-13%) and adult reentry court (-28%). Notably, 2022 was the first year in which juvenile reentry courts were reported, with two of these programs operational in the United States as of December 31, 2022.

¹ This total includes the following adult treatment courts: drug courts, DUI/DWI courts, family treatment courts, veterans treatment courts, mental health courts, COD courts, opioid intervention courts, and reentry courts. The following juvenile courts are included in the total: drug treatment courts, mental health courts, COD courts, and reentry courts.

Figure 1: Number of Treatment Courts in the United States from 1989 to 2022

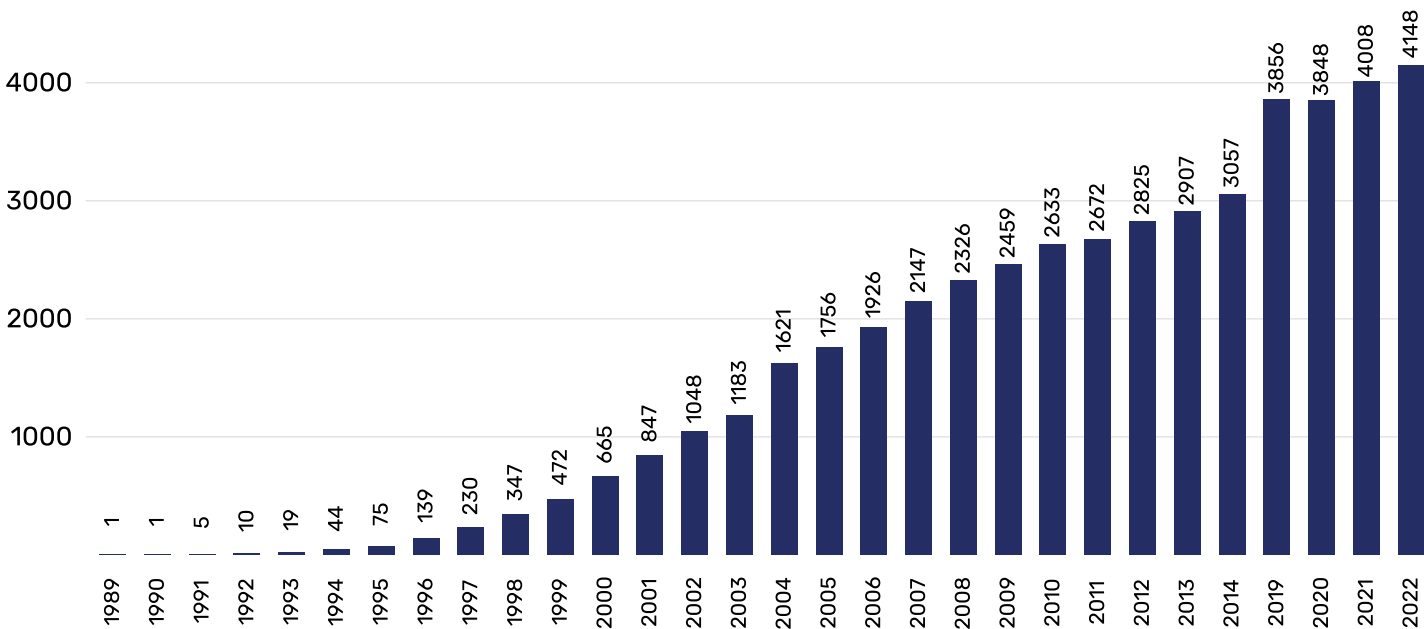


Table 1: Growth of Treatment Courts in the United States from 2009 to 2022

# of Programs (as of December 31)						
Treatment Court Program	2009	2014	2019 ^a	2022	Difference from 12/31/2019	% Change
Adult						
Adult Drug	1,317	1,540	1,696	1,832	136	8%
Adult Hybrid Drug/DUI ^b	354	407	351	357	6	2%
Co-occurring Disorders	NR	62	21	28	7	33%
DUI/DWI	172	262	257	320	63	25%
Family Treatment	322	305	335	374	39	12%
Mental Health	288	392	490	618	128	26%
Opioid Intervention	NR	NR	24	37	13	54%
Reentry Drug	29	26	87	63	-24	-28%
Veterans Treatment	19	266	480	537	57	12%
Adult sub-total	2,147	2,853	3,390	3,809	419	12%
Juvenile						
Juvenile Co-Occurring Disorder	NR	NR	5	11	6	120%
Juvenile Drug	476	420	305	265	-40	-13%
Juvenile Mental Health	NR	37	46	61	15	33%
Juvenile Reentry	NR	NR	NR	2	-	-
Juvenile sub-total	476	457	356	337	-17	-5%
Adult & Juvenile Total	2,712	3,448	3,856	4,148	402	12%

^aWisconsin and New Jersey did not provide court counts for 2019 and thus are excluded from 2019 data.

^bHybrid drug/DUI courts are a subset of ADCs and not count separately in the total line tallies.

NR=not reported.

Profile of Court Types

Below is an overview of the demographic characteristics of participants enrolled in treatment courts within the United States and territories between January 1, 2022 – December 31, 2022. Data regarding participant demographic characteristics are followed by charts displaying participant primary and primary/secondary substances of use, as well as primary and primary/secondary substance of use by drug classification. Each section is organized by treatment court type.

Adult Drug Court

Adult Drug Court (ADC) data at the program level were provided by respondents for 76.2% (n=1,396 of 1,833²) of operational ADC programs located in 50 states/territories.³ Table 2 provides an overview of the number of individuals served by these programs, the number and percentage of individuals that were successfully and unsuccessfully discharged, as well as the graduation rate.⁴ A total of 77,811 individuals were served by these ADCs in CY2022. These 1,396 programs served 55.7 individuals on average. During CY2022, 16,341 individuals successfully completed ADCs and 11,850 were unsuccessfully discharged, which resulted in a graduation rate of 58.0%⁵ among ADC participants.

The demographic characteristics of ADC participants are displayed in Tables 2 and 3. Females made up 33.3% of participants served in CY2022 and males constituted 66.7%. Graduation rates by sex are similar with females graduating at a rate of 58.2% and males at a rate of 57.8% (see Table 2).

Table 2: ADC Participants by Sex & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
All Participants (n=1,396)	77,811			
Total Participants: Sex (n=1,370-1,395) ^a	77,324	16,341	11,850	58.0
Female	33.3 (25,711)	34.8 (5,684)	34.4 (4,082)	58.2
Male	66.7 (51,589)	65.2 (10,652)	65.5 (7,764)	57.8
Other ⁶	0.03 (24)	0.03 (5)	0.03 (4)	55.6

^a'n' represents the range of the # of programs responding to the question.

² One ADC was only operational for six months in 2022.

³ Data were not provided by Kansas, Massachusetts, South Carolina, and Virginia.

⁴ Given that several surveys were incomplete, the total number of valid responses for each category of questions is provided as well as the response rate. The response rate is calculated by dividing the total number of programs providing a response by the total number of operational ADCs in 2022.

⁵ The graduation rate for each group was calculated as follows: # of successful participants within the group/# of successful participants + # of unsuccessful participants with the group.

⁶ Data reported for this measure may have included other categories than 'male' and 'female.' Data reported in the other category was .03% of the total data reported in response to this question.

As displayed in Table 3, 71.3% of ADC participants identified as White/Caucasian in CY2022. Additionally, 15.6% of participants identified as Black/African American, 2.1% identified as American Indian/Alaskan Native, and 1.7% identified as Asian/Pacific Islander. The category of “other race” comprised an additional 1.0%, while Multiracial participants made up 0.8% of ADC participants served in CY2022. Graduation rates among these groups ranged from 48.1% (Multiracial) to 60.7% (Asian/Pacific Islander). For comparison purposes, the graduation rate for White/Caucasian participants was 59.7%, which was the third highest group.

Lastly, in CY2022, 5,690 Hispanic/Latinx individuals were enrolled in the responding 1,356 ADCs. The graduation rate for this group was 55.9%. It should be noted that individual programs as well as states/territories operationalized race and ethnicity differently. More specifically, some treated race and ethnicity as two variables, whereas others combined these two terms into one variable.

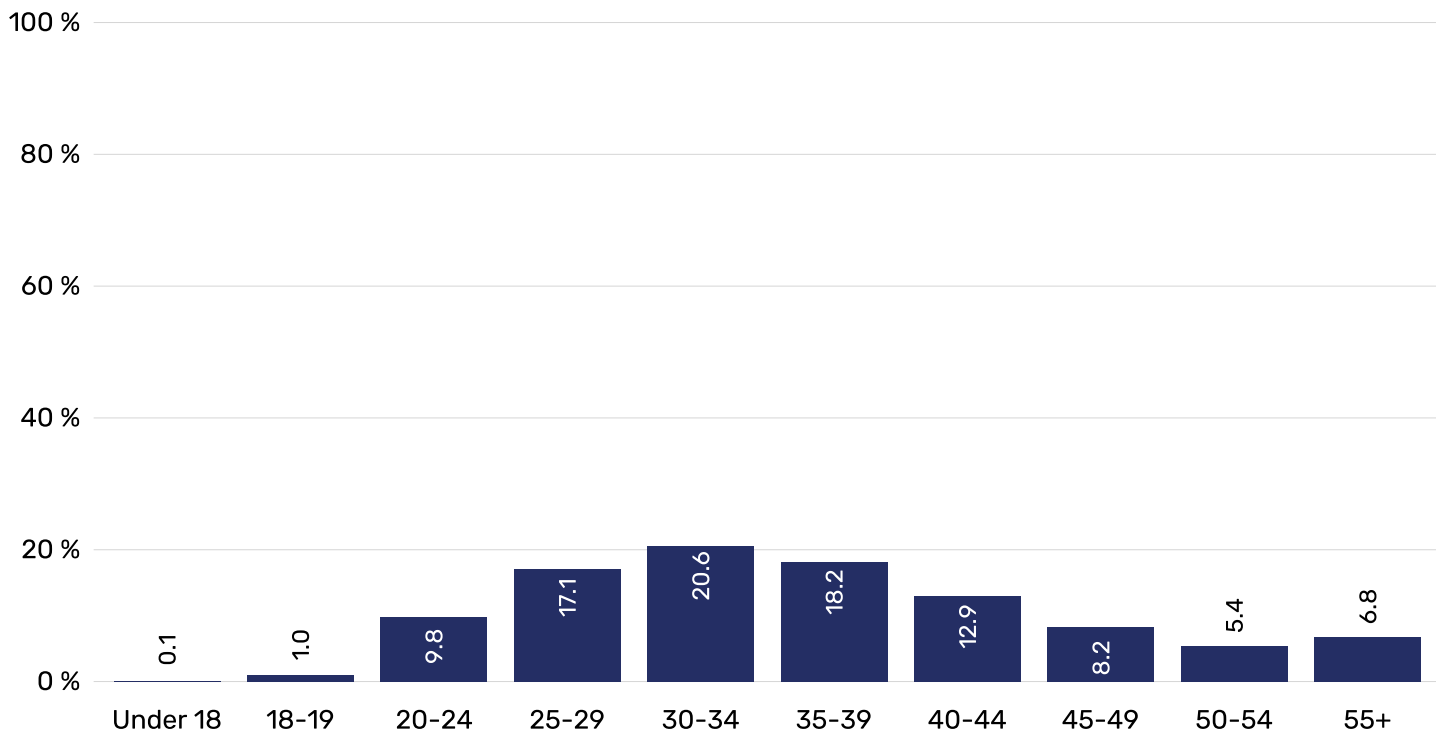
Table 3: ADC Participants by Race, Ethnicity, & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
Total Participants: Race/Ethnicity (n=1,356-1,357) ^a	76,034	16,200	11,891	57.7
American Indian/ Alaskan Native	2.1 (1,564)	1.7 (280)	2.6 (310)	47.5
Asian/Pacific Islander	1.7 (1,289)	2.0 (317)	1.7 (205)	60.7
Black/African American	15.6 (11,890)	11.9 (1,932)	16.5 (1,960)	49.6
White/Caucasian	71.3 (54,213)	75.1 (12,172)	69.1 (8,213)	59.7
Multiracial	0.8 (597)	0.8 (124)	1.1 (134)	48.1
Other	1.0 (791)	0.8 (131)	0.7 (86)	60.4
Hispanic/Latinx	7.5 (5,690)	7.7 (1,224)	8.3 (983)	55.9

^an' represents the range of the # of programs responding to the question.

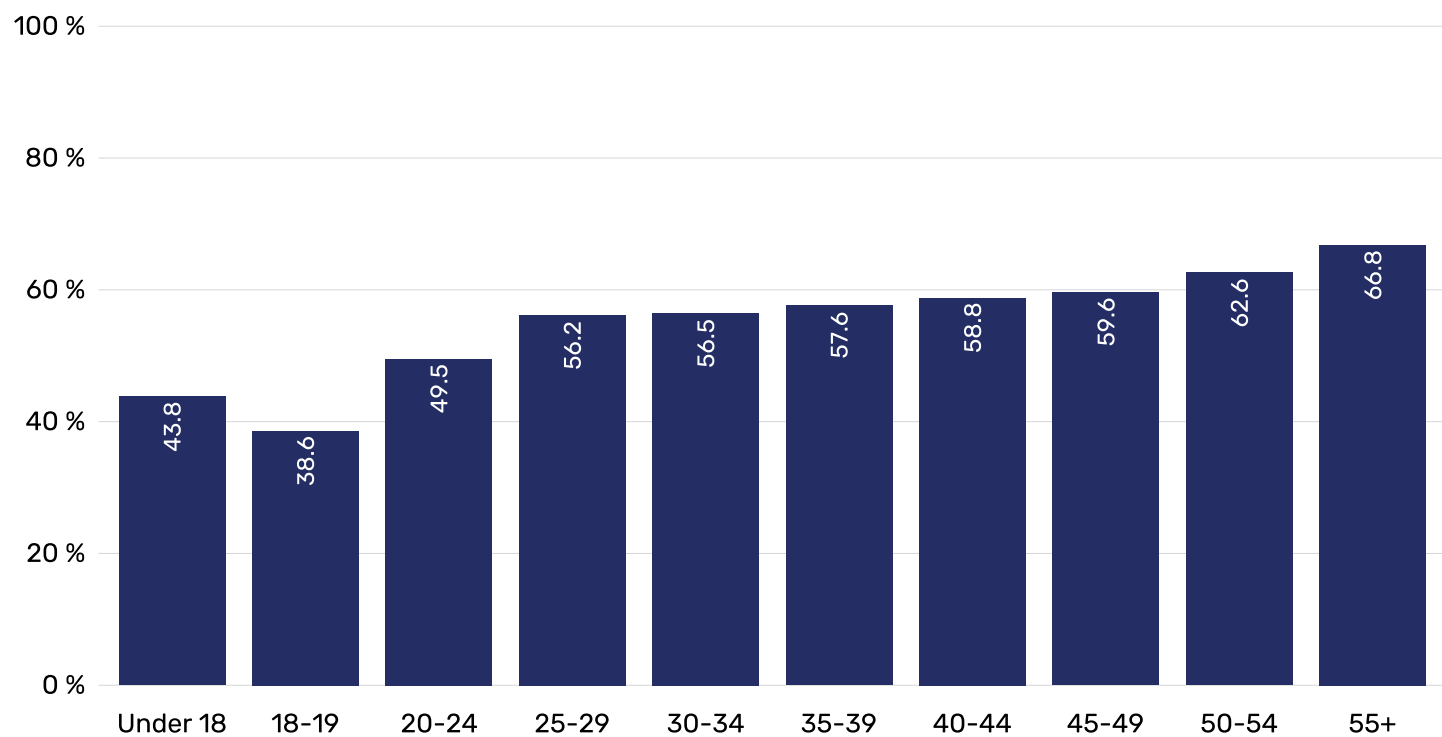
Respondents were also asked to provide data regarding the age of participants upon entry into ADC programs in CY2022 (see Figure 2). Participants between the ages of 30–34 made up 20.6% of participants served in CY2022, while participants between the ages of 35–39 constituted 18.2% and participants between 25–29 years of age made up 17.1%. Thus, among all ADC participants served in CY2022, over one-half (55.9%) were between 25 and 39 years of age.

Figure 2: ADC Participants' Age at Program Entry (2022) (n=1,334)



When examining the age of ADC graduates, participants 25 years of age or older tended to graduate at higher rates than participants in younger age categories (see Figure 3). For example, 56.2% of ADC participants 25–29 years of age graduated from these programs. The percentage of graduates by age follows an upwards trend, with 66.8% of participants 55 years of age or older graduating from ADC in CY2022. Conversely, only 38.6% of participants 18–19 years of age graduated.

