**IN THE SUPREME COURT OF THE STATE OF NEW MEXICO**

**January 22, 2021**

**NO. 21-8500-002**

**IN THE MATTER OF THE APPROVAL OF THE NEW MEXICO TREATMENT COURT STANDARDS**

**ORDER**

WHEREAS, this matter having come before the Court upon recommendation of the Administrative Office of the Courts to replace the New Mexico Drug Court Standards approved by this Court on October 26, 2016, with a comprehensive revision to be named the New Mexico Treatment Court Standards, and the Court having considered the recommendation and being sufficiently advised, Chief Justice Michael E. Vigil, Justice Barbara J. Vigil, Justice C. Shannon Bacon, and Justice David K. Thomson concurring;

NOW, THEREFORE, IT IS ORDERED that the recommendation is APPROVED and the New Mexico Drug Court Standards are withdrawn and replaced with the New Mexico Treatment Court Standards.

IT IS SO ORDERED.

WITNESS, the Honorable Michael E. Vigil, Chief Justice of the Supreme Court of the State of New Mexico, and the seal of said Court this 22nd day of January, 2021.

Joey D. Moya, Chief Clerk of the Supreme Court of the State of New Mexico


# *NEW MEXICO TREATMENT COURT STANDARDS*





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# PREAMBLE

All treatment court dockets operating under the auspices of a New Mexico court may only operate by order of the Supreme Court, and shall comply with all requests for data, processes established for recording and providing performance measures, and initiatives to measure alignment with standards, rules or guidelines, established by the Administrative Office of the Courts (AOC).[1] All treatment courts established and operating at any level of the New Mexico Judicial System shall comply with these standards and operate as treatment courts consistent with the definition stated herein. Treatment courts may operate under tribal authority without adhering to these guidelines; however, they are invited to participate in any training and quality engagement initiatives offered by the AOC or reach out to AOC staff with questions regarding these standards.

The New Mexico Treatment Court Standards provide guidance to best practices and are founded upon the 10 Key Components of Drug Courts and consistent with the Adult Drug Court Best Practice Standards, Volume 1 & 2, developed by the National Association of Drug Court Professionals.[2] The core of the drug court model is defined by the 10 Key Components of Drug Courts (See Appendix M), while the Adult Drug Court Best Practice Standards provide research based practices on how to implement the drug court model effectively. The 10 Key Components are applicable to all treatment courts regardless of type (e.g., adult, young adult, behavioral health, family, juvenile, DWI, veteran, etc.). We have adjusted the original "Drug Court" language to "Treatment Court" in each Key Component to be more inclusive of all Treatment Courts types. These standards include additional research and specific guidance for those treatment courts that serve juveniles, families, veterans, and so forth. Practices that are specific to the court type are noted as such within this document. In addition, when the research or guidance is applicable across court types it has been integrated within the general standards.

These standards and best practices are based upon numerous program evaluations and years of research findings. These standards are intended to serve as ideal expectations and may be aspirational in limited cases. Exceptions to these standards may be necessary due to individual circumstances, local challenges, and the specific needs of the population being served. Caution should be exercised when deviating from the standards to avoid drifting from best practice, and any questions regarding the need to deviate from these standards shall be addressed to the Statewide Treatment Court Program Manager. Each section of the New Mexico Treatment Court Standards corresponds with one of the 10 Key Components of Drug Courts (see Appendix M). The standards provide greater detail about each key component and include best practices recognized through research.

The main purpose for the best practice standards is to maintain a level of consistency of practice throughout the state of New Mexico, and to ensure a level of quality that each court applies as it serves in this function for those receiving services. The New Mexico AOC is always striving to assist courts in the most up to date practices and processes to enhance the work done by treatment court practitioners.

[1] Please contact the AOC for Performance Measure Definitions and Business Rules

[2] National Association of Drug Court Professionals, 1997; http://www.nadcp.org/Standards

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## Key Component #1: Treatment courts integrate alcohol and other drug treatment services with justice system case processing.

1-1 All participating agencies shall cooperate with efforts to establish treatment courts which meet the minimum standards of the judicial branch. New treatment court programs must follow the guidelines provided in Appendix K.

1-2 Courts recognize the treatment court calendar as a priority and will establish a dedicated, separate treatment court, on a part or full-time basis, dedicated to the evaluation, diagnosis, treatment and supervision of eligible treatment court participants as defined later in this document.

1-3 Each participating agency shall, if funding is available, assign staff, and alternates, to be designated to the treatment court based on personal interest in the treatment court, interpersonal skills, motivation and professional abilities, within their job description. Please see Appendix I for the Code of Conduct for Treatment Court Team Members.

1-4 Wherever feasible, agencies will make full or part-time staff assignments to the treatment court for a minimum of 2 years to ensure stability and continuity of day-to-day operations and to strengthen collaborative relationships between the key professionals.

1-5 Treatment court budgets shall consider the funding needed to support professional development needs, to whatever extent possible, of the following personnel: public defender, prosecution, treatment court coordinator, treatment staff, probation/parole, law enforcement, judge/special master, and court staff who support the treatment court (such as language access services). Please see Appendix L for Funding Standards.

1-6 For internal court operations, each court shall prepare a separate budget for family treatment courts, juvenile drug courts, adult drug courts, veterans treatment courts, and any other treatment courts that may exist.

a. Any New Mexico treatment court receiving funding, training, or technical assistance from a federal agency or national partner should inform the AOC and request a letter of support and/or commitment.

1-7 The treatment court team shall include the following roles/agencies: judge, prosecuting and defense attorneys, treatment provider, treatment court coordinator, case manager, probation/surveillance, and law enforcement. Depending on type of treatment





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court, other appropriate key stakeholders should be added to the team (e.g., child welfare, CASA, guardians ad litem, housing providers, etc.). Each role has a written position description.

a. Juvenile: Team should include representation from local school systems with the goal of overcoming the educational barriers participants face.

b. Tribal Healing to Wellness Court (THWC): Some tribes do not have the roles analogous to the prosecutor, defense counsel, and probation. In these cases, look to see that there is someone serving the role of community advocate (ensuring public safety), participant advocate, and supervision/support for completing program requirements.

c. Veterans Treatment Court (VTC): Forge partnerships with Veterans Affairs, the local Veterans Service Organization (VSO), and other local organizations that support veterans. Include a representative on the team from the US Department of Veterans Affairs, such as the local veterans justice outreach specialist (VJO), and a mentor coordinator.

1-8 Each treatment court shall designate a treatment court coordinator.

1-9 Each court shall adopt written policies and procedures for staff (either court or contract) responsible for supervision/probation/surveillance duties. Procedures must require staff and/or contractors conducting field visits to use AOC-approved safety and support applications and complete required minimum training. Nothing in this section, or in a court's policies and procedures created in response to this section, shall be construed to limit the statutorily allowed powers (e.g., ability to arrest and carry a firearm) of certified officers (i.e., certified law enforcement or adult probation officers) who are fulfilling probation/surveillance duties on behalf of a treatment court (see Appendix B).

1-10 The sponsoring court and participating agencies shall support treatment courts by making appropriate adjustments to internal policies, practices and procedures to ensure successful day-to-day operation of the treatment court.

1-11 The sponsoring court and participating agencies shall:

a. Expect agency-wide communication and cooperation among dedicated treatment court personnel
b. Cooperate with the collection and maintenance of statistical and evaluation information based on statewide standards
c. Establish Memoranda of Understanding (MOU). All participating agencies and associated team members must sign a MOU annually describing team member roles and duties; committing to the treatment court philosophy and practices,





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ongoing system improvement, and collaboration with the team; and specifying what information will be shared among team members to ensure the continuity of care and all legal policies, including confidentiality and other standards necessary to the operation of each treatment court.

d. Engage in cross-training and interdisciplinary education
e. Utilize a family-centered approach.
f. Juvenile: Deliberately engage and work collaboratively with parents/guardians/caregivers throughout the court process (court hearings, supervision/discipline of child, and treatment programs), including addressing the specific barriers to their full engagement.

1-12 The treatment court team shall collaboratively develop, review, and agree upon all aspects of treatment court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, methods of shared decision-making, conflict resolution, and treatment court structure guidelines). The team shall create a policy manual and update it annually.

1-13 All treatment court team members are expected to attend and participate at each scheduled pre-court staff meeting (to review participant progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court) and status hearing. At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled status hearings. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. Team members contribute relevant information, insights, observations, and recommendations based on their professional knowledge, training, and experience.

1-14 Treatment providers, case managers and supervision officers shall communicate in advance of status hearings and via the statewide information management system between status hearings with the treatment court team and report on participant progress and/or concerns in treatment or other service areas.

1-15 The treatment court shall ensure that participants from groups that have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive equal access, retention, treatment, dispositions and incentives/sanctions. All documents shall be translated into the native language of participants/families with limited English proficiency and/or language access services should be engaged to ensure participant comprehension.

1-16 Treatment courts will follow confidentiality laws and practices as described in Appendix C.





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1-17 The treatment court shall have a written consent or release of information form; participants provide voluntary and informed consent about what information will be shared between team members (specifically including progress in treatment and adherence to program requirements).

1-18 Treatment court information and records shall remain confidential, except as authorized for disclosure under these standards or by state law, or authorized for the purposes of research or evaluation, as allowed for in federal law including HIPAA and CFR 42 Part 2.

1-19 Recognizing that as a practical matter most, if not all, treatment courts or related agencies or treatment providers receive direct or indirect federal funding or assistance, treatment courts shall comply with federal confidentiality laws. (See, Public Health Service Act, 42 U.S.C. 290dd-2 and 290ee-3; and federal regulations at 42 C.F.R. Part 2). The treatment court judge, in conjunction with the treatment court coordinator, shall supervise the application of confidentiality laws and standards in the treatment court.

1-20 Treatment courts shall receive annual training on federal and New Mexico confidentiality requirements and how they affect treatment court practitioners and contractors.

1-21 Rules of professional conduct and evidentiary privileges shall still apply unless expressly waived by the participant.





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**Key Component #2: Using a non-adversarial approach, prosecution and defense counsel[3] promote public safety while protecting participants' due process rights.**

2-1 Attorneys (which include prosecution and defense counsel for criminal courts and, child protective services attorney, parent's attorney, and child's attorney for civil cases) shall be members of the treatment court team and shall participate in the design, implementation and enforcement of the treatment court's screening, eligibility, and case-processing policies and procedures.

2-2 The attorneys shall work to create a sense of stability, cooperation, and collaboration in pursuit of the treatment court's goals. The pursuit of justice, due process and protection of public safety, as well as the preservation of the constitutional rights of treatment court participants will be ensured by both attorneys.

2-3 The attorneys should consistently attend team meetings (pre-court staff meetings and status hearings).