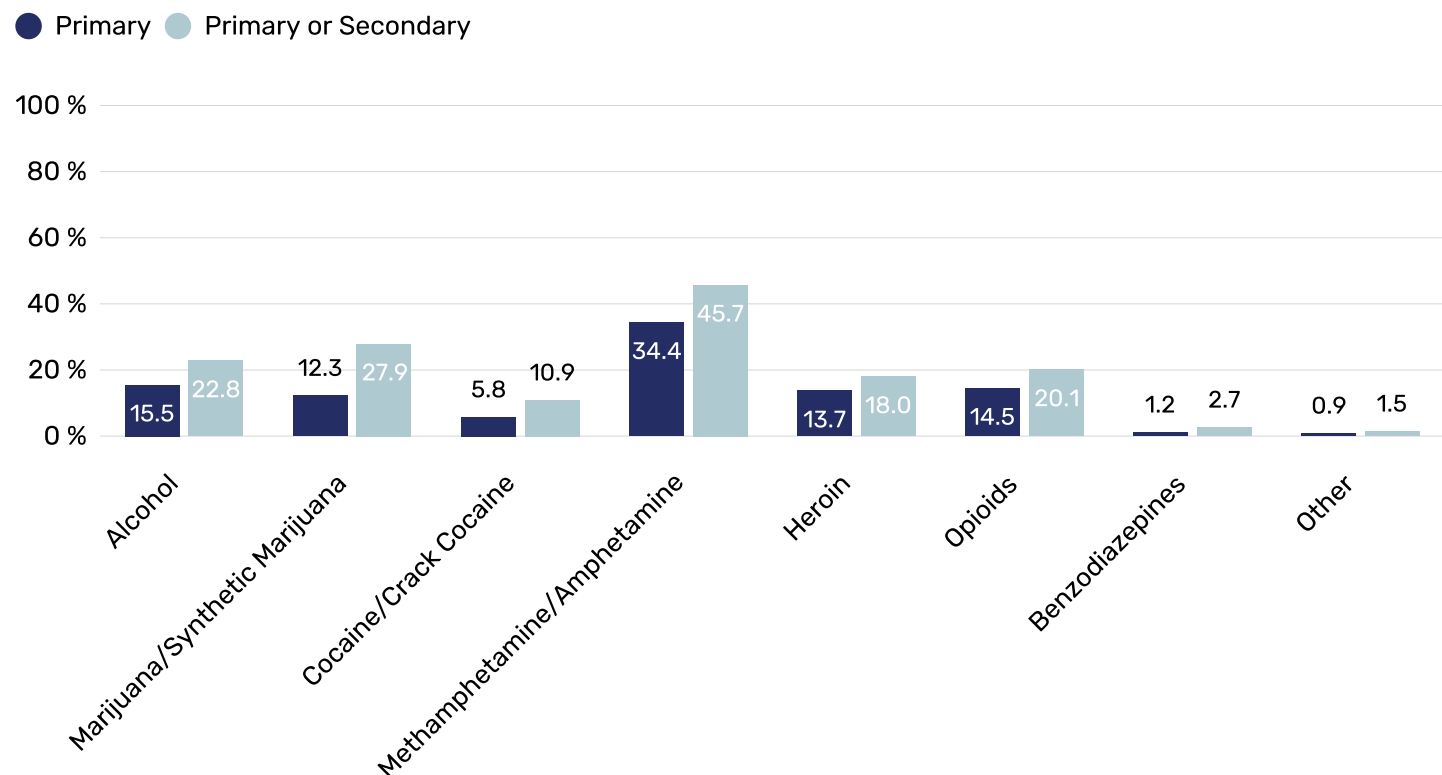
Figure 3: Age at Program Entry Among CY2022 ADC Graduates (n=1,332)



Data regarding ADC participants' primary and secondary substances of use were available from 47 states/territories for CY2022 (see Figure 4). Among ADC participants, 34.4% identified methamphetamine/amphetamine as a primary substance of use, 15.5% identified alcohol as a primary substance of use, and 14.5% reported opioids as a primary substance of use. However, when expanding to look at primary or secondary substances of use, nearly one-half (45.7%) of ADC participants reported methamphetamine/amphetamine and 22.8% reported alcohol. Additionally, 27.9% of ADC participants reported marijuana/synthetic marijuana⁷ as either a primary or secondary substance of use. Additional substances were reported by a smaller number of ADC participants (see Figure 4).

⁷ Marijuana and synthetic marijuana are presented as one substance of use category due to the way certain states/territories reported this data.

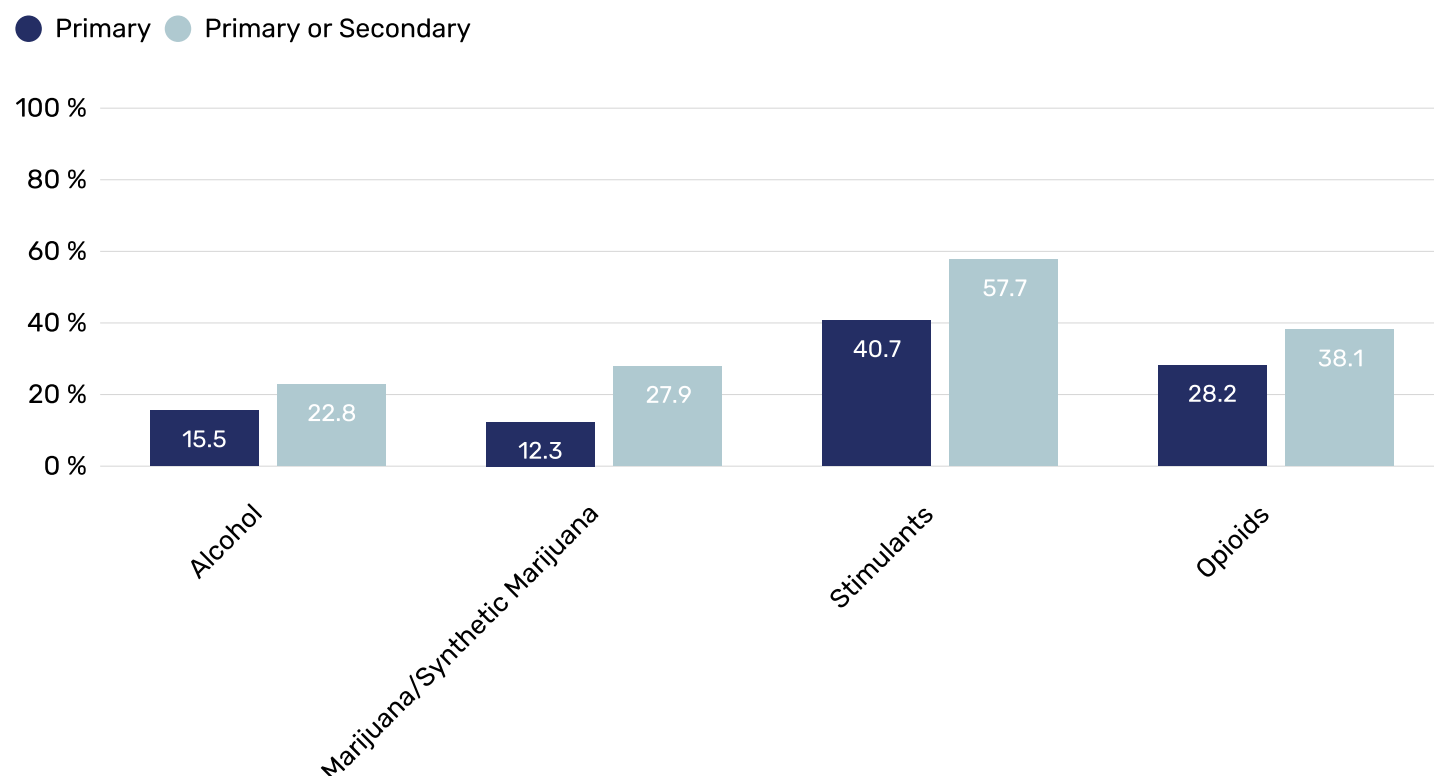
Figure 4: Primary & Primary/Secondary SOUs in ADC (2022) (n=1,292/989)



Note: The other SOU category is comprised of sedative hypnotics, prescription drugs, steroids, over-the-counter medications, depressants, and other primary/secondary SOUs that were not specified by respondents. Not listed are additional substances reported by primary and primary/secondary: barbiturates 0.03%/0.1%; pharmaceutical stimulants 0.1%/0.3%; synthetic stimulants/hallucinogens 0.3%/0.8%; opioid agonist 0.3%/0.5%; and pharmaceutical sedatives 0.3%/0.6%.

Figure 5 provides an overview of ADC participants' primary and secondary substances of use by drug classification. Among ADC participants served in CY2022, 40.7% identified stimulants as a primary substance of use, while 28.2% identified opioids as a primary substance of use. However, when expanding to look at primary or secondary substances of use, over one-half (57.7%) of ADC participants reported stimulants and 38.1% identified opioids.

Figure 5: ADC Participants' Primary & Primary/Secondary SOUs by Drug Classification (2022)



Note: The stimulants category is comprised of primary and primary/secondary SOU data for cocaine/crack cocaine, methamphetamine/amphetamine, pharmaceutical stimulants, and synthetic stimulants/hallucinogens. The opioids category is comprised of primary and primary/secondary SOU data for heroin and opioids.

DUI/DWI Court

DUI/DWI court data at the program level were provided by respondents for 74.4% (n=238 of 320) of operational DUI/DWI court programs located in 33 states/territories.⁸ Table 4 provides an overview of the number of individuals served by these programs, the number and percentage of individuals that were successfully and unsuccessfully discharged, as well as the graduation rate.⁹ A total of 11,288 individuals were served by these DUI/DWI courts in CY2022 and on average, these 238 programs each served 47.4 individuals. During CY2022, 3,859 individuals successfully completed DUI/DWI courts and 957 were unsuccessfully discharged, which resulted in a graduation rate of 80.1%¹⁰ among DUI/DWI court participants.

The demographic characteristics of DUI/DWI court participants are displayed in Tables 4 and 5. Females made up 24.8% of participants served in CY2022 and males constituted 75.2%. Female participants graduated at a rate of 78.7%, while males graduated at a rate of 80.7% (see Table 4).

⁸ Data were not provided by Kansas, Massachusetts, South Carolina, and Virginia.

⁹ Given that several surveys were incomplete, the total number of valid responses for each category of questions is provided as well as the response rate. The response rate is calculated by dividing the total number of programs providing a response by the total number of operational DUI/DWI courts in 2022.

¹⁰ The graduation rate for each group was calculated as follows: # of successful participants within the group/# of successful participants + # of unsuccessful participants with the group.

Table 4: DUI/DWI Court Participants by Sex & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
All Participants (n=236)	11,288			
Total Participants: Sex (n=237-238) ^a	11,285	3,859	957	80.1
Female	24.8 (2,795)	24.5 (947)	26.9 (257)	78.7
Male	75.2 (8,483)	75.4 (2,911)	72.9 (698)	80.7
Other ¹¹	0.1 (7)	0.03 (1)	0.2 (2)	33.3

^a'n' represents the range of the # of programs responding to the question.

As displayed in Table 5, more than one-half (58.2%) of DUI/DWI court participants in CY2022 identified as White/Caucasian. Additionally, 16.9% of participants identified as Black/African American, 2.8% identified as American Indian/Alaskan Native, and 2.1% identified as Asian/Pacific Islander. The category of "other race" comprised an additional 2.1%, while Multiracial participants made up 0.7% of DUI/DWI court participants served in CY2022. Graduation rates among these groups ranged from 54.5% (American Indian/Alaskan Native) to 83.8% ("other race"). For comparison purposes, the graduation rate for White/Caucasian participants was 83.4%, which was the second highest group behind the "other race" category.

Lastly, in CY2022, 2,037 Hispanic/Latinx individuals were enrolled in the responding 236 DUI/DWI courts. The graduation rate for this group was 81.1%. It should be noted that individual programs as well as states/territories operationalized race and ethnicity differently. More specifically, some treated race and ethnicity as two variables, whereas others combined these two terms into one variable.

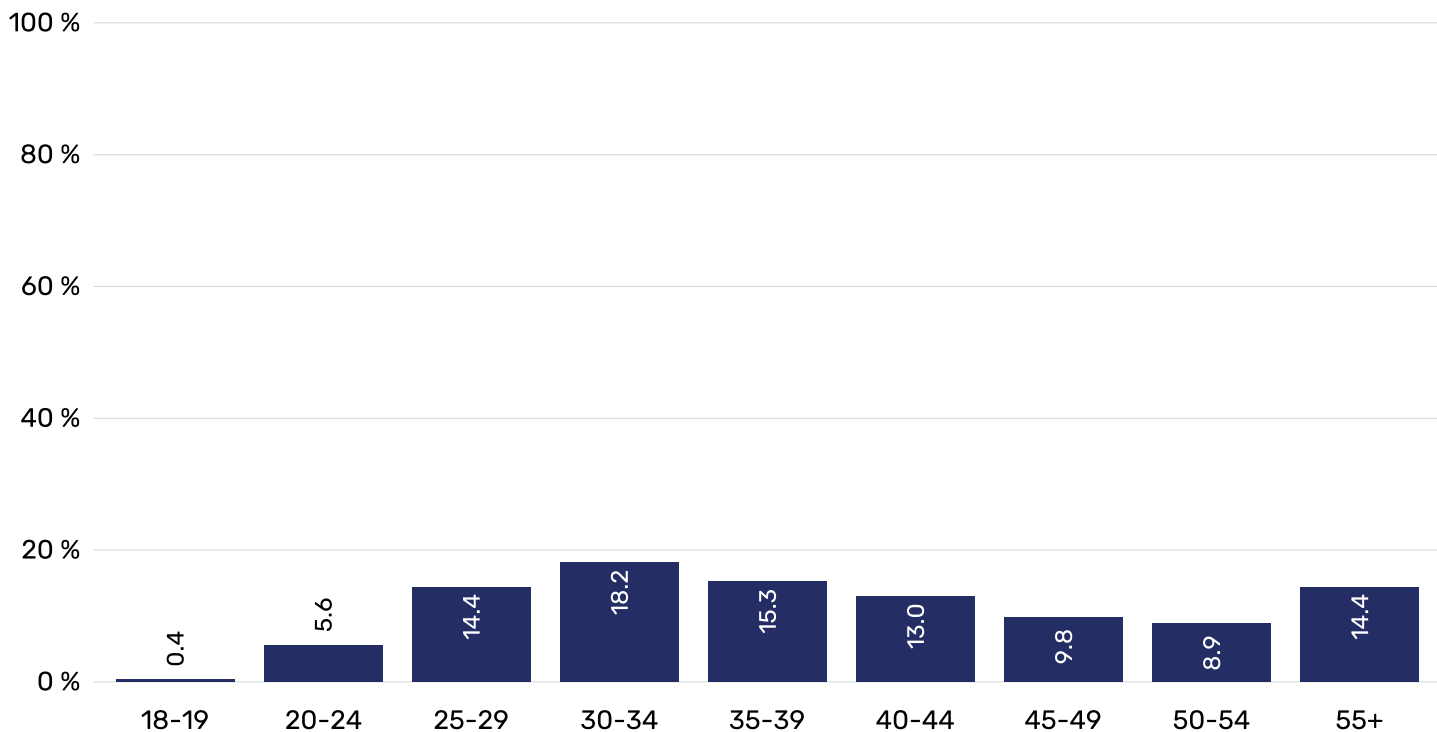
¹¹ Data reported for this measure may have included other categories than 'male' and 'female.' Data reported in the other category was 0.1% of the total data reported in response to this question.

Table 5: DUI/DWI Court Participants by Race, Ethnicity, & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
Total Participants: Race/Ethnicity (n=236)	11,891	3,999	965	80.6
American Indian/ Alaskan Native	2.8 (334)	2.1 (85)	7.4 (71)	54.5
Asian/Pacific Islander	2.1 (245)	1.9 (75)	2.2 (21)	78.1
Black/African American	16.9 (2,015)	15.1 (602)	19.9 (192)	75.8
White/Caucasian	58.2 (6,923)	61.9 (2,474)	51.2 (494)	83.4
Multiracial	0.7 (83)	0.5 (21)	1.8 (17)	55.3
Other	2.1 (254)	1.7 (67)	1.3 (13)	83.8
Hispanic/Latinx	17.1 (2,037)	16.9 (675)	16.3 (157)	81.1

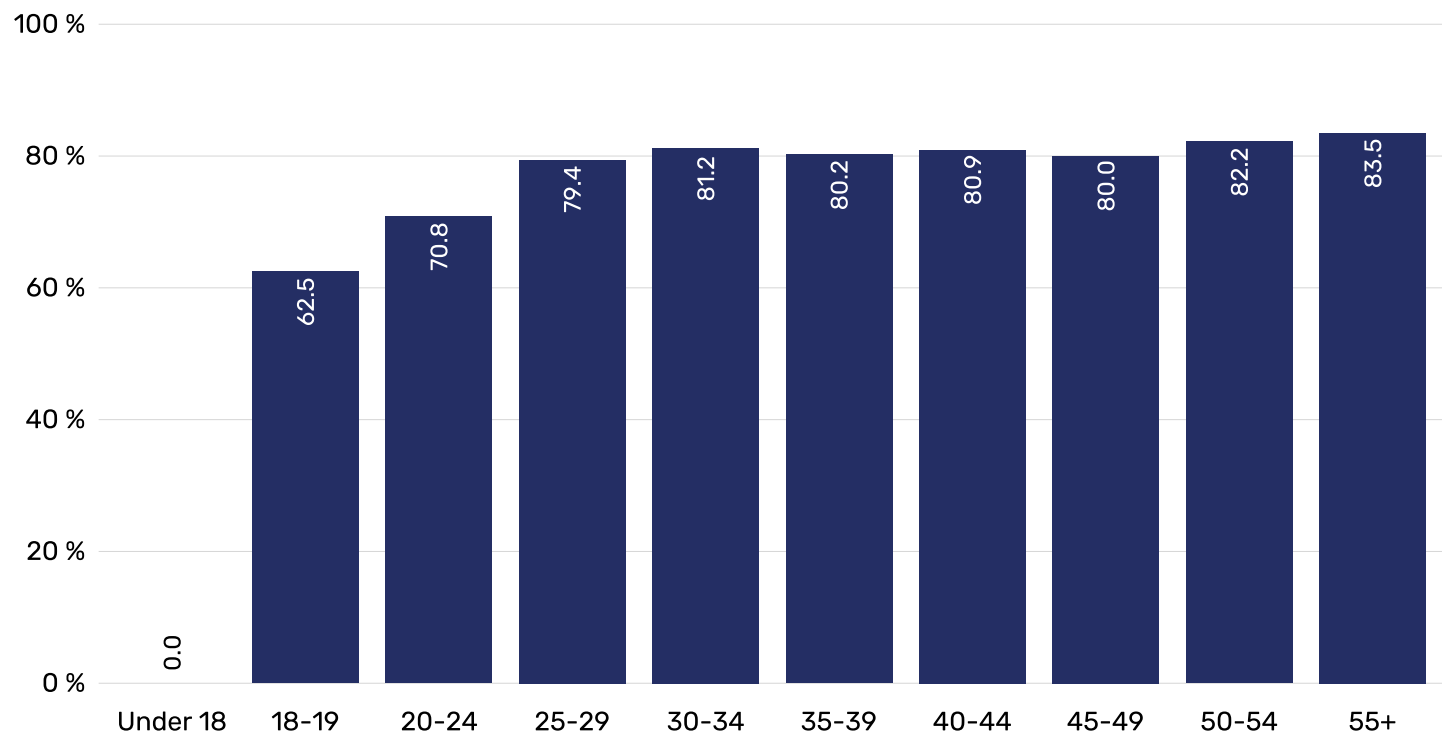
Respondents were also asked to provide data regarding the age of participants upon entry into DUI/DWI court programs in CY2022 (see Figure 6). Participants between the ages of 30–34 made up 18.2% of participants served in CY2022, while participants between the ages of 35–39 constituted 15.3% and participants 25–29 years of age made up 14.4%. Thus, among all DUI/DWI court participants served in CY2022, slightly less than one-half (47.9%) were between 25 and 39 years of age. Additionally, nearly one-quarter (23.3%) of DUI/DWI court participants were 50 years of age or older, while only 6.0% were between 18 and 24 years of age.

Figure 6: DUI/DWI Court Participants' Age at Program Entry (2022) (n=228)



When examining the age of DUI/DWI court graduates, graduation rates were similar across most age groups in CY2022 (see Figure 7). For example, participants 55 years of age or older experienced the highest graduation rate at 83.5%, followed closely by 50–54-year-olds at 82.2%. Other groups had graduation rates around 80.0%, while the lowest graduation rates were experienced by participants 18–19 years of age (62.5%) and 20–24 years of age (70.8%).

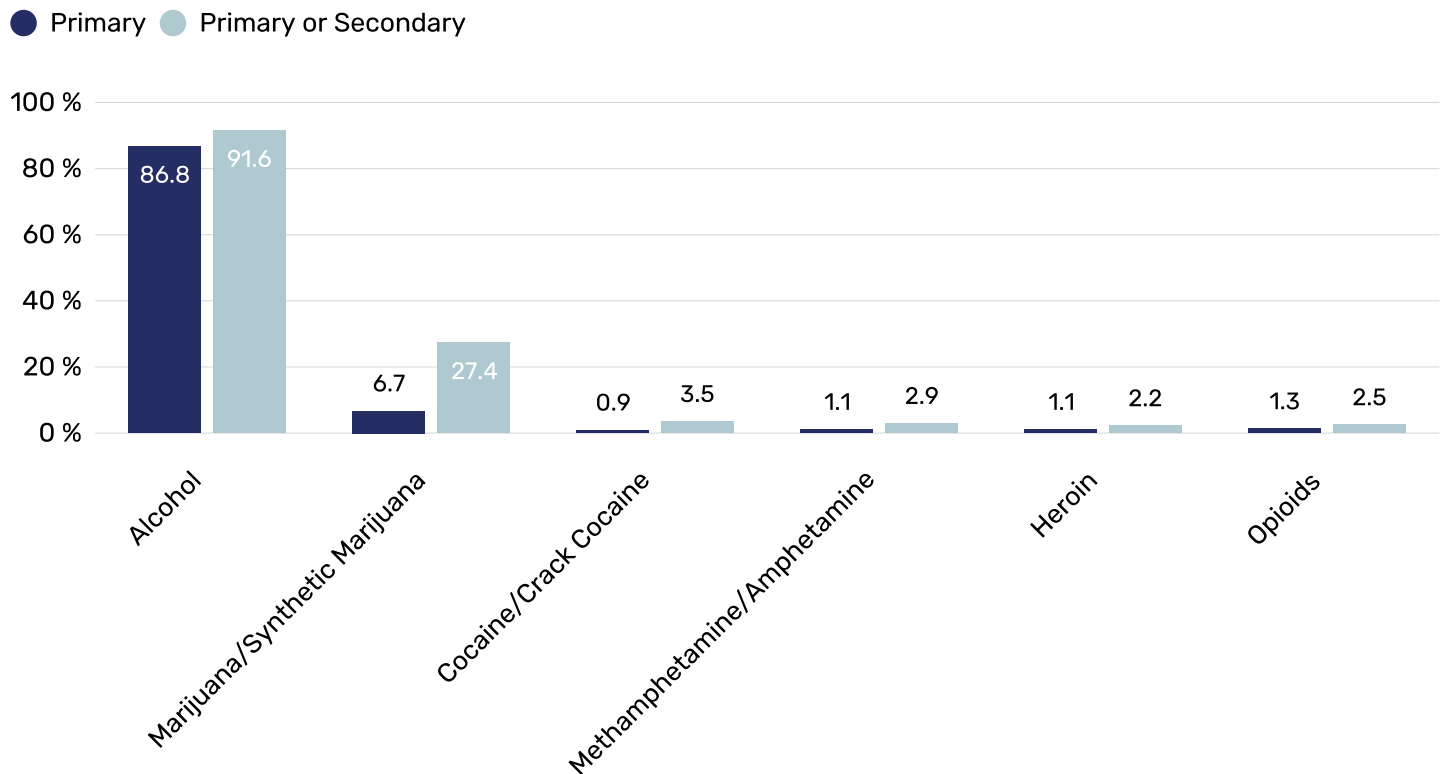
Figure 7: Age at Program Entry among CY2022 DUI/DWI Court Graduates (n=235)



Data regarding DUI/DWI court participants' primary and secondary substances of use were available from 29 states/territories for CY2022 (see Figure 8). Among DUI/DWI court participants, 86.8% identified alcohol as a primary substance of use, 6.7% identified marijuana/synthetic marijuana¹² as a primary substance of use, and 1.3% reported opioids as a primary substance of use. However, when expanding to look at primary or secondary substances of use, 91.6% of DUI/DWI court participants reported alcohol and 27.4% of DUI/DWI court participants reported marijuana/synthetic marijuana as either a primary or secondary substance of use. Additionally, 3.5% reported cocaine/crack cocaine and 2.9% reported methamphetamine/amphetamine as a primary or secondary substance of use. Additional substances were reported by a smaller number of DUI/DWI court participants (see Figure 8).

¹² Marijuana and synthetic marijuana are presented as one substance of use category due to the way certain states/territories reported this data.

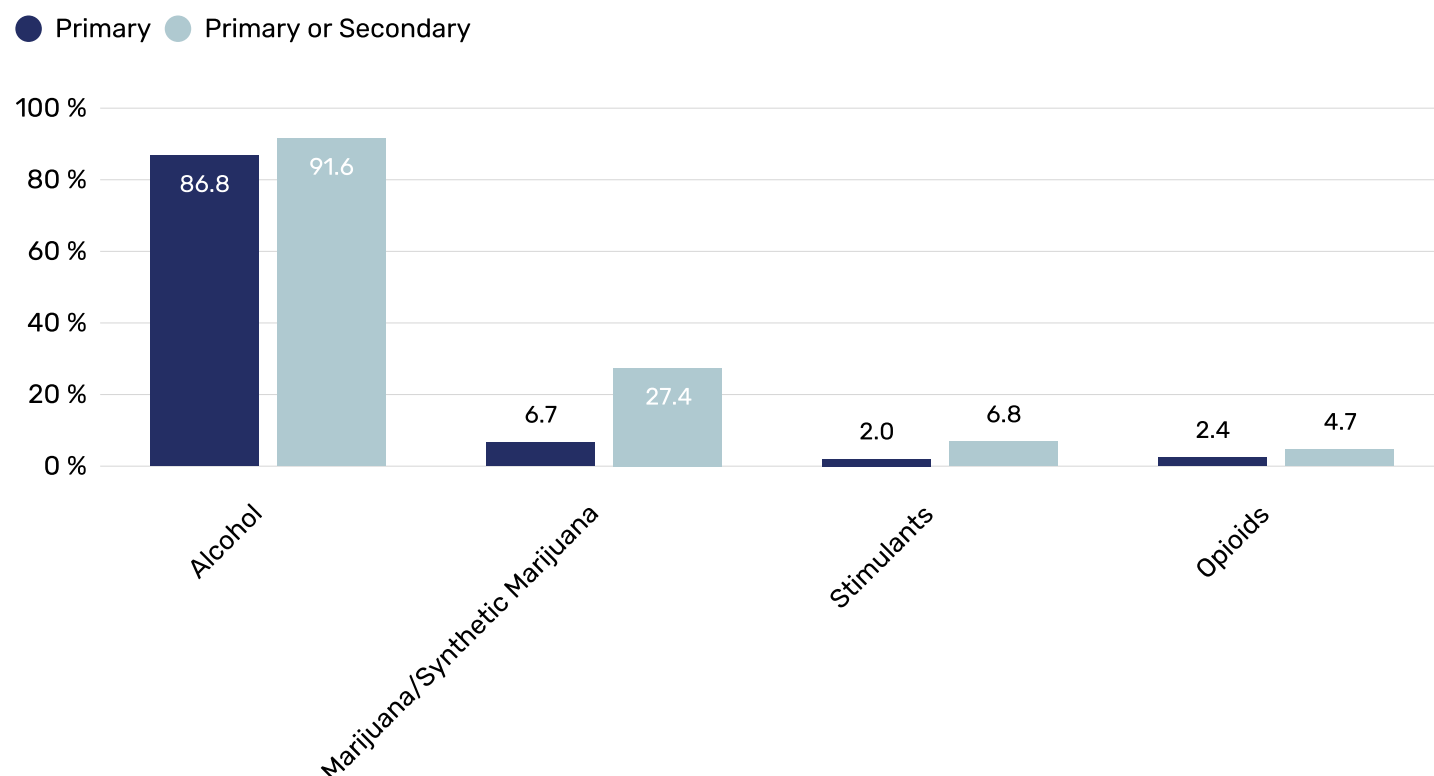
Figure 8: Primary & Primary/Secondary SOUs in DUI/DWI Court (2022) (n=223/179)



Note: The other SOU category is comprised of sedative hypnotics, prescription drugs, and other primary/secondary SOUs that were not specified by respondents. Not listed are additional substances reported by primary and primary/secondary: barbiturates 0.03%/0.03%; benzodiazepines 0.4%/1.0%; pharmaceutical stimulants 0.01%/0.01%; synthetic stimulants/hallucinogens 0.05%/0.3%; opioid agonist 0.02%/0.05%; pharmaceutical sedatives 0.3%/0.5%; and other 0.5%/1.2%.

Figure 9 provides an overview of DUI/DWI court participants' primary and secondary substances of use by drug classification. Among DUI/DWI court participants served in CY2022, 2.0% identified stimulants as a primary substance of use, while 2.4% identified opioids as a primary substance of use. However, when expanding to look at primary or secondary substances of use, 6.8% of DUI/DWI court participants reported stimulants, while 4.7% identified opioids. However, the most frequently reported primary or secondary substance of use among DUI/DWI court participants was alcohol (91.6%), followed by marijuana/synthetic marijuana (27.4%).

Figure 9: DUI/DWI Court Participants' Primary & Primary/Secondary SOUs by Drug Classification (2022)



Note: The stimulants category is comprised of primary and primary/secondary SOU data for cocaine/crack cocaine, methamphetamine/amphetamine, pharmaceutical stimulants, and synthetic stimulants/hallucinogens. The opioids category is comprised of primary and primary/secondary SOU data for heroin and opioids.

Family Treatment Court

Family Treatment Court (FTC) data at the program level were provided by respondents for 66.0% (n=247 of 374) of operational FTC programs located in 35 states/territories.¹³ Table 6 provides an overview of the number of individuals served by these programs, the number and percentage of individuals that were successfully and unsuccessfully discharged, as well as the graduation rate.¹⁴ A total of 6,458 individuals were served by these FTCs in CY2022. These 247 programs served, on average, 26.1 individuals each. During CY2022, 1,595 individuals successfully completed FTCs and 1,656 were unsuccessfully discharged, which resulted in a graduation rate of 49.1%¹⁵ among FTC participants.

The demographic characteristics of FTC participants are displayed in Tables 6 and 7. Females made up nearly three-quarters (74.1%) of participants served in CY2022, while males constituted 25.8%. Graduation rates by sex are similar across categories with females graduating at a rate of 49.8% and males at a rate of 47.0% (see Table 6).

¹³ Data were not provided by Kansas, Massachusetts, South Carolina, and Virginia.

¹⁴ Given that several surveys were incomplete, the total number of valid responses for each category of questions is provided as well as the response rate. The response rate is calculated by dividing the total number of programs providing a response by the total number of operational FTCs in 2022.

¹⁵ The graduation rate for each group was calculated as follows: # of successful participants within the group/# of successful participants + # of unsuccessful participants with the group.

Table 6: FTC Participants by Sex & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
All Participants (n=247)	6,458			
Total Participants: Sex (n=247)	6,430	1,595	1,656	49.1
Female	74.1 (4,767)	75.6 (1,206)	73.5 (1,217)	49.8
Male	25.8 (1,661)	24.4 (389)	26.5 (439)	47.0
Other ¹⁶	0.03 (2)	0.0 (0)	0 (0.0)	0.0

As displayed in Table 7, two-thirds (66.9%) of FTC participants identified as White/Caucasian in CY2022. Additionally, 13.5% of participants identified as Black/African American, 2.8% identified as American Indian/Alaskan Native, and 2.5% identified as Asian/Pacific Islander. The category of “other race” comprised an additional 0.8%, while Multiracial participants made up 1.9% of FTC participants served in CY2022. Additionally, graduation rates among these groups ranged from 40.5% (Black/African American) to 60.0% (“other race”). For comparison purposes, the graduation rate for White/Caucasian participants was 51.0%, which was the third highest group.