2-4 The prosecutor/ child protective services attorney/child's attorney, or other qualified team member shall be designated and trained to: screen cases and determine whether a defendant is legally eligible for entry to the treatment court; file all required legal documents; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that drug test or admission; and work collaboratively with the team to decide on a team response to participant behavior, including incentives, sanctions, and when or whether termination from the treatment court is warranted.

2-5 The defense counsel/parent's attorney should review the police reports, arrest warrant, charging document, child protective services allegation and case documents, all treatment court documents, and other relevant information; advise the defendant as to the nature and purpose of the treatment court, the rules governing participation, the merits of the treatment court including the potential long-term benefits of sobriety and a drug-free life, the consequences of failing to abide by the treatment court rules, and how participation or non-participation will affect their interests including participant the coordinated strategy for responding to positive alcohol and other drug tests and other instances of noncompliance, including how sanctions are utilized and applied; provide a list of and

[3] Many tribal courts lack analogous key positions, such as prosecutors and defense counsel.





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explain all of the rights that the defendant will temporarily or permanently relinquish;[4] advise the participants on alternative options; explain that the prosecution/ child protective services attorney has agreed that a positive drug test or admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and, inform the participant that they will be expected to take an active role in status hearings, including speaking directly to the judge as opposed to doing so through an attorney, and work collaboratively with the team to decide on team response to participant behavior including incentives, sanctions and when or whether termination from the treatment court is warranted.

2-6 The treatment court coordinator or a designated team member should ensure that the participant's file is complete and includes all admission documents, program acceptance, and enrollment forms (for example, waivers, contracts, consent forms, and written agreements).

2-7 Team attorneys shall perform their tasks as part of the treatment court eligibility and admission process as swiftly as possible, including working with stakeholders in the legal system to shorten the time to entry into the treatment court.

2-8 All participants shall receive a Participant Handbook upon accepting the terms of participation and entering the treatment court. Receipt of the Participant Handbook shall be acknowledged through a signed form and documented in the treatment court file. Court and/or program rules should be reviewed with participants at a minimum during phase advancement or every six months

[4] Each right that will be temporarily or permanently relinquished as a condition of participation in treatment court shall be distinguished and explained separately to ensure the defendants fully understands what they are waiving.





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## Key Component #3: Eligible participants are identified early and promptly placed into the treatment court program.

3-1 Programs should ensure that eligibility criteria result in equity of access for all genders, racial/ethnic groups, and youth who are LGBTQI-Gender Diverse and 2-Spirit.

3-2 Consideration for admission to the treatment court shall include potential participants who:

a. Have been arrested or convicted of drug offenses or drug related crimes having to do with alcohol or other drugs as defined in New Mexico Criminal Code and New Mexico Children's Code;
b. Have non-drug related offenses that were committed while under the influence, or committed to support addiction or dependency, or are substantially related to the use or abuse of alcohol or drugs;
c. Committed distribution or trafficking of illegal substances to support participant's dependency or addiction to alcohol or drugs (AOD);
d. Have been arrested for drug offenses or drug related crimes and have qualified for a pre-prosecution or court ordered AOD diversion program;
e. Have violated probation by commission of a drug offense, drug related crime, or drug use;
f. Have been arrested or convicted of a crime due to behavior that is a result of mental illness;
g. Have substantiated child abuse and/or neglect findings where alcohol or other drug use is a factor;
h. Have a severe alcohol or other drug abuse problem, which has put their children at risk of child abuse and/or neglect that could result in removal upon the filing of a petition; or
i. Justice system or child protective services involvement due to untreated/unmanaged mental health disorders.
j. Juvenile:
    1. Diagnosed substance use and/or behavioral health disorder,
    2. Age 14 or older,
    3. Moderate to high risk
u. Veteran Treatment Court (VTC): Determination of the participant's veteran status (e.g., DD Form 214 "certificate of release or discharge from active duty").

3-3 A potential participant with a prior misdemeanor conviction or adjudication of a delinquent act involving violence may be admitted to a treatment court.





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3-4 Some federal funding includes restrictions against use for participants with violent histories; programs should maintain compliance with funding guidelines. Admission into treatment courts not directly receiving federal funds shall be governed by that organization's rules and regulations consistent with these standards. *(For definitions and additional details, see Appendix D.)*

3-5 Participant eligibility requirements/criteria and intake and referral standards shall be defined objectively, agreed upon by all members of the treatment court team, included in writing as part of the treatment court's policies and procedures, and communicated to potential referral sources. Referral sources should be actively educated in referral procedures and eligibility criteria.

3-6 Treatment courts may be designed to admit eligible participants pre-plea, post-plea, or may operate as a combination of both pre- and post-plea participants.

3-7 When operating a treatment court, the program shall target individuals classified as moderate to high risk and high need. Treatment courts choosing to serve other risk levels in addition to high risk and high need as resources are available, shall develop separate service tracks and "phase" requirements for these offenders so that services for participants are appropriate for their assessed need and risk level (see 3-8). Low-risk low-need individuals shall be considered for diversion.

a. Juvenile: Potential program participants who do not have a substance use disorder and/or mental health issue and are not moderate to high risk shall be diverted from the treatment court process.
b. Family: Participants who are high criminogenic risk should be served separately from participants who are low criminogenic risk even if they are high risk for child maltreatment.

3-8 Treatment courts shall use standardized, objective, validated, and culturally responsive risk and need screening and assessment tools to determine eligibility and service needs. When working with individuals who have historically experienced sustained discrimination or reduced social opportunities, treatment courts have a responsibility to use tools validated for those members, where available.

a. Juvenile: JDTCs will conduct comprehensive needs assessment that inform individualized case management. Assessment of youth and parent needs should include: use of alcohol or other drugs, criminogenic needs, mental health, history of abuse or other traumatic experiences, well-being needs and strengths, parental drug use, parental mental health needs, parenting skills.
b. Adult: Participants are not excluded from participation in treatment court because they lack a stable place of residence.





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3-9 Treatment courts choosing to serve a mixed population of low-risk and moderate- to high-risk offenders shall provide separate tracks, including separate group treatment services to ensure low-risk offenders are not attending group sessions with moderate and high-risk offenders, and that their specific needs are met.

3-10 Participants are screened for treatment court eligibility as soon as possible by designated members of the treatment court team as identified by treatment court policies and procedures. When competency determination is necessary, it should be expedited (the time required to accept someone into the program should not exceed the length of the sentence that the defendant would have received had they pursued the traditional court process).

3-11 Participants being considered for treatment court shall be promptly advised about the program, including the requirements, scope and potential benefits and effects on their case.

3-12 Treatment courts should strive to have participants begin the program within 50 days of the arrest or incident that resulted in their being considered for entry into the treatment court. For the family dependency court, assessments should be done within 10 business days of initial interview with the family dependency court contact.

3-13 Assessment for substance abuse and other treatment needs shall be conducted by appropriately trained and qualified professional staff.

3-14 If appropriate services are available, treatment courts may accept individuals with serious mental health disorders/co-occurring disorders and medical conditions. Treatment courts gather information from trained medical professionals and may consider accepting individuals with valid prescriptions for addictive medication, including narcotics for pain. Applicants are not denied entry to treatment courts because they are receiving a lawfully prescribed medication for psychiatric, substance use, and/or other physical disorders and participants are not required to discontinue lawfully prescribed medication for psychiatric, substance use, and/or other physical disorders as a condition of graduating from the treatment court.

3-15 Treatment courts shall maintain an appropriate caseload/census based on its capacity to effectively serve all participants in compliance with these standards. Treatment courts serving more than 125 participants with a single judge shall ensure they have the capacity (both services and staff time available) to adhere to these standards. When the census reaches 125 active participants, program operations are monitored carefully to ensure they remain consistent with best practice standards. If evidence suggests some operations are drifting away from best practices, the team develops a remedial action plan and timetable to rectify the deficiencies and evaluates the success of the remedial actions.





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3-16 Except as specifically authorized by court order, no treatment court may knowingly employ, or enroll as a participant, any undercover agent or informant.

3-17 No information obtained by an informant or undercover agent, whether or not that agent or informant is placed in a program pursuant to an authorizing court order, may be used to criminally investigate or prosecute any participant.





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## Key Component #4: Treatment courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.

4-1 Treatment court participants shall be required to participate in a comprehensive and integrated program of alcohol, drug and other related treatment and rehabilitation services as approved by the treatment court.

4-2 Case management and treatment services must address participant needs and be responsive to family needs as determined through use of valid, reliable, and developmentally appropriate screening and assessment tools. In family treatment court programs, the assessment should be family-centered and the children's needs must be both assessed and addressed. Screening/assessment for traumatic brain injury should be part of clinical assessment for all treatment courts, but especially for Veterans Treatment Courts (VTCs).

4-3 The primary goal of the program must be abstinence from alcohol, drugs, and other non-prescribed or non-medically indicated mind-altering substances consistent with the judicial requirements of the program.

a. Any prescribed or medically indicated use of a mind-altering substance should be predicated upon evaluation and recommendation by a medical professional with expertise in addiction medicine.

4-4 The treatment court services shall be provided in a gender appropriate and culturally competent manner.

4-5 Treatment courts should coordinate a continuum of services through partnership with a primary treatment provider, including detoxification, outpatient, intensive outpatient, day treatment, and residential services. The treatment court team will clearly identify the team member overseeing case management services to ensure coordination of other ancillary services and pro-social connections, and make referrals as necessary.

4-6 A single treatment agency shall provide the primary treatment services and/or oversee and coordinate the treatment provided from other agencies, unless local circumstances prevent this.

4-7 Treatment courts shall coordinate a comprehensive range of participant and family centered evidence-based interventions/treatment services. The treatment court shall adopt guidelines directing the frequency of each service that a participant must receive based on





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assessed need. The treatment court provides or refers participants for treatment and social services to address conditions that are likely to interfere with their response to substance use disorder treatment or other treatment court services (responsivity needs), to increase recidivism (criminogenic needs), or to diminish long-term treatment gains (maintenance needs). Legal criteria for treatment providers are listed in Appendix E. The standards for the treatment program are provided in Key Component #4. Treatment courts should include, at a minimum, the following services or referrals to these services:

a. Gender-specific
b. Family centered
c. Developmentally appropriate
d. Trauma-informed
e. Skills based[5]
f. Mental health treatment[6]
g. Parenting classes
h. Family/domestic relations counseling
i. Residential treatment
j. Health care
k. Dental care
l. Housing assistance
m. Criminal thinking intervention
n. Vocational or educational services
o. Brief evidence-based educational curriculum to prevent health-risk behavior (e.g., STIs and other diseases)
p. Brief evidence-based educational curriculum to prevent or reverse drug overdose
q. Medication to treat substance use disorder, also known as medication-assisted treatment (MAT)

4-8 When possible, treatment courts should implement treatment readiness programs for participants who are on waiting lists for comprehensive treatment services (e.g., Curriculum-Based Motivational Group, Motivational Enhancement Therapy, Motivational Interviewing, etc.).