Lastly, in CY2022, 749 Hispanic/Latinx individuals were enrolled in the responding 243 FTCs. The graduation rate for this group was 44.2%. It should be noted that individual programs as well as states/territories operationalized race and ethnicity differently. More specifically, some treated race and ethnicity as two variables, whereas others combined these two terms into one variable.

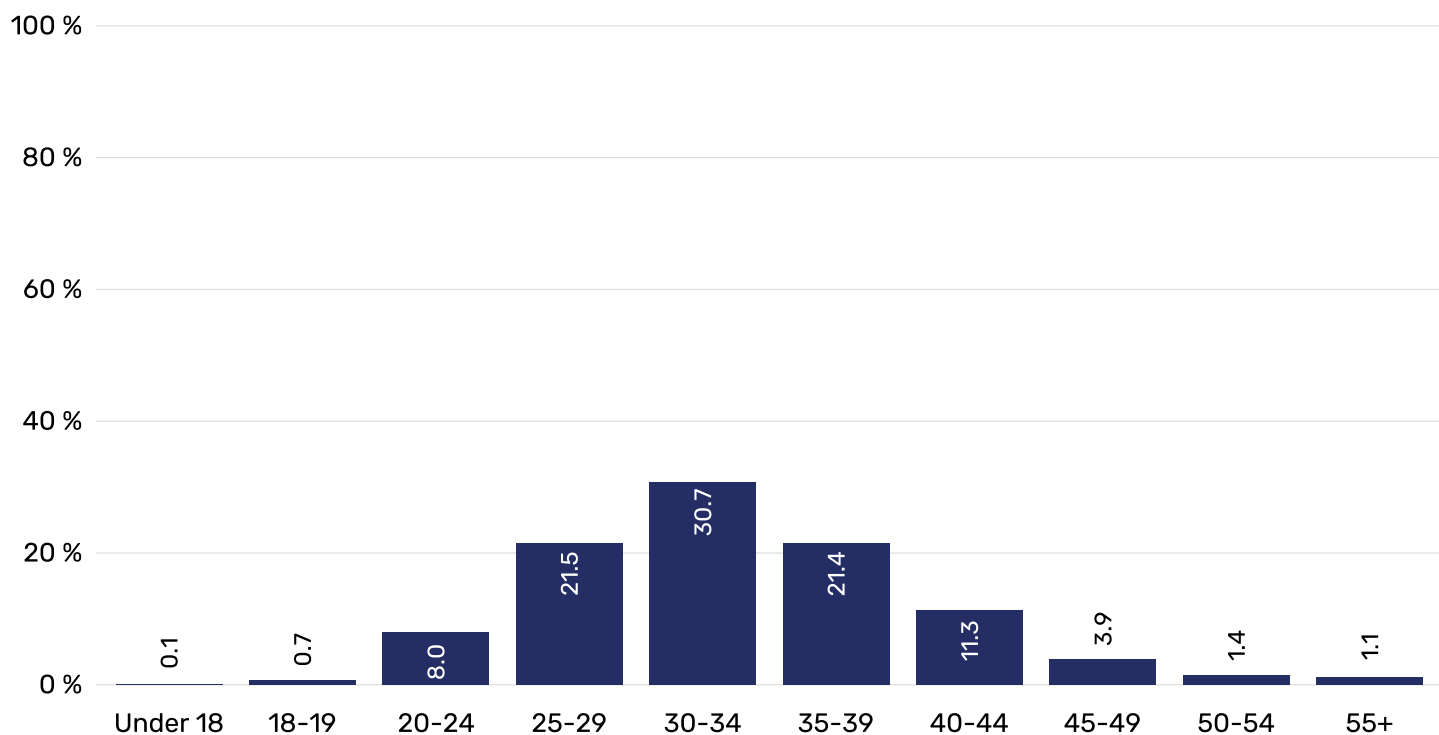
¹⁶ Data reported for this measure may have included other categories than 'male' and 'female.' Data reported in the other category was .03% of the total data reported in response to this question.

Table 7: FTC Participants by Race, Ethnicity, & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
Total Participants: Race/Ethnicity (n=243)	6,480	1,453	1,533	48.7
American Indian/ Alaskan Native	2.8 (180)	1.8 (26)	2.4 (37)	41.3
Asian/Pacific Islander	2.5 (161)	2.3 (34)	1.8 (27)	55.7
Black/African American	13.5 (878)	10.3 (150)	14.4 (220)	40.5
White/Caucasian	66.9 (4,333)	72.3 (1,051)	65.9 (1,011)	51.0
Multiracial	1.9 (126)	1.9 (27)	2.3 (35)	43.5
Other	0.8 (53)	0.6 (9)	0.4 (6)	60.0
Hispanic/Latinx	11.6 (749)	10.7 (156)	12.9 (197)	44.2

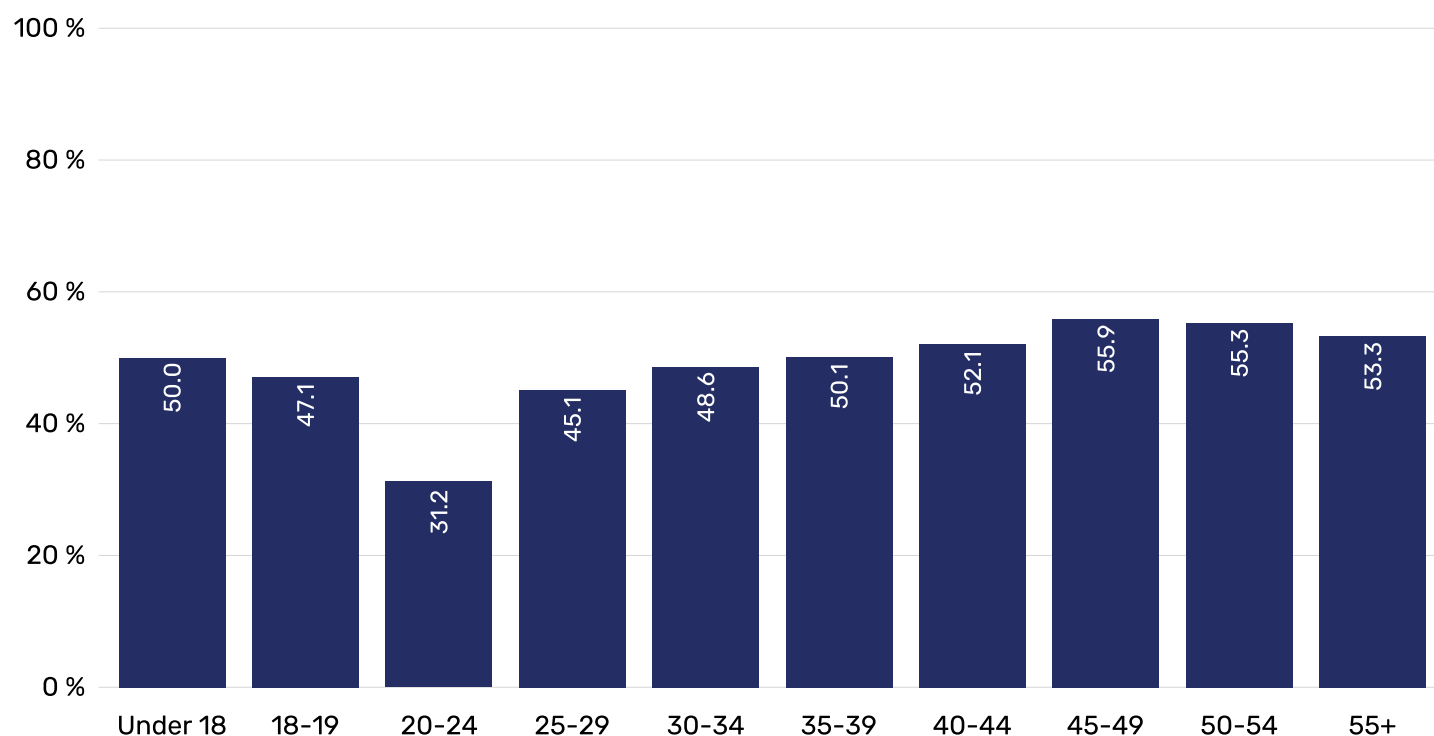
Respondents were also asked to provide data regarding the age of participants upon entry into FTC programs in CY2022 (see Figure 10). Participants between the ages of 30–34 made up more than one-quarter (30.7%) of participants served in CY2022, while participants between the ages of 35–39 constituted 21.4% and participants between 25–29 years of age made up 21.5%. Thus, among all FTC participants served in CY2022, nearly three-quarters (73.5%) were between 25 and 39 years of age.

Figure 10: FTC Participants' Age at Program Entry (2022) (n=238)



When examining the age of FTC graduates, graduation rates ranged from a high of 55.9% among 45–49-year-olds to a low of 31.2% among 20–24-year-olds (see Figure 11). In general, participants 40 years of age or older tended to graduate at slightly higher rates than participants in younger age categories, with participants 20–24 years of age and 25–29 years of age having the lowest graduation rates (31.2% and 45.1%, respectively).

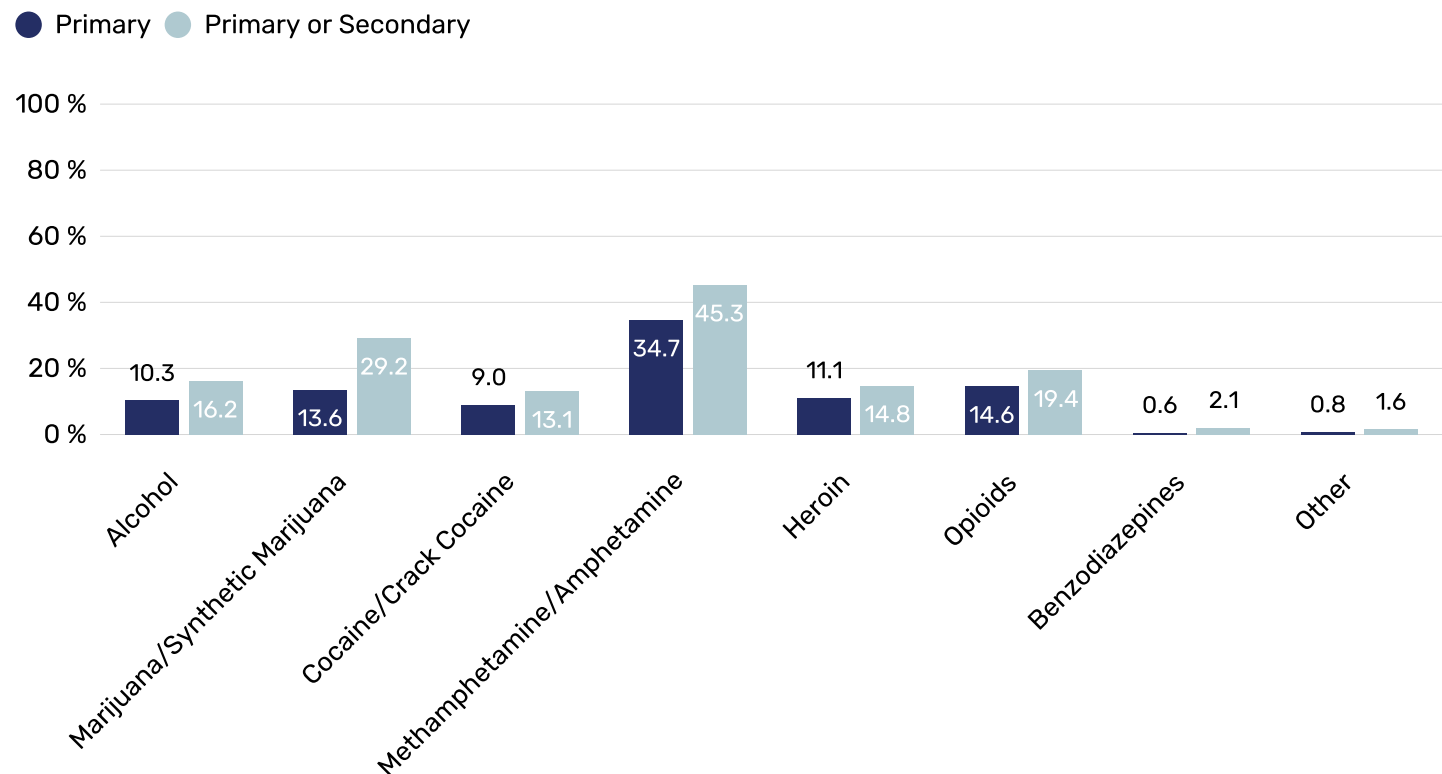
Figure 11: Age at Program Entry among CY2022 FTC Graduates (n=237)



Data regarding FTC participants' primary and secondary substances of use were available from 34 states/territories for CY2022 (see Figure 12). Among FTC participants, 34.7% identified methamphetamine/amphetamine as a primary substance of use, 14.6% identified opioids as a primary substance of use, and 13.6% reported marijuana/synthetic marijuana¹⁷ as a primary substance of use. However, when expanding to look at primary or secondary substances of use, nearly one-half (45.3%) of FTC participants reported methamphetamine/amphetamine and 29.2% of FTC participants reported marijuana/synthetic marijuana as either a primary or secondary substance of use. Additionally, 16.2% reported alcohol and nearly one-fifth (19.4%) reported opioids as a primary or secondary substance of use. Additional substances were reported by a smaller number of FTC participants (see Figure 12).

¹⁷ Marijuana and synthetic marijuana are presented as one substance of use category due to the way certain states/territories reported this data.

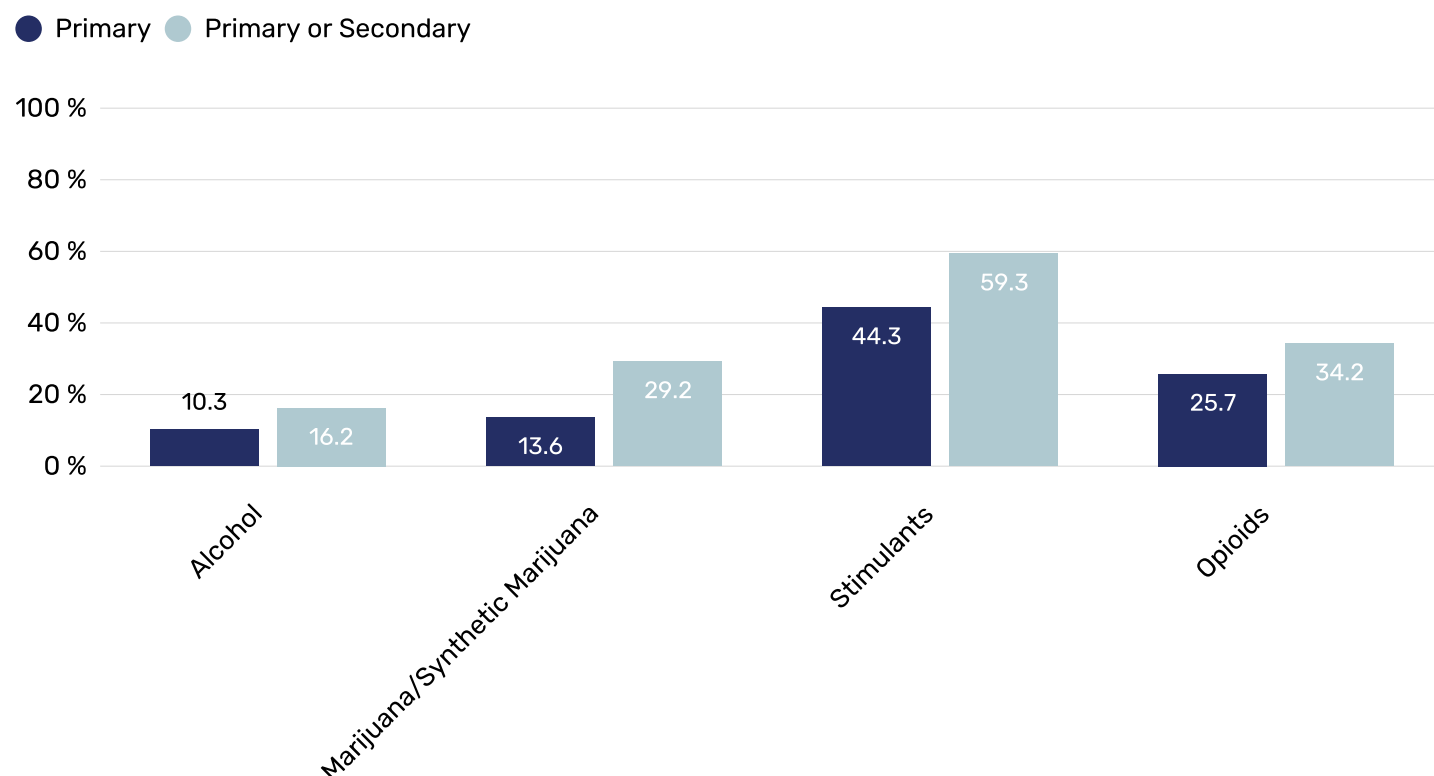
Figure 12: Primary & Primary/Secondary SOUs in FTC (n=226/192)



Note: The other SOU category is comprised of sedative hypnotics, prescription drugs, and other primary/secondary SOUs that were not specified by respondents. Not listed are additional substances reported by primary and primary/secondary: barbiturates 0.02%/0.1%; pharmaceutical stimulants 0.3%/0.4%; synthetic stimulants/hallucinogens 0.3%/0.5%; opioid agonist 0.4%/0.6%; and pharmaceutical sedatives 0.3%/0.4%.