4-9 Overall duration and dosage of substance use disorder treatment for participants shall be based on the individual's risk and needs as determined from validated standardized

[5] Participants should be encouraged to practice and should receive help in practicing prosocial skills in domains such as work, education, relationships, community, health, and creative activities.
[6] Participants suffering from mental illness receive mental health services beginning in the first phase of Drug Court and continuing as needed throughout their enrollment in the program. Mental illness and addiction are treated concurrently using an evidence-based curriculum that focuses on the mutually aggravating effects of the two conditions. Participants receive psychiatric medication based on a determination of medical necessity or medical indication by a qualified medical provider.





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assessments, which for high need adult participants is likely to be 6-10 hours per week during the initial phase and 200 hours of counseling over 9-12 months. The minimal length of the treatment court for successful completion shall be approved by the treatment court judge in collaboration with the treatment court team and incorporated in writing in the treatment court policies and procedures.

4-10 Treatment courts shall incorporate a phase/level system including, ideally, 5 phases, with aftercare being emphasized as the last phase/level.[7] Services are provided according to appropriate sequencing: In the first phase, participants receive services designed primarily to address responsivity needs (e.g., housing, mental health, substance-related cravings, withdrawal, anhedonia, pain). In interim phases, participants receive services designed to resolve criminogenic needs (e.g., criminal thinking, delinquent peers, family conflict). In later phases, participants receive services designed to maintain treatment gains (e.g., vocational, educational counseling).

4-11 Treatment courts shall include a focus on relapse prevention and continuing care services. This should include establishment of alumni groups, peer mentors, and/or peer support groups, that encourage participation in other community supports.[8] Continued involvement in work, education, or comparable prosocial activity is a component of each participant's continuing-care plan.

a. Mental Health Court (MHC): Team works with participant to develop transition plans.

4-12 The treatment court shall use standardized, manualized, behavioral or cognitive-behavioral, evidence-based treatment programming, implemented with fidelity, to ensure quality and effectiveness of services and to guide practice. Treatment courts serving high-risk/high-need participants should strive for treatment groups of no more than 12 participants and at least 2 facilitators/leaders. Examples of evidence-based treatment programming can be found at the SAMHSA's Evidence-based Practices Resource Center website[9] and Pew Charitable Trust website.[10]

a. Juvenile: Providers shall administer evidence-based treatment services/modalities that have been shown to address risks and needs identified as priorities in the case plan (such as trauma, mental health, quality of life, educational challenges, and criminal thinking) and improve outcomes for youth with substance use issues. These modalities include, but are not limited to, the following: Assertive continuing care, behavioral therapy, cognitive behavioral

[7] http://www.nadcp.org/sites/default/files/2014/CG-31.pdf
[8] Please see Appendix J for additional guidance regarding Alumni and Peer Support activities.
[9] https://www.samhsa.gov/ebp-resource-center
[10] https://www.pewtrusts.org/en/research-and-analysis/data-visualizations/2015/results-first-clearinghouse-database (an attempt to retain information from NREPP)





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therapy, family therapy, motivational enhancement therapy, motivational enhancement therapy/cognitive behavioral therapy, multiservice packages.

4-13 Treatment court participants shall be matched to services according to their specific needs. Guidelines for placement at various levels (e.g., residential, detoxification, day treatment, outpatient, sober living residences, etc.) should be developed by the treatment court team incorporating the expertise of the treatment provider.

4-14 Treatment court participants shall meet weekly with a clinical case manager or treatment provider during the first phase.

4-15 When feasible, at least one reliable and prosocial family member, friend, or daily acquaintance should be enlisted to provide firsthand observations to staff about participants' conduct outside of the treatment court, to help participants arrive on time for appointments, and to help participants satisfy other reporting obligations in the treatment court.

4-16 Treatment/case management plans shall be individualized and culturally appropriate for each participant based on the results of the initial assessment and ongoing assessments. Participants shall be reassessed at minimum every three months, upon a significant event, or at a frequency determined by the treatment court, and treatment plans shall be modified or adjusted based on results.

4-17 Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters, unless the participant is believed to be a danger to self or others.

4-18 Advancement within, and graduation from, the treatment court shall be determined by the treatment court judge in collaboration with the treatment court team and on the condition that the participant has satisfied the established minimum criteria.

4-19 Discharge or termination from the treatment court shall occur with the approval of the treatment court judge in collaboration with the treatment court team. Participants should be terminated from the program only after the team has carefully deliberated and only as a last resort after full implementation of the treatment court's protocol on behavioral contingencies.

4-20 To ensure adequate participant safety and care, every treatment provider shall have a quality assurance program designed to evaluate the quality of care provided and promote efficient and effective services.





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4-21 Treatment courts should ensure, to the greatest extent possible through contracts, MOUs, participant evaluations, etc., the accountability of the treatment provider to incorporate services and training consistent with the treatment court model and treatment best practices (such as using evidence-based practices, culturally appropriate approaches, cognitive behavioral therapy, manualized treatment, and trained/licensed professionals; maintaining fidelity to their treatment models, and appropriately matching individuals to services based on assessed needs).

4-22 Treatment providers are licensed or certified to deliver substance abuse treatment, have substantial experience working with criminal justice populations, and are supervised regularly to ensure fidelity to treatment models.

a. The treatment court shall only utilize providers in accordance with the State of New Mexico Substance Abuse Counselor Act, chapter 61, Laws of 1996, HB 790: Article 9 of the New Mexico Counseling Therapy Practice Board: section 61-9A-14.l. Substance Abuse Counselors, Requirements for Licensure; and section 61-9A-21.l, Licensure without Examination.
b. All other clinical providers must be appropriately licensed.
c. Providers shall provide the treatment court with copies of all clinical staff licenses.

4-23 Participants may be prescribed psychotropic medicine and/or medication for substance use disorder as needed but only by an appropriately licensed and trained medical professional.

4-24 Treatment courts will not deny any eligible participant access to the treatment court program because of their use of FDA-approved medications for the treatment of substance abuse (e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations; naltrexone products, including extended-release and oral formulations; disulfiram; and acamprosate calcium). Further, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an opioid treatment program and ordered by a physician who has evaluated the participant and determined that methadone is an appropriate MAT for the individual's opioid abuse must be permitted. Similarly, FDA-approved medications available by prescription must be permitted unless the judge determines the following conditions have not been met:

a. The participant is receiving those medications as part of treatment for diagnosed substance abuse.
b. A licensed clinician, acting within their scope of practice, has examined the participant and determined that the medication is an appropriate treatment for their substance abuse.





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c. The medication was appropriately authorized through prescription by a licensed prescriber.

In all cases, MAT must be permitted to be continued for as long as the prescriber determines that the FDA-approved medication is clinically beneficial. Treatment courts must assure that a participant will not be compelled to suspend use of MAT as part of the conditions of the treatment court if such a mandate is inconsistent with a licensed prescriber's recommendation or valid prescription for FDA-approved medication.

Under no circumstances may a treatment court judge, other judicial official, supervision officer, or any other staff connected to the treatment court deny the use of such FDA-approved medications when made available to the participant under the care of a properly authorized physician and pursuant to regulations within an opioid treatment program or through a valid prescription and under the conditions described above. A judge, however, retains judicial discretion to mitigate/reduce the risk of abuse, misuse, or diversion of these medications.

4-25 Participants attend self-help or peer support groups as indicated based on treatment provider assessment and court approval. Treatment court should check the quality of the groups when possible.

4-26 Caseloads for probation officers or other professionals providing community supervision for the treatment court must permit sufficient opportunities to monitor participant performance, apply effective behavioral consequences, and report pertinent compliance information during pre-court staff meetings and status hearings. The caseloads typically should not exceed 30 active participants. (Caseloads should not exceed 50 if staff has a mix of low risk and no other caseloads or responsibilities.)

4-27 Caseloads for clinicians providing case management and treatment must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance use disorder treatment and indicated complementary services. The caseloads typically should not exceed 30 active participants. (Caseloads should not exceed 50 if providing counseling OR case management but not both, AND if the clinician has no other responsibilities, including assessments.)

**Treatment Provider Standards (See Legal Criteria, Appendix E)**

4-28 Treatment providers shall comply with all treatment court and treatment standards. This requirement shall be included in provider contracts.

4-29 Judicial agencies providing treatment services internally with their own staff





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members shall meet the requirements of the treatment standards through their own policies, procedures and practices.

4-30 The treatment provider shall provide services in accordance with the established scope of services and standards of the treatment court.

4-31 The treatment provider shall maintain for each participant documentation including but not limited to assessments and treatment plans, progress notes, services provided, attendance records and drug test results (if the treatment provider, as part of their scope of work, performs drug tests on the treatment court participants).

4-32 When testing is provided by the treatment provider, it shall develop and implement a plan for random alcohol and drug testing of participants in accordance with the established scope of services and standards of the treatment court, as described in these standards.

4-33 The treatment provider shall designate a staff member(s) who shall be present at all treatment court sessions to report on participants' progress, compliance, etc. The staff member shall be adequately aware of the participants' status to report accurately to the treatment court judge.

4-34 The treatment provider shall provide written reports of participants' assessments, attendance at treatment sessions, progress on a weekly basis, incident reports, treatment plans, and a discharge summary at a minimum.

4-35 Treatment services and participant progress shall be documented in the AOC-approved information management system as soon as possible, but no later than 48 hours post service delivery.





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## Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing.

*Drug testing is one of the strategies treatment courts use to monitor participant progress and support their recovery.[11] Programs should establish abstinence as a goal that participants work toward over time. Program staff/contractors who conduct drug testing must be trained in and use universal precautions.[12]*

5-1 Results of drug testing may be used in treatment court to determine:

a. If the participant is progressing satisfactorily
b. If the case plan needs modifying
c. Appropriate treatment level of care
d. Therapeutic responses or incentives
e. Whether the individual should graduate from the treatment court
f. Appropriate sanctions, if needed, to address behavior leading to the substance use

5-2 Drug test results shall not be used as evidence of a new crime or as the sole basis for probation violations.

5-3 Each treatment court shall adopt written policies and procedures that document its drug testing protocols and that follow the standards as described in this document and in Appendix F. This information is described in a participant contract or handbook and reviewed periodically with participants to ensure they remain cognizant of their obligations.

5-4 The treatment court shall implement a standardized system in which participants will participate in drug testing. Testing shall be administered randomly/unpredictably, but occur no less than twice per week. Testing should occur on weekdays, weekends and holidays. As treatment dosage and supervision is reduced, drug testing should be maintained until the participant has shown significant progress in meeting target behaviors including relapse prevention skills.

a. Participants are required to deliver a test specimen as soon as practicable after being notified that a test has been scheduled. Urine specimens are delivered no more than eight hours after being notified that a urine test has been scheduled. For tests with short detection windows, such as oral fluid tests, specimens are delivered no more than four hours after being notified that a test was scheduled.

[11] Other important ways to measure participant progress include talking with the participant and observing their response to circumstances they encounter; communicating with their treatment provider; and conducting home and job visits to observe their environment and how they behave and interact with others there.

[12] An approach to infection control, through specific safety practices and equipment, that helps staff avoid contact with bodily fluids.



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5-5 Treatment courts shall utilize urinalysis as the primary method of drug testing (to include EtG or breathalyzer for alcohol); a variety of alternative methods may be used to supplement urinalysis or serve as a temporary replacement when necessary, including breath, hair, and saliva testing, patch, and electronic monitoring.

5-6 Test specimens should be examined for all unauthorized substances that are suspected to be used by treatment court participants. Randomly selected specimens should be tested periodically for a broader range of substances to detect new substances that might be emerging in the treatment court population.

5-7 Tests that measure substance use over extended periods of time, such as ankle monitors, smartphone applications, sweat patches, or other evidence-based technologies, should be applied for at least 90 consecutive days. Tests that have short detection windows, such as breathalyzers or oral fluid tests, are administered when recent substance use is suspected or when substance use is more likely to occur, such as during weekends and holidays.

5-8 Drug testing sample collection shall be directly observed by an authorized, trained same sex member of the treatment court team or other approved official of the same sex as the participant (Transgender participants should be given the opportunity to choose the gender of the official collecting the samples). In rare cases, if the program is unable to observe sample collection, the unobserved test shall be conducted and the participant asked to return for another (observed) test when the observer is available, within 24 hours.

5-9 Participants should be treated respectfully and professionally during sample collection.

5-10 Alternative specimen collection methods or sample types shall be considered as an accommodation for participants whose trauma histories make observed urine drug testing contraindicated or where in-person observation and/or collection is not advisable due to illness, distance, etc.

5-11 When a participant has tested positive, failed to submit to testing, submitted the sample of another, or adulterated a sample the team should be notified within 24 hours, but shall be notified within 48 hours.

5-12 All urine test samples should be examined for dilution and adulteration.

5-13 The treatment court shall use scientifically valid and reliable testing procedures and establish a chain of custody for each specimen. Staff that collect drug testing specimens are trained in appropriate collection protocols.

5-14 The treatment court shall establish a process for participants to dispute the results of drug testing and a method to confirm disputed results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.





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## Key Component #6: A coordinated strategy governs treatment court responses to participants' compliance.

6-1 The treatment court shall have a formal system of responses to participant behavior, including therapeutic responses, monitoring responses, incentives/rewards and sanctions, established in writing and included in the treatment court's policies and procedures manual. Please see Appendix G for the Team Response Decision Matrix. The treatment court provides these guidelines to team members for use in pre-court staff meetings. The team's responses support and, when applicable, promote improved parenting, healthy parent-child relationships, and family functioning. Responses to behavior do not have a detrimental effect on participants or their children or families and do not interfere with court hearings or requirements.

a. Decisions about parenting and family time are based on the children's best interests, including safety, well-being, and permanency. The treatment court team never uses parenting or family time as an incentive or sanction.

6-2 Treatment court participants shall be required to comply with the standards, practices, and rules of the treatment court program.

6-3 For each participant, the application of incentives to encourage progress shall exceed the sanctions that the program applies. Incentives should be favored over sanctions. Criteria for phase advancement and graduation shall include objective evidence that participants are engaged in productive activities such as employment, education, or attendance in peer support groups.

a. Juvenile: Ongoing monitoring and case management of youth participants should focus on addressing their needs in a holistic manner, including a strong focus on behavioral health treatment and family intervention, over the detection of violations of program requirements.

6-4 Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen and remaining drug-abstinent for a specified period of time. Incentives and sanctions may change over time as participants advance through the phases of the treatment court. The frequency of drug and alcohol testing is not reduced until after other treatment and supervisory services have been reduced without a resulting relapse.

6-5 If a participant is terminated from the treatment court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the treatment court.





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6-6 Before entering the treatment court and throughout their involvement, participants are informed in writing about the types of incentives and sanctions used in the treatment court and the types of behaviors that result in a range of incentives, sanctions, or therapeutic responses. Participants shall not be provided with a "grid" that specifies a particular response for each type of behavior. The treatment court will allow participants to communicate with defense attorney prior to the imposition of a jail sanction.

6-7 The formal system of responses to participant behavior (incentives/rewards, sanctions, and therapeutic responses) shall be organized on a gradually escalating scale, offering a range of options, applied in a consistent and appropriate manner to match individual participants' conduct, level of compliance, and risk and need level. The team shall consider proximal and distal goals in determining the appropriate response to participant behavior.

6-8 No single set of responses (incentives, sanctions, therapeutic responses) is effective for everyone. Incentives/rewards, sanctions, and therapeutic responses shall be tailored to the individual participant by obtaining information on the participant during the assessment process and through conversations in pre-court staff meetings, and with the participant in court and case management meetings.

6-9 Information regarding incidents of participant noncompliance shall be communicated as soon as possible between court staffings to all members of the treatment court team to coordinate an appropriate response to the noncompliance incident.

6-10 Responses to participant noncompliance should come as close in time as possible to the targeted behavior, but at most within one week.

6-11 Responses to behavior (incentives, sanctions, and therapeutic responses) must be certain, fair, and of the appropriate intensity. All responses should focus on specific behaviors and be administered with a clear direction for the desired behavior change.

6-12 The treatment court team responds to all nonmedically indicated use of intoxicating or addictive substances including alcohol, cannabis (marijuana), and prescription medications, regardless of the licit or illicit status of the substance. The treatment court team relies on medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether nonaddictive, nonintoxicating, and medically safe alternative treatments are available.

6-13 Responses to noncompliance with drug testing should take into account potential trauma history, such as when testing triggers memories of sexual abuse.





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6-14 A first dilute UA should be treated as an opportunity for education to ensure participants know what causes a dilute UA and what to expect if they deliver dilute UAs in the future. If continued dilute UAs, give participant opportunity to go to a doctor and confirm that there is no medical issue. If they choose not to see a doctor or if the doctor comes back with no medical issue, then treat as tampering – which should be treated like lying.

6-15 A participant's failure to appear for a drug test and otherwise tampering with drug test results should be addressed with immediate, graduated sanctions.

6-16 Therapeutic adjustments (NOT sanctions) are used when a participant is not responding to treatment interventions but is otherwise in compliance with treatment court requirements. Participants may be terminated from the treatment court if they no longer can be managed safely in the community or if they fail repeatedly to comply with treatment or supervision requirements. Participants shall not be terminated from the treatment court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are nonamenable to the treatments that are reasonably available in their community. If a participant is terminated from the treatment court because adequate treatment is not available, that information is provided to the sentencing judge upon remand.

a. Juvenile: The JDTC team should be prepared to respond to any return to substance use in ways that consider the youth's risk, needs, and responsivity.

6-17 Sanctions should be implemented in a way for the participant to understand the consequence of noncompliance with treatment court rules without being viewed simply as punitive. Participants shall be told what behavior the team expects of them and offered help to accomplish it, rather than just being told the behavior they should not engage in. Sanctions shall be delivered without expression of anger, ridicule, foul or abusive language, or shame.

6-18 Treatment court teams should come to a mutual agreement on incentives/rewards, sanctions, and therapeutic responses to prevent conflict between team members. Pre-court staff meetings can help the team coordinate on the appropriateness of a sanction based on the participant's resources and ability (proximal and distal considerations[13]).

6-19 Adult participants may be expected to pay fees (distinct from restitution owed) as part of their treatment court involvement. Fees may be reduced as an incentive for positive behavior or paid through community service credits. Treatment court fee requirements may be satisfied by community service at the federal minimum wage. Treatment courts must work with each individual to establish a payment plan and monitor progress to ensure lack of payment does not become a barrier to phase advancement or graduation. Subject to state law, a treatment court

[13] For additional information, please see http://www.ndcrc.org/sites/default/files/sibehmodtalk4.ppt





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may assess fees on a flat fee basis. A treatment court may assess fees on a sliding scale basis only with statutory authority. Participants are encouraged to have paid all required program fees prior to graduation. The judge has authority to waive treatment court fee requirements (see Appendix H).

6-20 Juvenile drug courts shall not collect program fees or financial fees as a sanction.

6-21 Adult drug courts may assess, collect and expend program fees consistent with state law. All treatment courts that elect to assess fees shall submit that written fee policy to the AOC. Fees shall be expended to offset participant service costs of the treatment court (see Appendix H: Fees).

6-22 Treatment courts must use jail/detention sanctions sparingly and with the intention of modifying participant behavior in a positive manner. Jail/detention sanctions longer than 5 continuous days are outside of best practices.

a. Juvenile: Detention should be used as a sanction infrequently and only for short periods of time (2 days or less) when the youth is a danger to themselves or the community, or may abscond.
b. Juvenile: Youth under 18 are not held in adult jails, prisons, detention centers, or correctional facilities.

6-23 To graduate, participants must have a job, be in school or involved in some qualifying positive activity appropriate to the participant's individual circumstances.

6-24 To graduate, participants should have a sober and sustainable housing environment that is conducive to recovery.

6-25 A period greater than 90 continuous days of negative drug test results shall be expected before a participant is eligible to graduate from the treatment court.

6-26 Monitoring and support of participants should occur during regular business hours *and* in the evening and weekends when participants face potential challenges to engage in noncompliant conduct and activities.

6-27 Least restrictive supervision conditions shall be considered for all participants according to assessed risk and need.

6-28 When a participant completes the terms of their participation in the program, there should be some positive legal outcome (such as reduction or dismissal of charges, early termination of supervision, vacated pleas, lifted fines/fees).





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6-29 During pre-court staff meetings, the team shall receive information about participant attendance, progress, engagement in treatment, complementary services received, children's needs and services, and compliance with court and supervision requirements. During the pre-court staffing, the judge and the rest of the operational team shall thoroughly discuss the recommended responses for each participant. The judge makes the final decision about the court-ordered response to be delivered.





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## Key Component #7: Ongoing judicial interaction with each treatment court participant is essential.

7-1 The judge convenes the necessary representatives from treatment systems, community partners, and stakeholders to collaboratively develop, implement, and manage the treatment court's ongoing operations and achieve the treatment court's mission and vision. The judge holds meetings of the operational team, guides the team, and ensures that all members' contributions are considered in reaching important decisions. Other appropriate system representatives, such as child welfare, Veteran's Affairs, peer services, schools, etc., should be included as appropriate.