Figure 13 provides an overview of FTC participants' primary and secondary substances of use by drug classification. Among FTC participants served in CY2022, stimulants were reported as a primary substance of use by 44.3%, and 59.3% identified stimulants as either a primary or secondary substance of use. Additionally, more than one-third (34.2%) of FTC participants reported opioids as a primary or secondary substance of use.

Figure 13: FTC Participants' Primary & Primary/Secondary SOUs by Drug Classification



Note: The stimulants category is comprised of primary and primary/secondary SOU data for cocaine/crack cocaine, methamphetamine/amphetamine, pharmaceutical stimulants, and synthetic stimulants/hallucinogens. The opioids category is comprised of primary and primary/secondary SOU data for heroin and opioids.

Mental Health Court

Mental Health Court (MHC) data at the program level were provided by respondents for 65.9% (n=407 of 618) of operational MHC programs located in 36 states/territories.¹⁸ Table 8 provides an overview of the number of individuals served by these programs, the number and percentage of individuals that were successfully and unsuccessfully discharged, as well as the graduation rate.¹⁹ A total of 15,038 individuals were served by these 407 MHCs in CY2022, which equates to an average of 36.9 individuals served per program. During CY2022, 3,118 individuals successfully completed MHCs and 2,337 were unsuccessfully discharged, which resulted in a graduation rate of 57.2%²⁰ among MHC participants.

The demographic characteristics of MHC participants are displayed in Tables 8 and 9. Females made up slightly more than one-third (34.7%) of participants served in CY2022, while males constituted 65.2%. Regarding graduation rates by sex, females graduated at a rate of 59.3% and males graduated at a rate of 56.0% (see Table 8).

¹⁸ Data were not provided by Kansas, Massachusetts, South Carolina, and Virginia.

¹⁹ Given that several surveys were incomplete, the total number of valid responses for each category of questions is provided as well as the response rate. The response rate is calculated by dividing the total number of programs providing a response by the total number of operational MHCs in 2022.

²⁰ The graduation rate for each group was calculated as follows: # of successful participants within the group/# of successful participants + # of unsuccessful participants with the group.

Table 8: MHC Participants by Sex & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
All Participants (n=407)	15,038			
Total Participants: Sex (n=396–406) ^a	14,841	3,118	2,337	57.2
Female	34.7 (5,151)	38.0 (1,185)	34.8 (814)	59.3
Male	65.2 (9,672)	61.9 (1,929)	64.9 (1,516)	56.0
Other ²¹	0.1 (18)	0.1 (4)	0.3 (7)	36.4

^a'n' represents the range of the # of programs responding to the question.

As displayed in Table 9, more than one-half (55.5%) of MHC participants in CY 2022 identified as White/Caucasian. Additionally, slightly less than one-third (31.3%) of participants identified as Black/African American, 2.5% identified as American Indian/Alaskan Native, and 1.2% identified as Asian/Pacific Islander. The category of "other race" comprised an additional 1.2%, while Multiracial participants made up 1.1% of MHC participants served in CY2022. Additionally, graduation rates among these groups ranged from 47.9% (American Indian/Alaskan Native) to 73.3% (Asian/Pacific Islander). For comparison purposes, the graduation rate for White/Caucasian participants was 60.2%, which was the third highest group.

Lastly, in CY2022, 1,046 Hispanic/Latinx individuals were enrolled in the responding 392 MHCs. The graduation rate for this group was 55.3%. It should be noted that individual programs as well as states/territories operationalized race and ethnicity differently. More specifically, some treated race and ethnicity as two variables, whereas others combined these two terms into one variable.

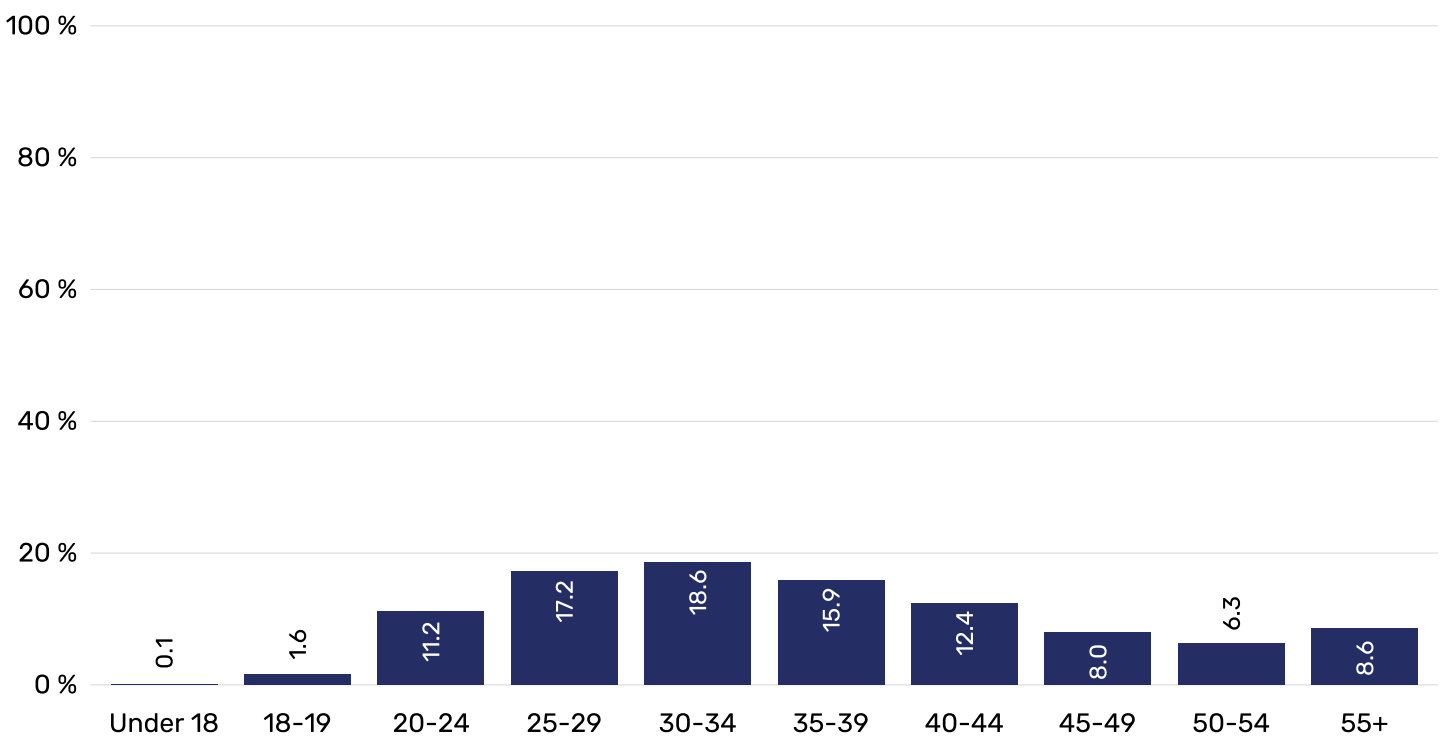
²¹ Data reported for this measure may have included other categories than 'male' and 'female.' Data reported in the other category was 0.1% of the total data reported in response to this question.

Table 9: MHC Participants by Race, Ethnicity, & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
Total Participants: Race/Ethnicity (n=392)	14,420	3,079	2,330	56.9
American Indian/ Alaskan Native	2.5 (362)	1.9 (58)	2.7 (63)	47.9
Asian/Pacific Islander	1.2 (166)	1.8 (55)	0.9 (20)	73.3
Black/African American	31.3 (4,517)	22.4 (691)	30.2 (704)	49.5
White/Caucasian	55.5 (8,004)	63.8 (1,965)	55.8 (1,301)	60.2
Multiracial	1.1 (154)	1.5 (47)	1.2 (27)	63.5
Other	1.2 (171)	0.9 (27)	1.0 (24)	52.9
Hispanic/Latinx	7.3 (1,046)	7.7 (236)	8.2 (191)	55.3

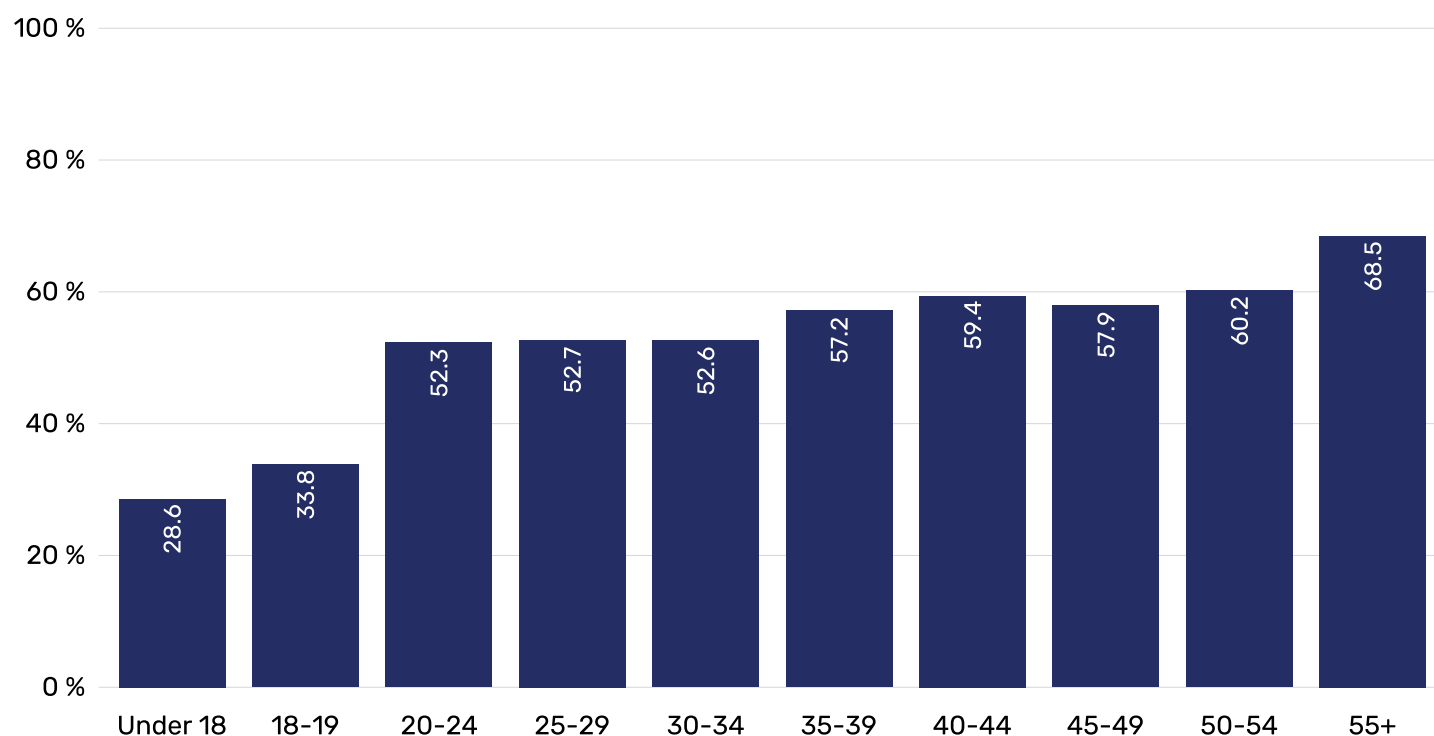
Respondents were also asked to provide data regarding the age of participants upon entry into MHC programs in CY2022 (see Figure 14). Participants between the ages of 30–34 made up 18.6% of participants served in CY2022, while participants between the ages of 35–39 constituted 15.9% and participants between 25–29 years of age made up 17.2%. Thus, among all MHC participants served in CY2022, slightly more than one-half (51.8%) were between 25 and 39 years of age. Only 12.9% of MHC participants served were 24 years of age or younger, while more than one-third (35.3%) were 40 years of age or older.

Figure 14: MHC Participants' Age at Program Entry (2022) (n=389)



The percentage of MHC graduates by age follows an upwards trend, with participants 55 years of age or older having the highest graduation rate at 68.5% (see Figure 15). Conversely, only 33.8% of participants 18–19 years of age graduated. Participants under the age of 18 had the lowest graduation rate at 28.6%. In general, participants in older age categories graduated at higher rates than participants in younger age groups.

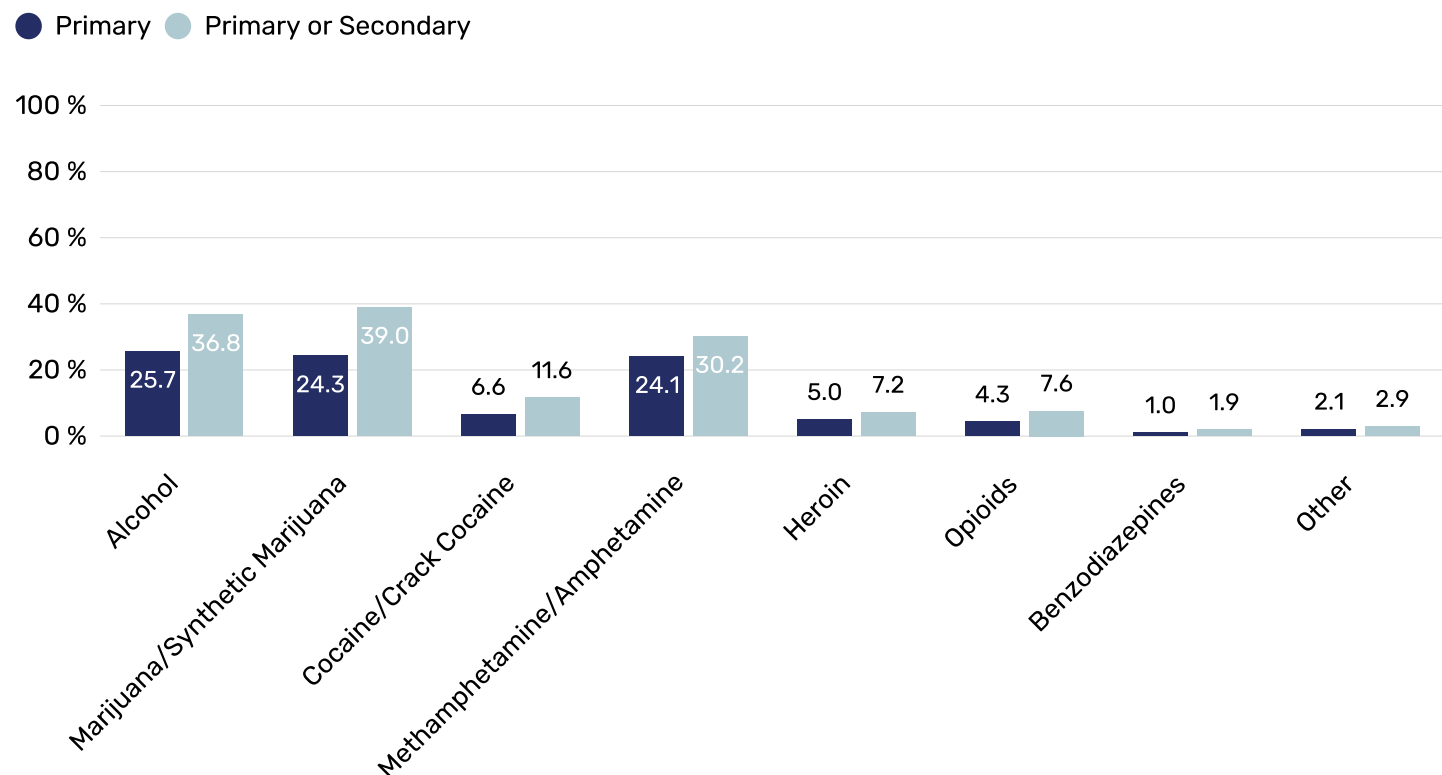
Figure 15: Age at Program Entry among CY2022 MHC Graduates (2022)



Data regarding MHC participants' primary and secondary substances of use were available from 33 states/territories for CY2022 (see Figure 16). Among MHC participants, 24.1% identified methamphetamine/amphetamine as a primary substance of use, 25.7% identified alcohol as a primary substance of use, and 24.3% reported marijuana/synthetic marijuana²² as a primary substance of use. However, when expanding to look at primary or secondary substances of use, nearly two-fifths (39.0%) of MHC participants reported marijuana/synthetic marijuana and 36.8% reported alcohol as either a primary or secondary substance of use. Additionally, 30.2% reported methamphetamine/amphetamine and 11.6% reported cocaine/crack cocaine as a primary or secondary substance of use. Additional substances were reported by a smaller number of participants enrolled in MHCs (see Figure 16).

²² Marijuana and synthetic marijuana are presented as one substance of use category due to the way certain states/territories reported this data.

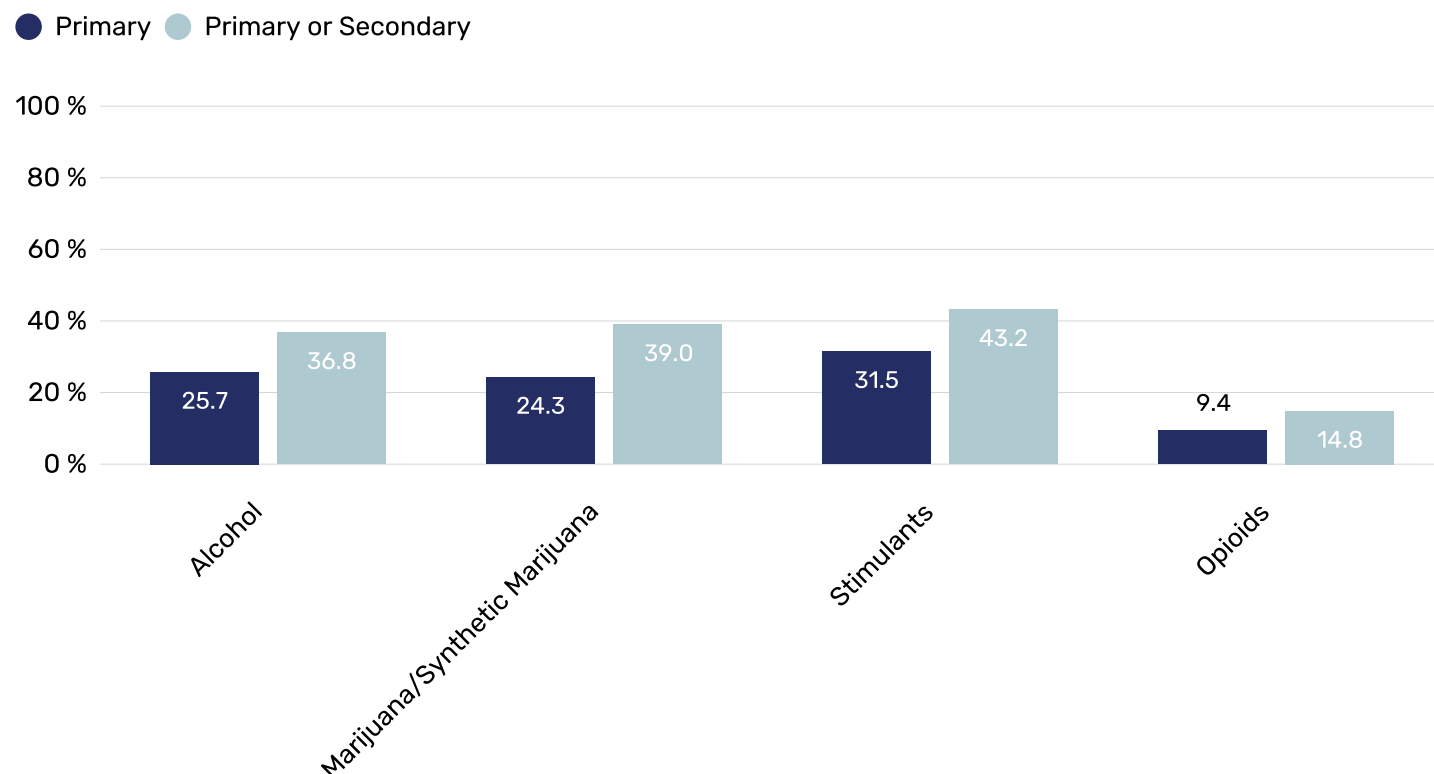
Figure 16: Primary & Primary/Secondary SOUs in MHC (n=226/192)



Note: The other SOU category is comprised of sedative hypnotics, prescription drugs, over-the-counter medications, and other primary/secondary SOUs that were not specified by respondents. Not listed are additional substances reported by primary and primary/secondary: barbiturates 0.1%/0.1%; pharmaceutical stimulants 0.1%/0.3%; synthetic stimulants/hallucinogens 0.6%/1.1%; opioid agonist 0.1%/0.1%; and pharmaceutical sedatives 0.4%/0.5%.

Figure 17 provides an overview of MHC participants' primary and secondary substances of use by drug classification. Among MHC participants served in CY2022, stimulants were reported as a primary substance of use by 31.5%, and more than two-fifths (43.2%) identified stimulants as either a primary or secondary substance of use. Additionally, 14.8% of MHC participants reported opioids as a primary or secondary substance of use.

Figure 17: MHC Participants' Primary & Primary/Secondary SOUs by Drug Classification



Note: The stimulants category is comprised of primary and primary/secondary SOU data for cocaine/crack cocaine, methamphetamine/amphetamine, pharmaceutical stimulants, and synthetic stimulants/hallucinogens. The opioids category is comprised of primary and primary/secondary SOU data for heroin and opioids.

Veterans Treatment Court

Veterans Treatment Court (VTC) data at the program level were provided by respondents for 62.9% (n=338 of 537) of operational VTC programs located in 41 states/territories.²³ Table 10 provides an overview of the number of individuals served by these programs, the number and percentage of individuals that were successfully and unsuccessfully discharged, as well as the graduation rate.²⁴ A total of 7,737 individuals were served by these VTCs in CY2022 and these 338 programs served 22.9 individuals on average. During CY2022, 2,559 individuals successfully completed VTCs and 726 were unsuccessfully discharged, which resulted in a graduation rate of 77.9%²⁵ among VTC participants.

The demographic characteristics of VTC participants are displayed in Tables 10 and 11. Females made up 7.1% of participants served in CY2022, while males constituted 92.8%. Female participants graduated at a rate of 78.7% and males graduated at a rate of 77.9% (see Table 10).

²³ Data were not provided by Kansas, Massachusetts, South Carolina, and Virginia.

²⁴ Given that several surveys were incomplete, the total number of valid responses for each category of questions is provided as well as the response rate. The response rate is calculated by dividing the total number of programs providing a response by the total number of operational VTCs in 2022.

²⁵ The graduation rate for each group was calculated as follows: # of successful participants within the group/# of successful participants + # of unsuccessful participants with the group.

Table 10: VTC Participants by Sex & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
All Participants (n=337)	7,737			
Total Participants: Sex (n=335–337) ^a	7,641	2,559	726	77.9
Female	7.1 (542)	7.1 (181)	6.7 (49)	78.7
Male	92.8 (7,089)	92.8 (2,375)	92.8 (674)	77.9
26	0.1 (10)	0.1 (3)	0.4 (3)	50.0

^a'n' represents the range of the # of programs responding to the question.

As displayed in Table 11, slightly less than two-thirds (63.9%) VTC participants identified as White/Caucasian in CY2022. Additionally, one-fourth (24.4%) of participants identified as Black/African American, 1.3% identified as American Indian/Alaskan Native, and 1.4% identified as Asian/Pacific Islander. The category of "other race" comprised an additional 0.9%, while Multiracial participants made up 1.3% of VTC participants served in CY2022. Additionally, graduation rates among these groups ranged from 70.1% (Black/African American) to 91.2% ("other race"). For comparison purposes, the graduation rate for White/Caucasian participants was 79.5%, which was the fifth highest group.

Lastly, in CY2022, 525 Hispanic/Latinx individuals were enrolled in the responding 333 VTCs. The graduation rate for this group was 82.6%. It should be noted that individual programs as well as states/territories operationalized race and ethnicity differently. More specifically, some treated race and ethnicity as two variables, whereas others combined these two terms into one variable.

26 Data reported for this measure may have included other categories than 'male' and 'female.' Data reported in the other category was 0.1% of the total data reported in response to this question.

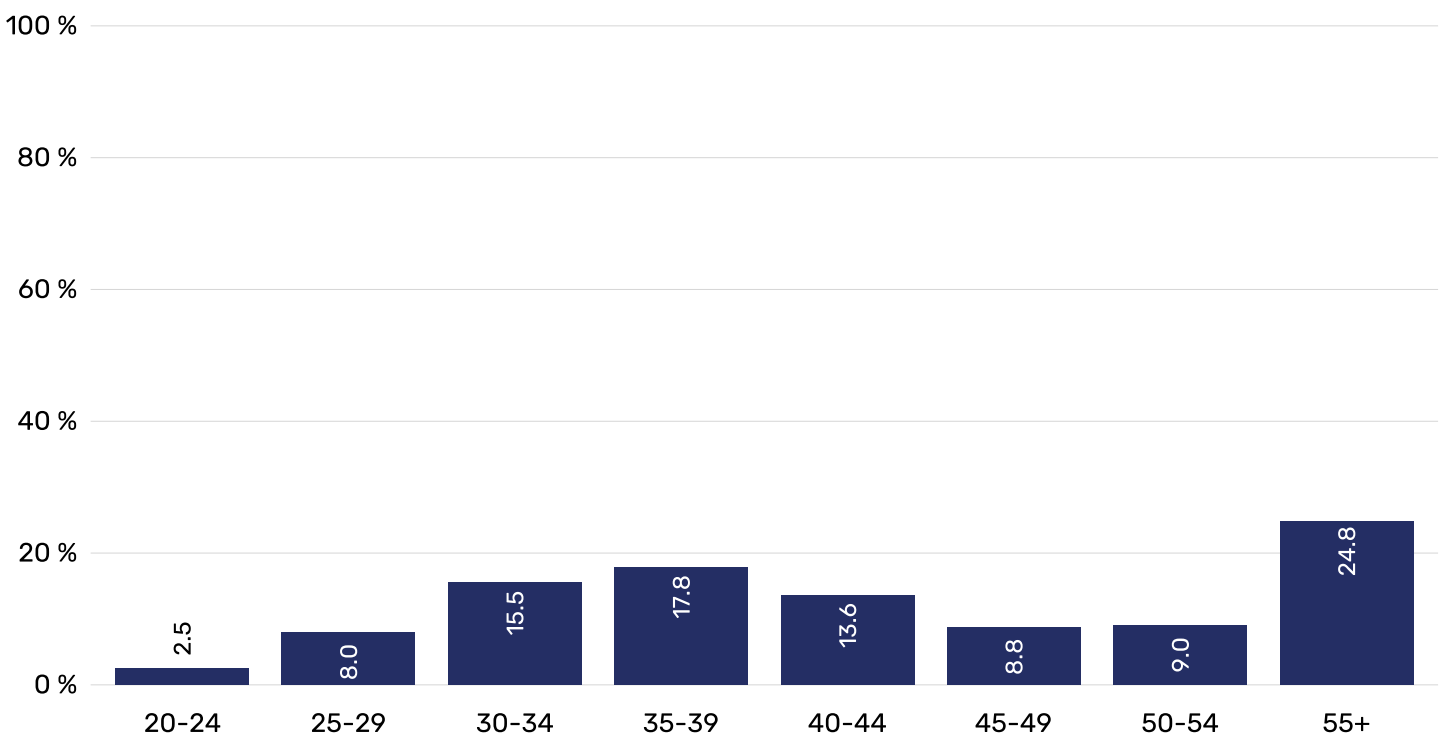
Table 11: VTC Participants by Race, Ethnicity, & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
Total Participants Race/Ethnicity (n=333-335) ^a	7,626	2,621	752	77.7
American Indian/ Alaskan Native	1.3 (97)	1.1 (30)	0.9 (7)	81.1
Asian/Pacific Islander	1.4 (104)	1.5 (40)	1.3 (10)	80.0
Black/African American	24.4 (1,857)	20.5 (536)	30.5 (229)	70.1
White/Caucasian	63.9 (4,873)	65.9 (1,726)	59.3 (446)	79.5
Multiracial	1.3 (100)	1.3 (35)	1.3 (10)	77.8
Other	0.9 (70)	1.2 (31)	0.4 (3)	91.2
Hispanic/Latinx	6.9 (525)	8.5 (223)	6.3 (47)	82.6

^a'n' represents the range of the # of programs responding to the question.

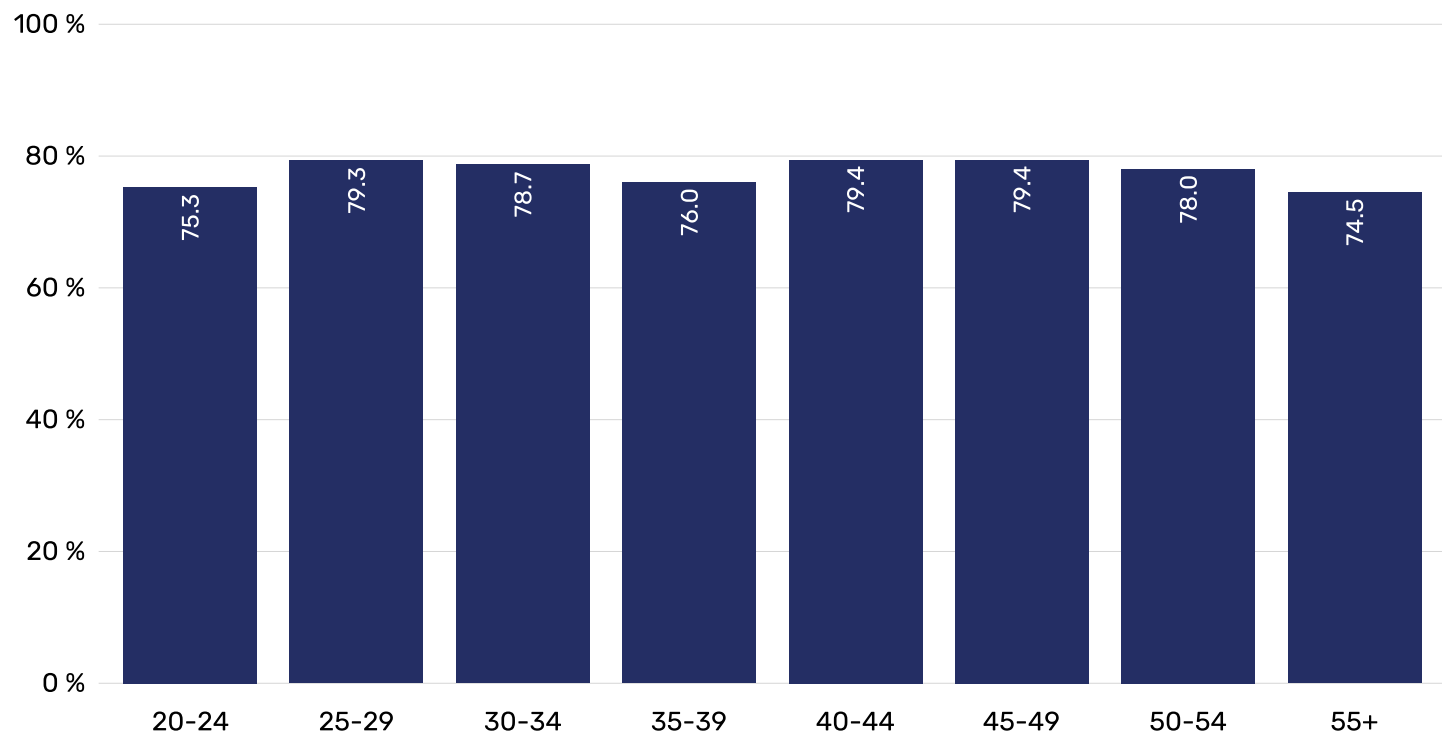
Respondents were also asked to provide data regarding the age of participants upon entry into VTC programs in CY2022 (see Figure 18). Participants 55 years of age or older made up one-quarter (24.8%) of participants served in CY2022, while participants between the ages of 35-39 constituted 17.8% and participants between 30-34 years of age made up 15.5%. Thus, among all VTC participants served in CY2022, one-third (33.3%) were between 30 and 39 years of age, while over one-half (56.1%) were 40 years of age or older. Only 10.6% of VTC participants were 29 years of age or younger.