7-2 The focus and direction of a treatment court are provided through effective leadership of treatment court judges in partnership with the treatment court team. The judge is in a unique position to exert effective leadership in the promotion of coordinated drug control efforts. To encourage full commitment to the success of a treatment court, the treatment court judge should allow the treatment court team to participate fully in the design and implementation of the treatment court. The judge is responsible for maintaining a non-adversarial atmosphere in the treatment court. All staff must see their job as the facilitation of the participant's rehabilitation. The judge is one of the key motivational factors for the participant to seek rehabilitation. Less formal and more frequent court appearances must be scheduled to allow the judge to motivate and monitor the participants.

7-3 The treatment court judge and the treatment court team serve as treatment court advocates. They represent the treatment court in the community, before the federal, state, and local governments, criminal justice agencies, and other public forums.

7-4 The treatment court judge should serve a term of at least 2 years. Longer terms are better.[14] Consistency of the judge for participants correlates with better outcomes. Rotating/alternating judges should be avoided. The treatment court team should include one primary judge and a second judge trained in the treatment court philosophy and protocols to cover any status hearings during the absence of the primary judge. It is recommended the second judge also serve a term of at least 2 years to ensure better outcomes.

7-5 The treatment court judge shall be knowledgeable about the treatment court model, addiction, treatment methods, drug screening, and other related issues.

[14] Finigan, M. W., Carey, S. M., & Cox, A. A. (April 2007). The Impact of a Mature Specialty Court Over 10 Years of Operation: Recidivism and Costs: Final Report. NPC Research: Portland, OR.



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7-6 The judge should interact with the participants in a nonjudgmental and procedurally fair manner. The treatment court judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other treatment court requirements and expresses optimism about their abilities to improve their health and behavior. The judge shall not humiliate participants or subject them to foul or abusive language. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and therapeutic adjustments.

7-7 The judge should conduct court so all participants benefit by observation of others as they progress (or fail to progress) in treatment (see treatment standards).

7- 8 The treatment court judge makes final decisions concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty, after taking into consideration the input of the other treatment court team members and discussing the matter in court with the participant or the participant's legal representative. The judge relies on the expert input of trained treatment professionals when imposing treatment-related conditions.

7-9 The treatment court judge shall conduct all pre-court staff meetings. At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled status hearings.

a. Juvenile: The JDTC team should meet weekly to review progress for participants and consider incentives and sanctions, based on reports of each participant's progress across all aspects of the treatment plan.

7-10 A regular schedule of status hearings shall be used to monitor participant progress.

7-11 Participants shall attend weekly or every other week status hearings while in the first phase of the treatment court depending on the participant's risk and need. This schedule may continue through additional phases. Frequency of status hearings may vary based on participant needs and/or judicial resources.

7-12 Status hearings should be held no less than once per month during the last phase of the treatment court.

7-13 At status hearings, the judge shall speak with each participant individually.

7-14 The treatment court judge shall strive to spend at least 3 minutes with each participant during status hearings, especially those participants who are doing well.





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For effective behavior modification, the judge explains to the participant the rationale behind the responses being delivered and reinforces any treatment adjustments based on clinical need as well as any safety interventions imposed. By being engaging, supportive, and encouraging, the judge works to build rapport with the participant. He or she emphasizes the participant's strengths and the importance of continued engagement in treatment and services. The judge encourages the participant to discuss his or her progress, as well as challenges or unmet needs.

7-15 The treatment court judge should be assigned to the treatment court on a voluntary basis.





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## Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness.

8-1 Data needed for treatment court monitoring and management shall be kept in electronic data systems, and be easily obtainable and maintained in useful formats for regular review by treatment court teams and management.

8-2 Each treatment court shall use the electronic database specified by the AOC for collection of participant demographic and program activity data. Programs are responsible for collecting all information necessary to calculate the approved performance measures, along with all required data elements in the electronic database. Additional guidance regarding data collection is available from the AOC. Programs are encouraged to collect additional data to meet their specific needs and interest as local resources allow.

8-3 The Statewide Treatment Court Program Manager should work with a qualified, independent evaluator to conduct appropriate evaluations of treatment courts, given available funding. The AOC should request funding to conduct regular, qualified independent evaluations of treatment courts. Evaluations may be used to track performance and to assist treatment courts to improve services. The independent evaluator should have access to relevant justice system and treatment information and maintain contact with treatment court team members in order to provide information on a regular basis.

8-4 An outcome evaluation should be conducted by an independent evaluator within 3 years of implementation of a treatment court, and in regular intervals of at least 5 years thereafter. The treatment court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. Outcomes are examined for all eligible participants who entered the treatment court, regardless of whether they graduated, withdrew, or were terminated from the program. Outcomes for treatment court participants are compared to those of an unbiased and equivalent comparison group with an equivalent opportunity to engage in substance use, criminal recidivism, or other behavior of interest.

8-5 Each treatment court shall collect in the court's treatment court automated database a minimum required set of data elements.

8-6 Staff members and contractors (including treatment providers, surveillance officers, etc.) are required to record information concerning the provision of services and in-program outcomes within 48 hours of the respective events. Timely and reliable data entry is required of each staff member and is a basis for evaluating staff job performance.





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8-7 For every fiscal year, the AOC will provide to the New Mexico Legislature treatment court information defined as performance measures for all New Mexico treatment courts. The data shall be collected in two categories: all information to determine whether treatment courts are meeting their mission, goals, and service definitions which measure strengths and weaknesses in every treatment court as established by the AOC for all New Mexico treatment courts; and recidivism and graduation rate, among other measures, which will be used for legislative budgeting purposes.

8-8 For every fiscal year, the treatment court program should provide to the local stakeholders, including elected and/or tribal officials, etc. treatment court information defined as performance measures for all New Mexico treatment courts.

8-9 The community should be educated about the treatment court program and how it is intended to contribute to family and community well-being.

8-10 Participant satisfaction shall be monitored on a regular basis (including at treatment court entry and graduation) through the use of surveys, including exit surveys at the time of graduation or termination.

8-11 The treatment court shall actively collect and analyze program and partner organization data to determine if disproportionality or disparities exist in the program.

8-12 Monitoring of participant progress, success, and satisfaction should include a comparison of individuals who have historically experienced sustained discrimination or reduced social opportunities to the other participants, to identify—and work to address—any areas of inequity in treatment court access, retention, treatment and other services received, treatment progress, responses to behavior, outcomes achieved, and dispositions. The treatment court develops a remedial action plan and timetable to correct disparities and examines the success of the remedial actions.

8-13 A program self-check related to treatment court best practices shall be conducted at least annually.

8-14 Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make modifications to treatment court operations, procedures and practices.

8-15 The treatment court will work collaboratively with the state to conduct cost-benefit analysis of the treatment court.

8-16 Treatment courts should participate in a peer review process.

8-17 Treatment courts shall develop and demonstrate material alignment with the *NM Treatment Court Standards* by participating in quality engagement initiatives coordinated through the AOC, including but not limited to, program certification, training, and other technical assistance.

## Key Component #9: Continuing interdisciplinary education promotes effective treatment court planning, implementation and operations.

9-1 Each treatment court shall provide orientation and ongoing training for all team members. Treatment court team members' base budgets should include funding for training of treatment court staff.

a. Each treatment court shall act as soon as practicable to provide appropriate orientation and onboarding training for new staff and team members. New treatment court team members shall receive formal orientation and training administered by previously trained treatment court team members within 60 days of joining the team. Formal training can be supplemented with online webinars, treatment court trainings and conferences. Orientation covers team member roles. Team members understand their own professional responsibilities and ethics and learn about the responsibilities and ethics of professionals from partner organizations.

9-2 The AOC should coordinate with partner organizations and agencies (such as the New Mexico Association of Drug Court Professionals, New Mexico Department of Health Behavioral Health Services Division, etc.) to provide training for treatment court team members on treatment court concepts and day-to-day operations.

9-3 Treatment courts shall address staff training requirements and continuing education in their policy manual including the goals, policies, and procedures of its treatment court and the basic role and functions of each team member and their agency or program. Recommended training shall align with state and national standards and practices endorsed by the National Association of Drug Court Professionals (NADCP) and the National Drug Court Institute (NDCI). Treatment practices must be evidence-based practices endorsed by SAMHSA or culturally based practices deemed effective and appropriate.

a. All court staff or contractors providing direct supervision and support services (treatment court coordinators, surveillance officers, court probation officers, etc.), must satisfactorily complete a preapproved Court Officer Basic Training (COBT) course within one year of hire when offered and, with the exceptions noted immediately below, before conducting field work.
    1) The Corrections Department affirms in writing that the individual was formerly a certified probation and parole officer and left the employment of the Corrections Department within the previous 12 months in good standing, or





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2) The individual was formerly a law enforcement officer and the agency for whom the person worked affirms in writing that they left its employment within the previous 12 months as an officer in good standing,

b. An individual who has not yet been trained may accompany a trained officer for such activities, but still must complete the training within 12 months of initial hire;
c. The online version of this COBT training must be completed within three weeks of hire and before providing services to program participants, but is not a substitute for the full COBT course.

9-4 Treatment court staff members are educated across disciplines for professional development, cultural responsiveness, and team building. Training and education should include topics such as the treatment court model, team member roles, the purposes, processes, and limitations of each other's agencies, team member decision-making, constitutional and legal issues in treatment court, basic legal processes and terminology, treatment court best practices, substance abuse and addiction, drug and alcohol and mental health treatment, co-occurring disorders, development of treatment plans, case management, complementary treatment and social services, behavior modification, sanctions and incentives, drug testing standards and protocols, confidentiality and ethics, community supervision, recognizing implicit cultural biases and correcting disparate impacts for individuals who have historically experienced sustained discrimination or reduced social opportunities, and proficiency in dealing with participants' race, culture, ethnicity, gender and sexual orientation, strength-based philosophy and practices, trauma, and trauma informed approaches to working with participants/families.

a. All operational team members receive formal training in trauma-responsive principles and practices. Trauma responsive strategies should acknowledge and normalize participants' reactions to trauma and provide support and access to needed care. Trauma-responsive practices and policies also reflect an understanding of differences between cultures. The treatment court and its partners should be aware of and sensitive to the historical, multigenerational, and cultural trauma experienced by certain populations, including American Indians and Alaska Natives, African Americans, Latinos/as or Hispanics, immigrants, and refugees. These past experiences can result in fear, mistrust, and misunderstanding of the treatment court and its partners.
b. Juvenile: adolescent development, developmentally appropriate juvenile justice programming, family engagement
c. Tribal Healing to Wellness Court (THWC): Community customs and traditions for addressing an individual's behavior when it is not in accordance with local standards.
d. Mental Health Court (MHC): staff, including defense counsel, should receive special training in mental health issues [also Veterans Treatment Courts (VTCs)]

9-5 Treatment court teams, to the extent possible, should attend comprehensive training





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yearly or every other year as provided by state or national treatment court organizations, e.g., the National Association of Drug Court Professionals, National Drug Court Institute, New Mexico Association of Drug Court Professionals, etc. When feasible, training sessions should be attended as a team with special attention to treatment court type.

9-6 The judge shall receive specialized training related to treatment courts in legal and constitutional issues, judicial ethics, behavior modification, and community supervision. The judge obtains training on issues unique to the population served, such as mental health, substance use disorders, wellness services, child welfare, and any special legal and constitutional issues relative to court type.

9-7 The treatment court team shall attend training conferences and workshops annually.

9-8 Treatment court uses technical assistance to improve operations and ensure services are delivered effectively.

**Key Component #10: Forging partnerships among treatment courts, public agencies and community-based organizations generates local support and enhances treatment court program effectiveness.**

10-1 Treatment courts are encouraged to utilize other community-based services and treatment providers who may be able to augment treatment court services.

10-2 The treatment court shall establish a Policy Committee (see definition in Appendix A) to oversee the operations of the court and to establish a written plan. The plan should address sustainability of the court's operation, resources, information management, and evaluation needs. The written plan shall include implementation tasks and timeframes to ensure compliance with the Treatment Court Standards. The plan should incorporate the goals of participant abstinence from alcohol and illicit drugs and the promotion of law-abiding behavior in the interest of public safety. The Policy Committee should meet quarterly. Members of the Policy Committee are to be drawn from the participating agencies. Recommended membership includes: prosecuting attorney, defense attorney, community corrections agency or juvenile probation department, the court, law enforcement, child welfare, and treatment. The treatment court shall define roles and responsibilities of the Policy Committee in writing (typical policy committee responsibilities include developing policy, providing guidance, and advocating for reforms).

10-3 The treatment court should organize an Advisory Committee (see definition in Appendix A) consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, the business community, media, faith community and other community groups. The Advisory Committee should meet at least yearly to provide guidance to the Policy Committee and treatment court team. Advisory Committees should be looked to for program guidance, fundraising, resource development to meet unmet needs of participants and other program challenges. Treatment courts should consider whether the Advisory Committee members might form an independent 501(c)(3) organization for fundraising purposes. The Advisory Committee should provide opportunities for community involvement and informing interested community members, including the holding of informational meetings, community forums, and other outreach so they can contribute to and support the treatment court. The use of local media for community education, program announcements, and to recruit funds and resources is recommended.

10-4 Treatment courts shall cooperate with the Supreme Court and the AOC to ensure compliance with these standards. The Supreme Court will enforce compliance with these standards.





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## Appendix A: Definitions

**Abstinence:** The fact or practice of restraining oneself from indulging in something. In treatment courts, abstinence is an overarching goal, and generally means avoiding the use of alcohol or other drugs.

**Adult Drug Court Best Practice Standards:** A two-volume publication providing a definition of what constitutes a good drug court rooted in evidence of effectiveness.

**Advisory Committee/Board:** A group that meets at least annually and brings in people representing the community, including business community, faith community, social services/nonprofits, other stakeholders or other people who may be able to promote sustainability, political support, and generate resources to meet participant needs. This group does not make program policies.

An advisory committee may serve many purposes, but one of the most important is sustainability. Thinking in terms of linking community resources, community partnerships will allow teams to access more services. Establishing relationships with potential stakeholders (such as employers) can be a great way to establish buy-in from the community as well as encourage their involvement. The team should also explore any potential stakeholders in childcare, transportation, education or the business or faith communities. Meeting at least annually allows committee members to learn about the needs of the program and its participants and discuss ways that resources can be generated to meet those needs. Meeting regularly can keep partners engaged and able to respond to changing political or community contexts. Including community members could result in expanded community understanding and support of the program, as well as additional services, facilities, and rewards for the program.

**Agency:** Any participating for-profit, non-profit or government agency that is involved with a treatment court.

**Alumni:** Graduates of a treatment court program. Alumni can serve as mentors and support people to active participants and as ambassadors for the program in the community. Please see Appendix J for details about potential roles alumni can play and suggested criteria for their involvement.

**AOC:** Administrative Office of the Courts. State staff who support the functions of the court system in New Mexico through ensuring funding, information technology, training, and advocacy. State staff who specifically support treatment courts are housed in the AOC.

**AOD:** Alcohol or other drugs

**Assisted Outpatient Treatment Court:** A civil court program to facilitate the delivery of community-based behavioral health treatment to individuals with a serious mental disorder. Assisted Outpatient Treatment (AOT) is medically prescribed mental health



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treatment that a patient receives while living in a community under the terms of a law authorizing a state or local court to order such treatment. AOT (also known as involuntary outpatient commitment, conditional release, and other terms) involves petitioning local courts to order individuals to enter and remain in treatment within the community for a specified period of time. AOT is a recognized evidence-based practice and is intended to facilitate the delivery of community-based outpatient mental disorder treatment services for individuals with SMI that are under court order. The intention is to help a person who is not likely to voluntarily obtain treatment receive services to help them live safely in the community without court supervision.

**Behavioral:** Involving, relating to, or emphasizing how someone acts or behaves.

**Behavioral Health:** The promotion of mental health, resilience, and well-being; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

**Behavioral Health Court:** A treatment court program established to meet the mental health needs of participants and practicing under the New Mexico Treatment Court Standards.

**Breach:** Breaking or failing to observe a law, agreement, or code of conduct. In treatment courts, this term typically refers to the inappropriate or unauthorized sharing of information, especially confidential information. Because treatment courts involve recorded that are considered protected health information, confidentiality is extremely important. Please see Appendix C for detailed information about Confidentiality, including procedures for handling a breach.

**Case Management:** Assessment of participant needs and either providing services or linking the participant to services to meet those needs.

**Case Manager:** The individual on the treatment court team responsible for assisting the participant with stabilization and community supports, such as finding safe, stable, and drug-free housing; identifying transportation option; securing public assistance; etc. The case manager may also administer brief screening instruments designed to identify participants requiring more in-depth clinical assessments. The case manager responsibilities may be completed by one or more team members such as the treatment court coordinator, treatment provider, surveillance officer, etc.

**Certification:** The certification process is one element of an infrastructure designed to assess the alignment of treatment court programs with best practices and the New Mexico Treatment Court Standards. Criteria are set by the AOC. Certification will help programs: Measure and ensure alignment with NM standards, use consistent, research-based criteria for assessing quality, demonstrate congruence of programs with legislative funding priorities based on evidence based practices, identify areas for improvement, and inform the AOC of areas of needed resources, technical assistance, and training.

**Client:** Also known as "participant."

**Clinical Case Manager:** The individual on the treatment court team responsible for administering a validated assessment instrument to determine whether participants require complementary treatment or social services, providing or referring participants for indicated services, and keeping the treatment court team apprised of participants' progress.

**Cognitive Behavioral:** Cognitive-behavioral therapy (CBT) is a form of psychological treatment that incorporates strategies to change the way people think and act and has been shown to be effective for a range of problems, including alcohol and drug use problems and a range of mental illnesses. CBT leads to significant improvement in functioning and quality of life.

**Complementary:** Interventions other than substance use disorder treatment that ameliorate symptoms of distress, provide for participants' basic living needs, or improve participants' long-term adaptive functioning. Complementary services may include housing assistance, mental health treatment, trauma-informed services, criminal thinking interventions, family or interpersonal counseling, vocational or educational services, and medical or dental treatment. This term does not include restorative-justice interventions, such as victim restitution, supervisory interventions such as probation home visits, or recovering-oriented services such as peer mentoring.

**Criminogenic:** Likely to cause a person to engage in criminal behavior.

**Defining Drug Courts: The Key Components:** Also known as the "10 Ten Key Components." A publication providing a basic definition of what a drug court is. https://www.ncjrs.gov/pdffiles1/bja/205621.pdf

**Drug Court:** **See *Treatment Court*.** A drug court is a specially designed court calendar or docket, the purposes of which are to achieve a reduction in recidivism and substance abuse and to increase the participants' likelihood of successful rehabilitation through early, continuous, and intense judicial oversight, treatment, mandatory periodic drug testing, and use of appropriate incentives, sanctions, and other community- based rehabilitation services. Also known as treatment court. A court program involving a close collaboration between a judge and a community service team to develop a case plan, closely monitor a participant's compliance, and respond appropriately with incentives, sanctions and therapeutic adjustments. A drug court (also known as treatment court, specialty court, problem solving court, mental/behavioral health court, etc.), is a judicially overseen, team-managed court docket dedicated to reducing recidivism, substance use and/or impact of problematic mental health symptomology while increasing wellness & recovery through a case-managed care plan and focused judicial responses to participant behavior. These programs are identified by their alignment with the *Defining Drug Courts: The Key Components*. Best-practice programs are those aligned with the *Adult Drug Court Best Practice Standards* (Volumes 1 & 2)



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and the *New Mexico Drug Court Standards*.

**Drug Court Fund:** The "drug court fund" is created in the New Mexico state treasury. The fund consists of appropriations, distributions, gifts, grants, donations, and bequests made to the fund and income from investment of the fund. The Administrative Office of the Courts administers money in the fund to offset participant service costs of treatment court programs, consistent with standards approved by the Supreme Court.

**DWI Court:** A special type of treatment court specific to people who have been convicted of Driving While Impaired (DWI). This post-conviction court system is dedicated to changing the behavior of offenders who are dependent on alcohol or other drugs. The goal of the DWI court is to protect public safety by reducing impaired driving. Some drug courts also take DWI offenders – those programs are called "hybrid" DWI courts or DWI/drug courts.

**Eligibility:** Participants are eligible according to policies and procedures established in each drug court and the statewide drug court standards. An individual may be eligible for a drug court but may not be suitable for placement.

**Evidentiary Privileges:** A person with evidentiary privileges cannot be compelled, as a witness, to disclose certain information. They may also be entitled to prevent others who share the privileged information from disclosing it. In the criminal justice system, this concept is present in the relationship between a participant and their defense attorney. However, in treatment courts, participants may grant permission for sharing of privileged information as part of program participation.

**Exclusion Criteria:** Factors that are used to prevent someone from participating; restrictions.

**Family Dependency Court:** Also known as Family Treatment Court, Family Recovery Court, Family Drug Court. Family Dependency Court is a juvenile or family court docket of dependency cases (child abuse or neglect allegations) where parental substance abuse is a primary factor and parents risk losing custody of their children. The goal of Family Dependency Courts is to engage parents in treatment and other needed services; provide needed supports and services to the children; and ensure a safe, nurturing, permanent home for children.

**Graduate:** Successfully complete the requirements of a treatment court; a person who has successfully completed the requirements of a treatment court. Considered an important step in (commencement to) the person's next phase of recovery.

**High-risk:** Factor that increases the likelihood of a negative outcome. In treatment courts, high-risk participants have a greater probability of failing on probation or committing a new offense.

**Incentives:** A reward for compliance with treatment court rules and progress in treatment. Incentives may be intangible, in the form of less restrictive reporting standards and recognition/praise for progress and successes, or tangible, such as donated gifts from



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the business community or private citizens, etc.