Figure 18: VTC Participants' Age at Program Entry (2022) (n=326)



When examining the age of VTC graduates, participants in all age categories graduated at similar rates (see Figure 19). For example, 79.4% of VTC participants 40–44 years of age graduated from these programs as well as 79.4% of participants 45–49 years of age and 79.3% of 25–29-year-olds. The lowest graduation rate was among participants 55 years of age or older at 74.5%.

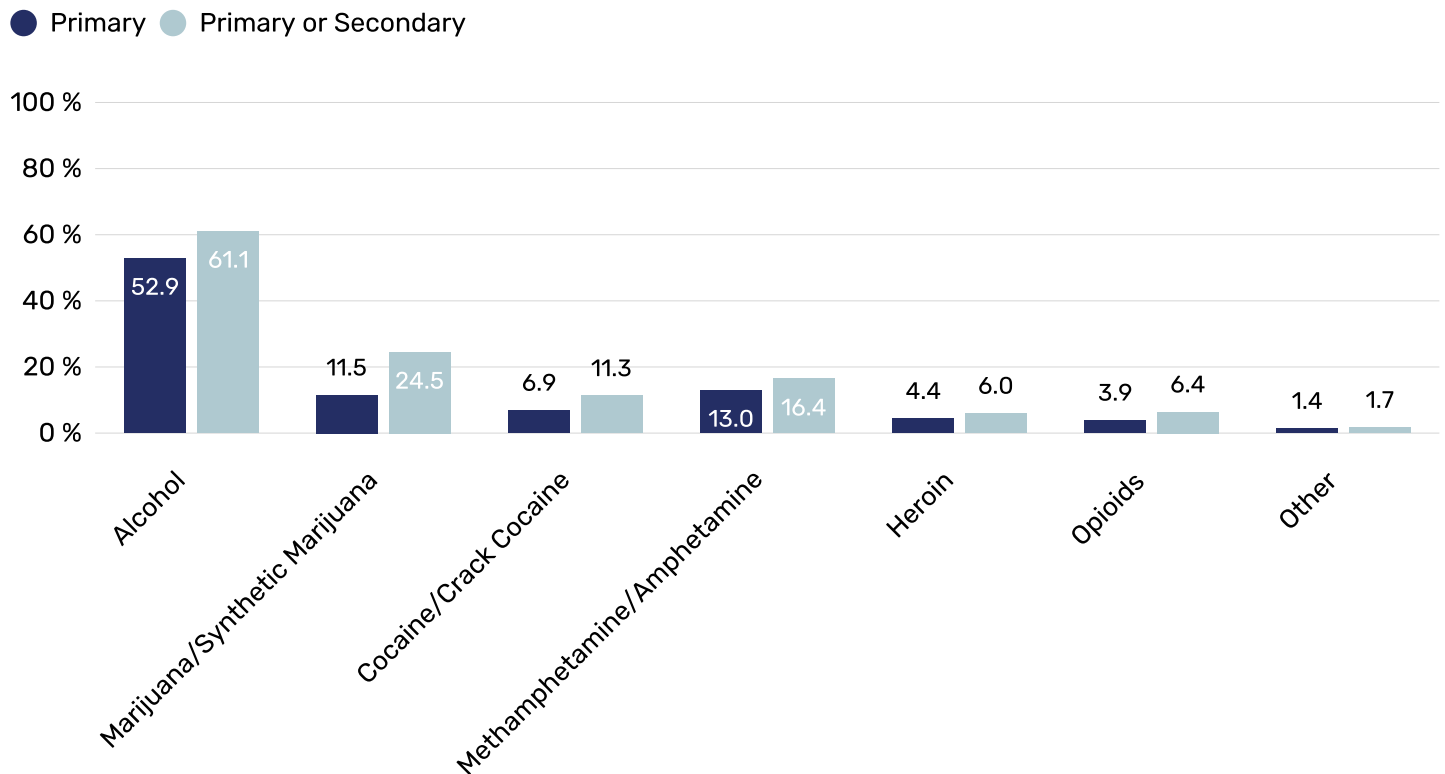
Figure 19: Age at Program Entry among CY2022 VTC Graduates (n=326)



Data regarding VTC participants' primary and secondary substances of use were available from 39 states/territories for CY2022 (see Figure 20). Among VTC participants, 52.9% identified alcohol as a primary substance of use, 13.0% identified methamphetamine/amphetamine as a primary substance of use, and 11.5% reported marijuana/synthetic marijuana²⁷ as a primary substance of use. However, when expanding to look at primary or secondary substances of use, 61.1% of VTC participants reported alcohol. Additionally, 24.5% of VTC participants reported marijuana/synthetic marijuana as either a primary or secondary substance of use and 11.3% reported cocaine/crack cocaine. Additional substances were reported by a smaller number of VTC participants (see Figure 20).

²⁷ Marijuana and synthetic marijuana are presented as one substance of use category due to the way certain states/territories reported this data.

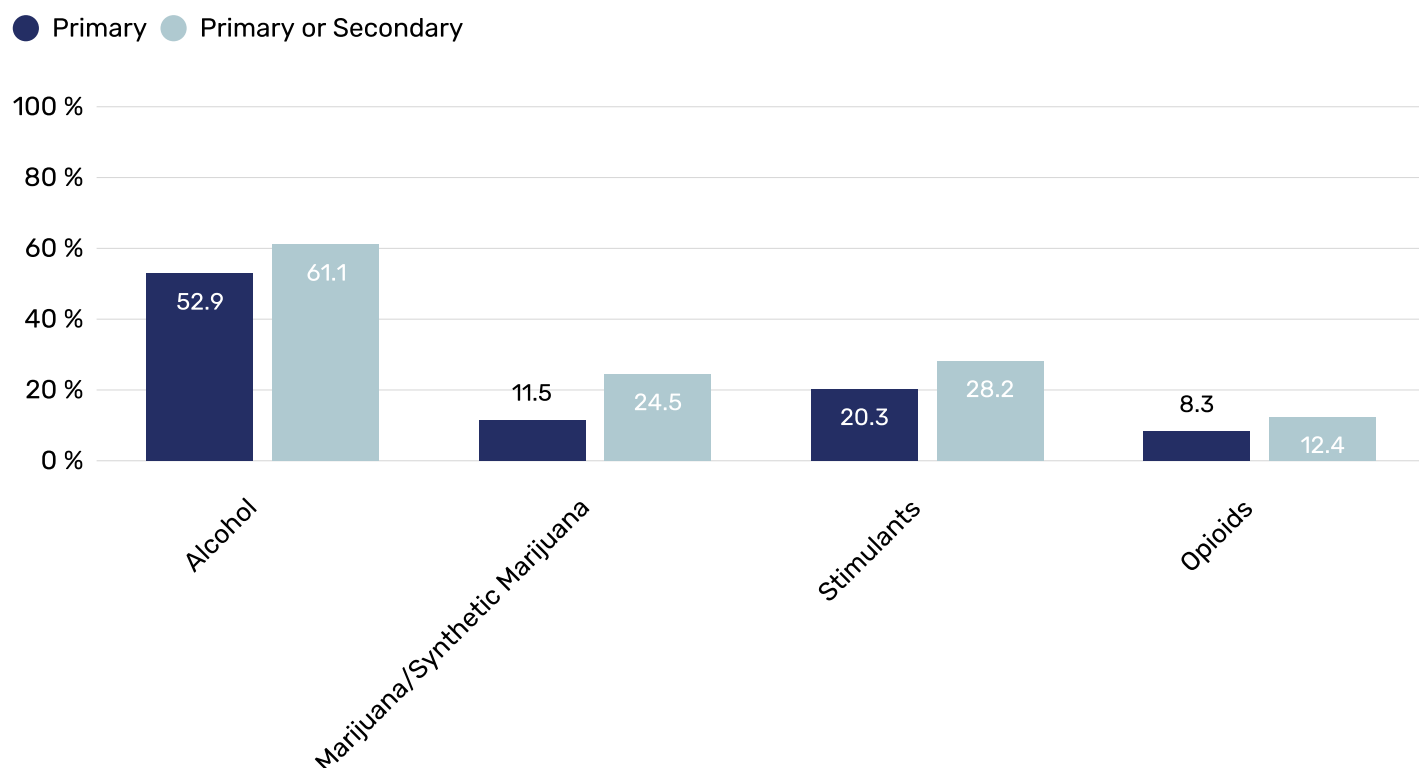
Figure 20: Primary & Primary/Secondary SOUs in VTC (2022) (n=305/222)



Note: The other SOU category is comprised of sedative hypnotics, prescription drugs, over-the-counter medications, and other primary/secondary SOUs that were not specified by respondents. Not listed are additional substances reported by primary and primary/secondary: barbiturates 0.03%/0.03%; benzodiazepines 0.4%/0.8%; pharmaceutical stimulants 0.1%/0.1%; synthetic stimulants/hallucinogens 0.3%/0.4%; opioid agonist 0.1%/0.1%; and pharmaceutical sedatives 0.2%/0.2%.

Figure 21 provides an overview of VTC participants' primary and secondary substances of use by drug classification. Among VTC participants served in CY2022, stimulants were reported as a primary substance of use by 20.3%, and more than one-quarter (28.2%) identified stimulants as either a primary or secondary substance of use. Additionally, 12.4% of VTC participants reported opioids as a primary or secondary substance of use. However, alcohol was the most frequently reported primary or secondary substance of use by VTC participants at 61.1%.

Figure 21: VTC Participants' Primary & Primary/Secondary SOUs by Drug Classification



Note: The stimulants category is comprised of primary and primary/secondary SOU data for cocaine/crack cocaine, methamphetamine/amphetamine, pharmaceutical stimulants, and synthetic stimulants/hallucinogens. The opioids category is comprised of primary and primary/secondary SOU data for heroin and opioids.

Juvenile Drug Treatment Court

Juvenile Drug Treatment Court (JDTC) data at the program level were provided by respondents for 57.7% (n=153 of 265) of operational JDTC programs located in 31 states/territories.²⁸ Table 12 provides an overview of the number of individuals served by these programs, the number and percentage of individuals that were successfully and unsuccessfully discharged, as well as the graduation rate.²⁹ A total of 2,925 individuals were served by these JDTCs in CY2022 and these 153 programs served 19.1 individuals on average. During CY2022, 880 individuals successfully completed JDTCs and 805 were unsuccessfully discharged, which resulted in a graduation rate of 52.2%³⁰ among JDTC participants.

The demographic characteristics of JDTC participants are displayed in Tables 12 and 13. Females made up 27.2% of participants served in CY2022, while males constituted 72.7%. Female participants graduated at a rate of 55.6% and males graduated at a rate of 50.9% (see Table 12).

²⁸ Data were not provided by Kansas, Massachusetts, South Carolina, and Virginia.

²⁹ Given that several surveys were incomplete, the total number of valid responses for each category of questions is provided as well as the response rate. The response rate is calculated by dividing the total number of programs providing a response by the total number of operational JDTCs in 2022.

³⁰ The graduation rate for each group was calculated as follows: # of successful participants within the group/# of successful participants + # of unsuccessful participants with the group.

Table 12: JDTC Participants by Sex & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
All Participants (n=153)	2,925			
Total Participants: Sex (n=153)	2,894	880	805	52.2
Female	27.2 (786)	28.6 (252)	25.0 (201)	55.6
Male	72.7 (2,104)	71.1 (626)	75.0 (604)	50.9
31	0.1 (4)	0.2 (2)	0.0 (0)	100.0

As displayed in Table 13, roughly one-half (51.3%) of JDTC participants identified as White/Caucasian in CY2022. Additionally, more than one-quarter (26.6%) of participants identified as Black/African American, 3.1% identified as American Indian/Alaskan Native, and 1.6% identified as Asian/Pacific Islander. The category of “other race” comprised an additional 2.0%, while Multiracial participants made up 3.3% of JDTC participants served in CY2022. Additionally, graduation rates among these groups ranged from 42.3% (Black/African American) to 83.3% (Asian/Pacific Islander). For comparison purposes, the graduation rate for White/Caucasian participants was 57.2%, which was the third highest group.

Lastly, in CY2022, 357 Hispanic/Latinx individuals were enrolled in the responding 153 JDTCs. The graduation rate for this group was 64.6%. It should be noted that individual programs as well as states/territories operationalized race and ethnicity differently. More specifically, some treated race and ethnicity as two variables, whereas others combined these two terms into one variable.

31 Data reported for this measure may have included other categories than 'male' and 'female.' Data reported in the other category was 0.1% of the total data reported in response to this question.

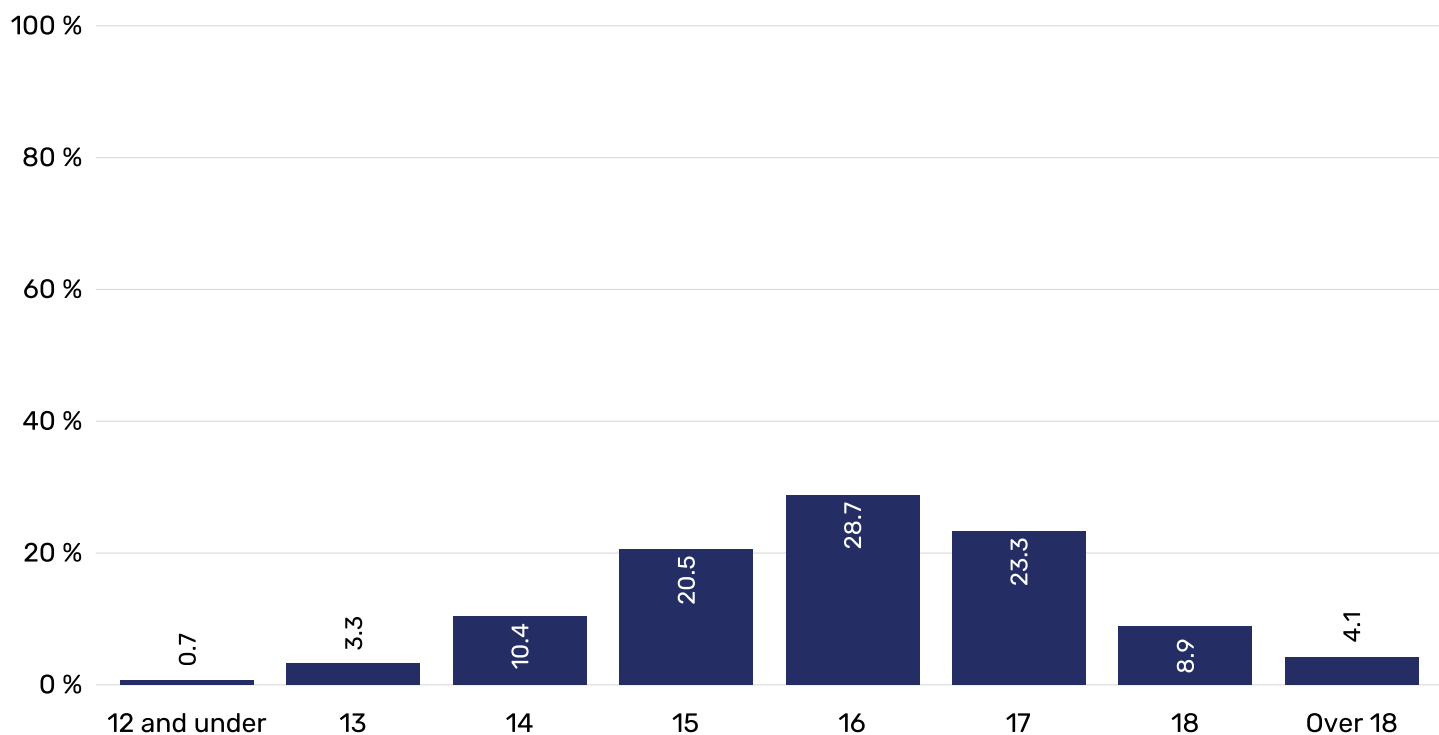
Table 13: JDTC Participants by Race, Ethnicity, & Disposition Type in CY2022 (%/n)

	Participants Served % (n)	Successfully Discharged % (n)	Unsuccessfully Discharged % (n)	% Graduated
Total Participants: Race/Ethnicity (n=152–153) ^a	2,948	900	787	53.3
American Indian/ Alaskan Native	3.1 (91)	2.3 (21)	3.0 (24)	46.7
Asian/Pacific Islander	1.6 (47)	1.7 (15)	0.4 (3)	83.3
Black/African American	26.6 (785)	23.2 (209)	36.2 (285)	42.3
White/Caucasian	51.3 (1,511)	54.1 (487)	46.3 (364)	57.2
Multiracial	3.3 (98)	3.7 (33)	4.2 (33)	50.0
Other	2.0 (59)	1.2 (11)	1.3 (10)	52.4
Hispanic/Latinx	12.1 (357)	13.8 (124)	8.6 (68)	64.6

^a'n' represents the range of the # of programs responding to the question.