**Informant/Undercover Agent:** A person who is gathering information secretly, usually about illicit activities, with the intention of reporting that information to an authority.

**Information Management System:** A database or other system of collecting, storing, and using data. In treatment courts, the information management system is a database that keeps all of the information about program participants. Treatment courts in New Mexico are expected to use the statewide treatment court management information system.

**Juvenile Drug Treatment Court:** Also known as Juvenile Drug Court. Juvenile drug treatment courts are juvenile court dockets of youth with delinquency (criminal) cases who have been identified as having a problem with alcohol or other drugs. Juvenile drug treatment courts are treatment courts for youth under age 18.

**Lived Experience:** Personal knowledge about the world gained through direct first-hand involvement in everyday events. This term is often used to refer to a person's experience dealing with difficult circumstances such as having a mental health issue or substance use disorder, being involved in the justice system, or being a member of a minority or oppressed group. A person's lived experience can help them be understanding and supportive of others who are dealing with similar challenges.

**Low-risk:** Not likely to have a negative outcome. In treatment courts, low-risk participants are those who are not likely to fail on probation or commit a new crime; they typically need less intensive monitoring.

**Mental Health Court (MHC):** A treatment court that diverts defendants with mental illness into judicially supervised, community-based treatment. A team of court staff, social services, and mental health professionals work together to develop and implement treatment plans.

**Multidisciplinary Team:** A multidisciplinary group of professionals responsible for administering the day-to-day operations of a treatment court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment, and supervision services (Hardin & Fox, 2011).

**Need:** In the context of treatment courts, needs are the areas that are missing for a participant to be able to live a healthy life. The needs treatment courts are most focused on are criminogenic needs, which refer to clinical disorders or functional impairments that, if treated, substantially reduce the likelihood of continued engagement in crime.

**NM Treatment Court Standards:** The guiding document for all treatment courts approved by the New Mexico Supreme Court based upon national best practice standards and research.

**Participant:** Also known as "client."

**Peer:** A person with similar life experiences. In treatment courts, a peer can serve as a support or mentor to a participant, to help them cope with the difficult changes they are making in their life. See Appendix J for information about the roles and guidelines for incorporating peers into a treatment court.

**Person-centered:** An approach to recovery support services that is always directed by the person participating in services. Support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individual has identified.

**Policy Committee:** Also known as "Steering Committee." A group that meets separately as necessary from regular drug court team meetings to discuss program-level policies or practices. Membership ideally includes leadership (someone with decision-making authority) from the partner agencies in addition to the regular team members.

Every program needs a dedicated time for the important decision-makers from the partner agencies to get together and discuss policies and procedures, review data, and make changes that help the program improve. The policy committee may be the same group as the team, but it must include the individuals from each agency who have the authority to make decisions affecting their agency.

The group can also meet during regular team meeting times, but there must be some distinction between the regular team meeting topics and policy committee topics, which are program-level rather than participant level discussions and actions.

**Problem Solving Court:** A problem solving court (also known as drug court, specialty court, treatment court, mental/behavioral health court, etc.), is a judicially overseen, team-managed court docket dedicated to reducing recidivism, substance use and/or impact of problematic mental health symptomology while increasing wellness & recovery through a case-managed care plan and focused judicial responses to participant behavior.

**Program Manager:** Also known as program coordinator or treatment court coordinator. The individual on the treatment court team responsible for coordinating activities of the team on behalf of the judge, supervising participant engagement, collecting treatment, surveillance, and probation reports, and providing consolidated reports to the team. The program manager may also administer brief screening instruments designed to identify participants requiring more in-depth clinical assessments. The program manager role may be filled by staff or contractors with various job titles such as treatment court coordinator, probation officer, program manager, case manager, surveillance officer, etc.

**Prosocial:** Behavior or activity that is positive, helpful, intended to promote social acceptance and friendship, and supportive of a healthy lifestyle.



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**Recovery-oriented:** Building on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems. This approach holds out hope to those being served, partnering with them to envision and achieve a meaningful and purposeful life, empowering people to choose for themselves, recognizing that there are multiple pathways to recovery.

**Relationship-focused:** The relationship between a team member, staff member, or peer support person and the participant is the foundation on which support and services are provided. The relationship is respectful, trusting, empathetic, collaborative, and mutual.

**Remedial Actions:** A change to a behavior or situation that is not conforming to expectations to address the shortcoming. For example, if a treatment court's policies, procedures, or outcomes are not aligned with the State Standards, the program will be expected to develop remedial actions to address the issue and meet the standard.

**Risk:** Risk is something that increases the likelihood of a poor outcome. In treatment courts, the term high risk refers to the likelihood that an offender will not succeed on standard supervision and will continue to engage in the same pattern of behavior that got him or her into trouble in the first place. In other words, it refers to a relatively poorer prognosis for success in traditional rehabilitation services.

**Risk Factors:** Something that increases a person's chance of having a negative outcome. In treatment courts, risk factors are characteristics that increase a person's likelihood of failing on probation or committing a new crime. Key risk factors include prior criminal history, negative peer associations, antisocial thinking patterns, and conflictual family relationships.

**SAMHSA:** Substance Abuse and Mental Health Services Administration. A federal agency that has resources and standards related to clinical treatment and provides funding to some treatment courts through grant programs.

**Sanctions:** Consequences for undesirable behavior that are disliked by participants, such as verbal reprimands, increased supervision requirements, community service, or jail detention.

**Specialty Court or Specialty Docket:** a special court program established to address community issues, but not meeting the definition of a treatment court.

**Standards:** The guiding document for all treatment courts approved by the New Mexico Supreme Court based upon national best practice standards and research.

**Steering Committee:** Also known as "Policy Committee." A group that meets separately as necessary from regular drug court team meetings to discuss program-level policies or practices. Membership ideally includes leadership (someone with decision-making

authority) from the partner agencies in addition to the regular team members.

Every program needs a dedicated time for the important decision-makers from the partner agencies to get together and discuss policies and procedures, review data, and make changes that help the program improve. The policy committee may be the same group as the team, but it must include the individuals from each agency who have the authority to make decisions affecting their agency. The group can also meet during regular team meeting times, but there must be some distinction between the regular team meeting topics and policy committee topics, which are program-level rather than participant level discussions and actions.

**SUD:** Also known as Substance Use Disorder. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home, These illnesses are common, recurrent, and often serious, but they are treatable and many people do recover.

**Supplemental Funding:** Monies allocated from the drug court fund or other sources available to the AOC for distribution in support of treatment court programs.

**Therapeutic Response/Therapeutic Adjustment:** Alterations to participants' treatment requirements that are intended to address unmet clinical or social service needs, and are not intended as an incentive or sanction; how the treatment court team acts when a participant exhibits behavior (such as continued substance use) that is a result of their substance use or mental health disorder and when the person is otherwise fulfilling or trying to comply with treatment and supervision requirements.

**Trauma-informed:** A strengths-based approach to service delivery that emphasizes physical, psychological, and emotional safety; and creates opportunities for survivors to rebuild a sense of control and empowerment; and promotes healing.

**Treatment Court:** Court programs involving a close collaboration between a judge and a community service team to develop a case plan, closely monitor a participant's compliance, and respond appropriately with incentives, sanctions and therapeutic adjustments. These courts may also be known as drug court, problem solving court, or specialty court.

**Treatment Court Coordinator:** Also known as program manager. The individual on the treatment court team responsible for coordinating activities of the team on behalf of the judge; supervising participant engagement; collecting treatment, surveillance, and probation reports; and providing consolidated reports to the team. The treatment court coordinator may also administer brief screening instruments designed to identify participants requiring more in-depth clinical assessments. The treatment court coordinator role may be filled by staff or contractors with various job titles such as probation officer, program manager, case manager, surveillance officer, etc.

**Treatment Court Team Member (TCTM):** An individual participating on the multidisciplinary

team providing professional support to program participants and consultation to the presiding judge.

**Tribal Healing to Wellness Court (THWC):** A treatment court, often operated through Tribal jurisdiction, that integrates substance use treatment with the criminal justice system to provide judicially-supervised treatment and other needed services, intensive supervision, incentives and sanctions, and drug testing.

**Veterans Treatment Court (VTC):** A treatment court program operating with awareness of the unique strengths and needs of Armed Services veterans and providing support through regular court appearances, mandatory attendance at treatment sessions, and frequent and random testing for drug and alcohol use.

**Young Adult Court:** A young adult court is a program for individuals 18-25 years old who have legal and social service needs. This is a specialty court focused on helping young adults make a successful transition to adulthood.





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## Appendix B: Probation/Surveillance/Supervision Officer Policies and Procedures

B-1 The court's probation/surveillance/supervision officer policies and procedures will address, at a minimum:

a. Officer compliance monitoring responsibilities, including, but not limited to:
   1. Nature and scope of permissible and impermissible direct contact with participants;
   2. Involvement with electronic monitoring devices;
   3. Drug testing duties;
   4. Verification of community service, employment, or educational components of the treatment court;
   5. Nature, content, and periodicity of all reports required to document probation/surveillance/supervision activities (ALL field visits will be reported). The Policy must require reporting of observation of contraband (and any action taken regarding contraband) as well as any threat of physical confrontation; and
   6. Whether their duties are to include field work and home visits (see part b, below), or will be conducted solely from the court setting via phone and computer workstation.

b. If such duties are to include field work and home visits, the following elements must be included in the court's policies and procedures:
   1. A clear definition of what is meant by "field work" and/or a "home visit" (e.g., field officers should never attempt to provide counseling, but should instead verify compliance with treatment court dictates by performing drug tests, verifying curfew, etc.);
   2. A clear statement that field work should ideally be conducted in teams of two or more (see Practice 1 below) and the conditions, if any, wherein visits may be conducted alone;
   3. The process by which field visits will be scheduled, approved, monitored, verified, and documented;
   4. Any safety equipment (e.g., identification badge; body armor; mobile phone, hand-held radio, and/or other device for emergency communication; etc.) that will be provided by the court, and identify the circumstances in which it shall be used;
   5. Safety procedures covering what the field officers should and should not do in all situations they may face in the field (e.g., what actions to take if a compliance or law violation is observed; when to suspend a field activity, such as a home visit, due to threatening or suspicious circumstances; what communication protocols to follow in all circumstances, such as when law enforcement should be immediately contacted; etc.).
      i. If any self-defense tools (such as pepper spray) are authorized, the Policy must provide for appropriate training in when and how to use, as well as first-aid steps taken upon use;
      ii. The Policy shall prohibit the carrying and use of weapons capable of inflicting deadly force or great bodily harm – Court Probation/



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Surveillance/Supervision Officers shall not be armed. Note: Nothing in this section, or in a court's policies and procedures created in response to this section, shall be construed to limit the statutorily allowed powers (e.g., ability to arrest and carry a firearm) of certified officers (i.e., certified law enforcement or New Mexico Corrections Division [NMCD] adult probation officers) who are fulfilling probation/surveillance/supervision duties on behalf of a treatment court

c. Level of training or certification necessary for probation/surveillance/supervision officers, and mechanism by which such training or certification will be provided
   1. All field work staff and/or contractors (Treatment Court Coordinators, Court Probation and Surveillance Officers, etc.) shall complete an approved training program (contact the AOC's Statewide Treatment Court Coordinator for approved trainings) before conducting field work in a home or bar check situation. A Probation/Surveillance Officer who has not yet been trained may accompany a trained officer for such activities, but must complete the training within 12 months of initial hire;
   2. The Policy must make clear what restrictions the training or certification place on the court probation/surveillance officers. In all cases, the Policy shall provide:
      i. Court Probation/Surveillance/Supervision Officers shall not make an arrest;
      ii. Court Probation/Surveillance/Supervision Officers shall not seize evidence to be used in a new criminal prosecution;
      iii. Whether transportation and/or restraint of a participant is permitted by the Court Probation/Surveillance/Supervision Officer and, if so, under what circumstances.

d. The court staff attorney or the General Counsel of the Administrative Office of the Courts shall review the Probation/Surveillance/Supervision Officer Policy of every judicial entity. A Policy shall not be put into effect until approved in writing after legal review. Upon adoption of a Policy, each court shall provide a copy to the Statewide Treatment Court Coordinator at the Administrative Office of the Courts.