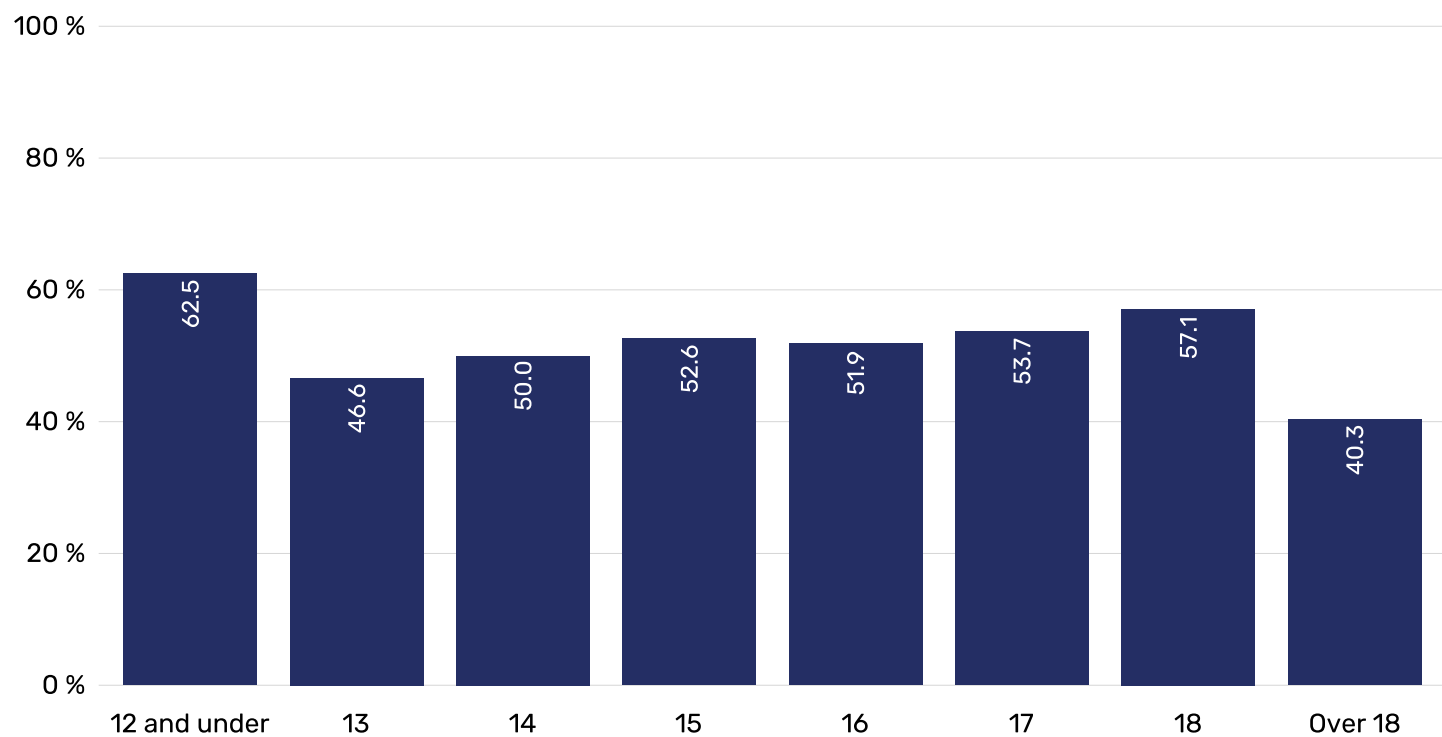
Respondents were also asked to provide data regarding the age of participants upon entry into JDTC programs in CY2022 (see Figure 22). Participants 16 years of age made up over one-quarter (28.7%) of participants served in CY2022, while participants 17 years of age constituted 23.3% and participants 15 years of age made up 20.5%. Thus, among all JDTC participants served in CY2022, nearly three-quarters (72.6%) were between 15 and 17 years of age. Only 13.0% of participants were 18 years of age or older, while 14.4% were 14 years of age or younger.

Figure 22: JDTC Participants' Age at Program Entry (2022) (n=141)



When examining the age of JDTC graduates, participants 12 and under had the highest graduation rate at 62.5% (see Figure 23). However, it is worth noting that participants 12 and under made up only 0.7% (n=20) of all JDTC participants served and 0.6% (n=5) of all JDTC graduates. JDTC participants 18 years of age had the second highest graduation rate at 57.1%, while the lowest graduation rate was among participants over the age of 18 at 40.3%. In general, the highest graduation rates were experienced by participants between 15 and 18 years of age.

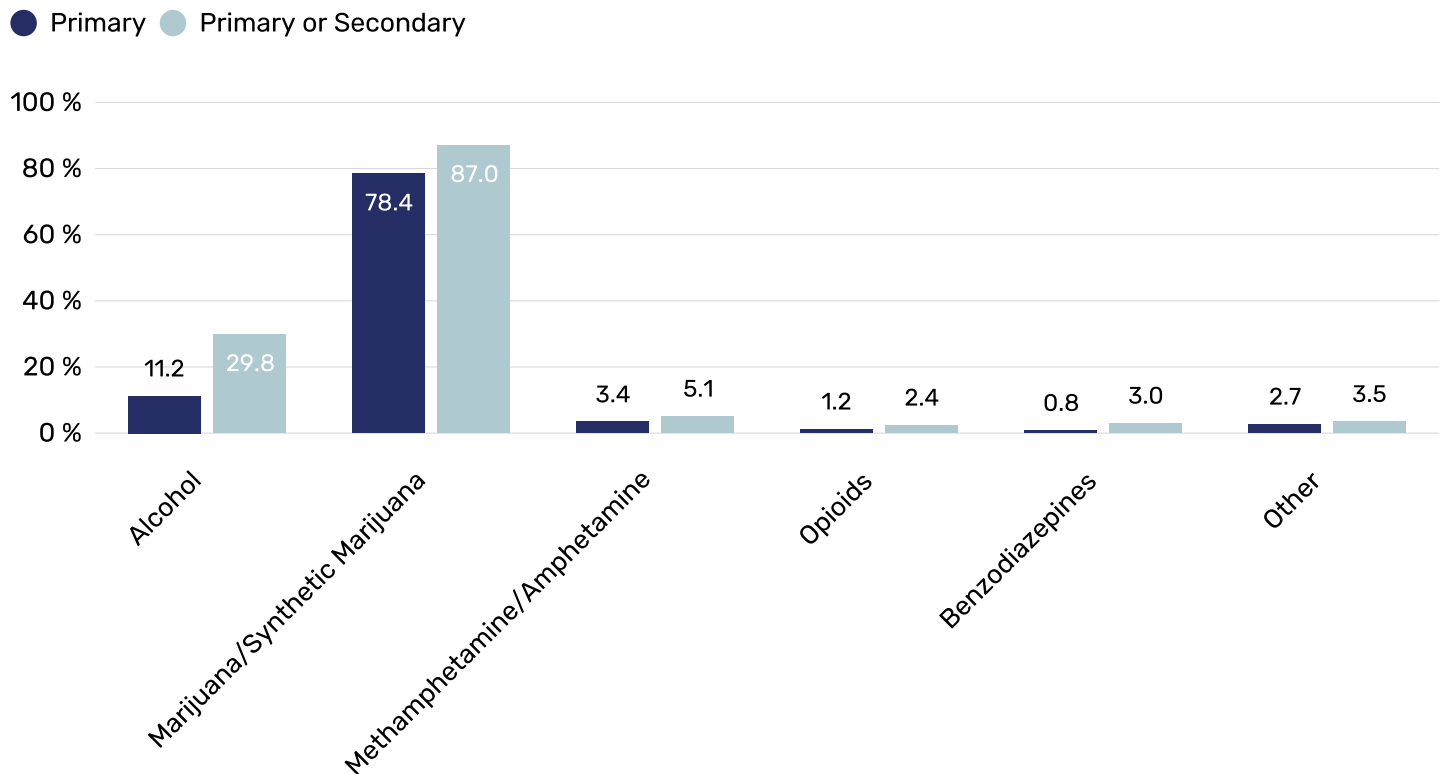
Figure 23: Age at Program Entry among CY2022 JDTC Graduates (n=145)



Data regarding JDTC participants' primary and secondary substances of use were available from 30 states/territories for CY2022 (see Figure 24). Among JDTC participants, over three-quarters (78.4%) identified marijuana/synthetic marijuana³² as a primary substance of use, 11.2% identified alcohol as a primary substance of use, and 3.4% reported methamphetamine/amphetamine as a primary substance of use. However, when expanding to look at primary or secondary substances of use, 87.0% of JDTC participants reported marijuana/synthetic marijuana. Additionally, 29.8% of JDTC participants reported alcohol as either a primary or secondary substance of use and 3.0% reported benzodiazepines. Additional substances were reported by a smaller number of JDTC participants (see Figure 24).

³² Marijuana and synthetic marijuana are presented as one substance of use category due to the way certain states/territories reported this data.

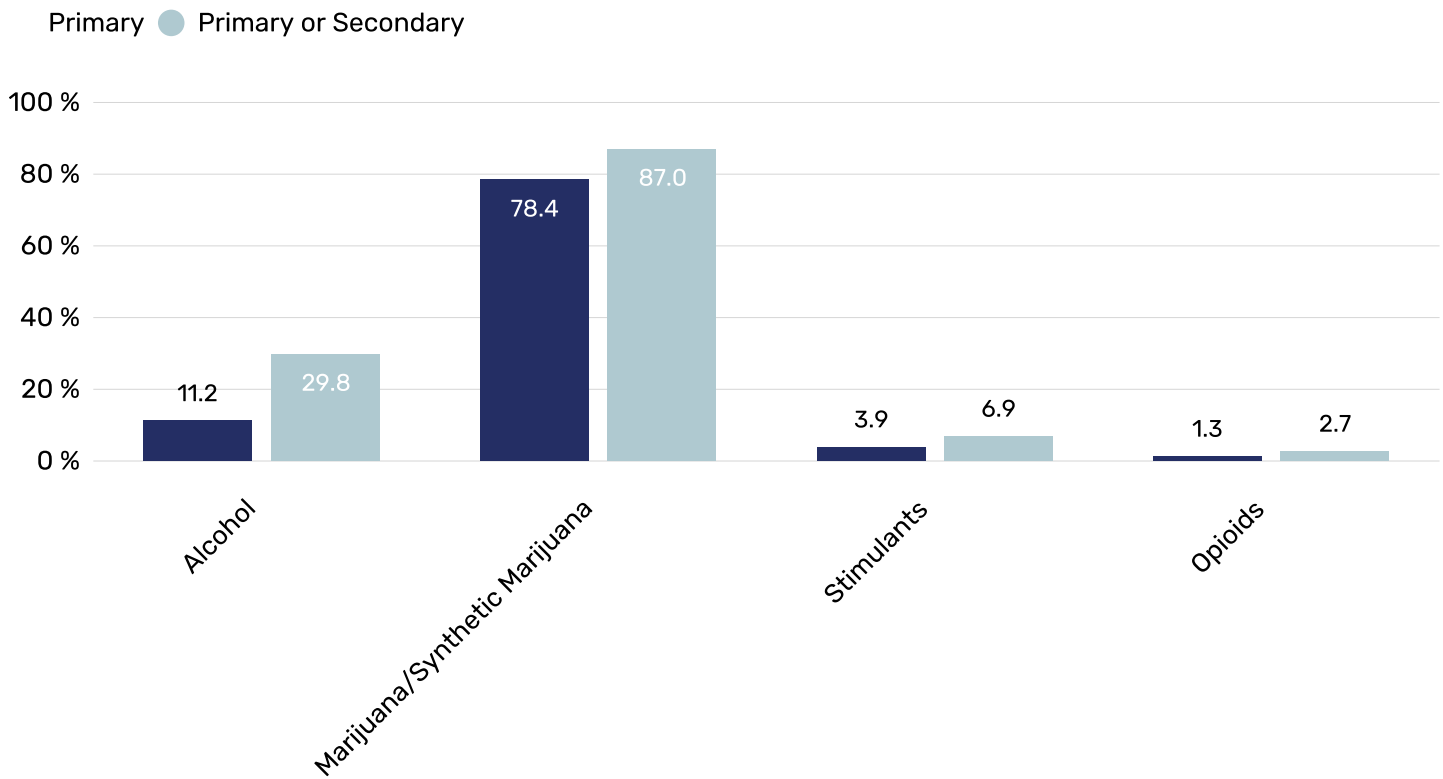
Figure 24: Primary & Primary/ Secondary SOUs in JDTC (n=137/107)



Note: The other SOU category is comprised of sedative hypnotics, prescription drugs, and other primary/secondary SOUs that were not specified by respondents. Not listed are additional substances reported by primary and primary/secondary: barbiturates 0.04%/0.04%; cocaine/crack cocaine 0.4%/0.9%; pharmaceutical stimulants 0.0%/0.3%; synthetic stimulants/hallucinogens 0.04%/0.6%; heroin 0.1%/0.3%; and pharmaceutical sedatives 0.2%/0.9%.

Figure 25 provides an overview of JDTC participants' primary and secondary substances of use by drug classification. While the most frequently reported primary or secondary substance of use among JDTC participants served in CY2022 was marijuana/synthetic marijuana (87.0%) followed by alcohol (29.8%), stimulants were reported as a primary or secondary substance of use by 6.9% of participants. Additionally, 2.7% of JDTC participants reported opioids as a primary or secondary substance of use.

Figure 25: JDTC Participants' Primary & Primary/Secondary SOUs by Drug Classification (2022)



Note: The stimulants category is comprised of primary and primary/secondary SOU data for cocaine/crack cocaine, methamphetamine/amphetamine, pharmaceutical stimulants, and synthetic stimulants/hallucinogens. The opioids category is comprised of primary and primary/secondary SOU data for heroin and opioids.

Conclusion

The *Painting the Current Picture: By the Numbers* report presents a concise overview of treatment courts operating across the United States and territories during the calendar year 2022. Organized by court type, the treatment court-specific data offers insights into the number and characteristics of individuals served by these programs, with particular focus on demographic characteristics and primary and secondary substances of use. It is intended that the information contained in this report will foster meaningful discussions among stakeholders and inform decision-making in areas such as resource allocation, program enhancement, and program expansion.

The forthcoming comprehensive *PCP* report will provide an in-depth analysis of survey findings, accompanied by a synthesis of the latest scholarly literature on treatment courts. Each treatment court type will be introduced with an overview of its history, structure, best practice standards, and model elements. The report will also incorporate academic findings on program effectiveness and propose directions for enhancing practitioner knowledge. In addition, concluding sections of the monograph will leverage survey results to examine critical considerations related participants' substances of use, interesting age trends across treatment court types, and data collection.







(910) 962-2440
ntcrc@uncw.edu



National Treatment Court Resource Center
University of North Carolina Wilmington
680 S. College Road
Wilmington, North Carolina 28403-5978