*Practice 1: When staffing resources make it difficult to perform field work in teams of two or more Court Probation/Surveillance/Supervision Officers who have completed the required training, the treatment court shall explore the possibility of collaborating with other probation/surveillance resources, such as through county compliance programs, the Juvenile Probation Parole Officer's or NMCD Adult Probation Officer's office, or local law enforcement, or the use of approved electronic means such as safety and support applications. The Policy must set forth what activities are permitted if field work is necessary but a partner is not available (e.g., no home visits or bar checks conducted alone, or what circumstances would justify such visits). How field work safety ratings are established and how those safety ratings correspond to conducting work alone.*



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## Appendix C: Confidentiality

C-1 Treatment courts should make sure they are following all applicable standards and laws related to confidentiality. New Mexico state law[15] requires that all health information remain confidential and that providers comply with federal regulations (in particular, the Health Insurance Portability and Accountability Act of 1996 or HIPAA[16] and the Health Information Technology for Economic and Clinical Health Act or HITECH Act[17]).

C-2 Confidential treatment court information and records include the participant's identity, diagnosis, evaluation, prognosis, and treatment.

*Practice 1:* *For purposes of evaluation, audit, and reporting, treatment court participants should be assigned and identified by a participant number.*

*Practice 2:* *Treatment courts should establish two Memoranda of Understanding on confidentiality. The first type of MOU will be at the agency level for all partner agencies and will specify interagency information-sharing expectations and procedures. If the treatment court works with a Tribe(s) or will serve Tribal members, the court should establish an MOU with the Tribe(s). The second type of MOU will be at the team member level, which all team members will sign and agree to follow confidentiality procedures. These MOU's should be re-signed by replacement team members and reviewed annually. This agreement shall include the roles and responsibilities of all parties, as well as what information will be shared.*

*Practice 3:* *Confidential treatment court information and records do not include standard court orders and those documents critical to court functions, including, but not limited to the following: Judgment and Sentence, Order Deferring Sentence, Judgment and Final Disposition, Report on Treatment Court Violations, Remand Order, referrals and reference to referrals in any of the above mentioned documents.*

*Practice 4:* *To avoid prohibited disclosure in court proceedings and court documents of confidential information covered by the federal law or these standards, treatment courts are encouraged to provide language in the participant's release of information consent form that information as to the participant's identity, entry into the treatment court or non-compliance with the treatment court (e.g., positive urinalysis, failure to attend therapeutic sessions) may be disclosed—and become a part of the public record—to the extent necessary and pertinent in a probation revocation, initial disposition or sentencing proceeding.*

[15] Confidentiality and Data Privacy – N.M. Code R. § 16.27.18.17
[16] https://www.hhs.gov/hipaa/index.html
[17] https://www.hhs.gov/hipaa/for-professionals/special-topics/hitech-act-enforcement-interim-final-rule/index.html



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C-3 Confidentiality continues to apply to treatment court information and records even when the participant has voluntarily or involuntarily left the treatment court.

C-4 Except as authorized by court order, confidential treatment court information and records may not be used to initiate or to substantiate any criminal charges against a participant or to conduct any investigation of a participant.

**Confidentiality - Security and Retention of Written and Electronic Records**

C-5 Written records which are subject to these standards must be maintained in a secure location and access to these records limited to authorized individuals. The treatment court judge, in consultation with the treatment court team members, should determine access authorization to secure written records.

C-6 Electronic data which are subject to these standards must be protected by security walls and security codes. Access shall be limited and disclosure/re-disclosure shall be subject to approval by the treatment court judge and team. *(See Key Component #8.)*

C-7 Treatment courts shall adopt written procedures and/or policies which regulate and control access to and use of written and electronic records which are subject to these standards.

*Practice 1:* *These standards apply to written and electronic records that may be in the possession of or accessible to the court and court staff, designated team members, treatment court contractors, and any other entity identified by the treatment court team.*

C-8 Once authorized access is obtained and initial disclosure permitted, the redistribution of confidential information and records is not permitted, unless it, too, is authorized on a limited, known basis.

*Practice 1:* *Treatment courts must not only limit disclosure to authorized parties, but they must also limit the re-disclosure of confidential information and records.*

C-9 Retention of and destruction of treatment court records following graduation or exclusion from a treatment court should follow the record retention and destruction schedules defined by Judicial Rules (NM Code R. § 16.10.17.10). Medical records must be retained for at least 10 years after the date of last treatment or the time frame set by state or federal insurance laws or by Medicare or Medicaid regulation. Medical records for minors must be retained until the patient is 21 years old. Treatment court team members who are contractors must return any participant records to the treatment court coordinator or designated authority at the time of participant completion or team member departure from the program.



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**Confidentiality - Limited Authorized Disclosures**

C-10 Disclosure by Written Consent of Participant

a. A treatment court participant may consent to the disclosure and re-disclosure of confidential records and information. Such consent must be in written form and it must contain the following elements:
   1. Specific name or general designation of the program or person permitted to make the disclosure.
   2. Name of the participant permitting disclosure; if a minor, add parent/guardian/custodian.
   3. Name or title of the individual(s) or the name of the organization to which (re)disclosure is to be made.
   4. The purpose of the (re)disclosure.
   5. How much and what kind of information is to be disclosed.
   6. Signature of participant; if a minor, the parent, guardian, or custodian must also sign.
   7. Date on which consent signed.
   8. Date, event, or condition upon which the consent will expire. The date, event, or condition must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.

*Practice 1:* *The consent form should list the treatment court team members to whom disclosure is authorized.*

*Practice 2:* *The written consent for disclosure should be knowing and voluntary, and the participant should have ample opportunity to review the consent form prior to signing.*

*Practice 3:* *If a participant cannot understand or read the English language, the consent form shall be translated to assist the participant with language and/or comprehension.*

*Practice 4:* *Any treatment court participant may revoke a written consent to disclose confidential information and/or records, but, in doing so, may face expulsion from the treatment court.*

*Practice 5:* *Treatment court team members and contractors may use and disclose confidential information and records only to the extent necessary to carry out their treatment court duties and job assignments.*

*Practice 6:* *At the time of admission, or as soon thereafter as the participant is capable of rational communication, the participant shall be given a summary orally and in writing of the federal confidentiality laws and regulations.*



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C-11 Disclosure Without Prior Participant Consent

a. Confidential participant information and records may be disclosed without the participant's prior written consent under the following circumstances:

1. To report under state law an incident(s) of suspected child abuse and neglect to appropriate state or local authorities.

   To report to law enforcement the participant's commission of a crime on the premises of the treatment court or against treatment court personnel or of a threat to commit such a crime. Communications are limited to the circumstances of the incident, including the participant's status, as the individual committing or threatening the crime, the name, address, and last known whereabouts.
2. To convey information to medical personnel to the extent necessary to meet a bona fide medical emergency.
3. To convey information related to the cause of death.
4. To qualified personnel for the purposes of conducting scientific research, management audits, financial audits, treatment court oversights, program evaluations, and reporting to the AOC's Statewide Treatment Court Coordinator.
5. To protect against the threat to life or serious bodily injury.

*Practice 1:* *Such personnel as identified above should not identify, directly or indirectly, any individual participant in any report of such research, audit, oversight, evaluations or report.*

b. Disclosure by Court Order. Treatment court judges may issue a court order for (re)disclosure or use of confidential information and records but must do so in accordance with the due process and procedures established under 42 C.F.R., Part 2, Subpart E, of the federal regulations.

**Confidentiality and Accountability**

C-12 Treatment courts should include in their policy and procedures information about steps it will take, and who will take them, in the event of a known or possible breach of confidentiality. Programs should consider various scenarios and conditions in preparing these policies, including unintentional loss or theft of information (such as the misplacing of a flash drive, theft of a laptop, or break-in to an office) as well as intentional inappropriate or unlawful sharing of information (such as a team member talking with a friend or family member about the details of a case).

Consequences of a breach may depend on whether the act was intentional, a result of negligence, or out of the breaching party's control. The consequence of breaching confidentiality could range from upset program participants to fines or a lawsuit and the party responsible could face disciplinary action or loss of employment.



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C-13 Confidentiality disclosure violations, problems, concerns and issues should be brought to the immediate attention of the treatment court judge, or other designated authority who oversees the operation of treatment court, who shall resolve these matters in a manner that protects the integrity of the treatment court and privacy rights of the participant. If the breach involves the judge, notification shall be made to the chief judge of the district and the Statewide Treatment Court Program Manager.

*Practice 1:* *Whenever possible, the treatment court team members should participate with the judge in mutually resolving issues of confidentiality, disclosure and re-disclosure.*

C-14 Federal regulations involving protected health information include the HIPAA breach notification rule (42 CFR part 2, 164.400-414[18]), which provides for training, a process for making complaints, sanctions for workers who do not comply, and other policies and procedures related to this topic. Individuals whose information has been accessed or disclosed as a result of a breach must be notified as soon as possible and no later than 60 days after the discovery of the breach. Breaches that involve information of more than 500 residents of a state or jurisdiction must also notify media outlets serving the state or jurisdiction.

Individuals who are concerned about a breach of confidentiality (if they feel their privacy of their health information has been compromised) can be directed to the federal Office of Civil Rights, which handles complaints related to HIPAA. Complaints can be filed online at: https://www.hhs.gov/hipaa/filing-a-complaint/index.html, through email at OCRMail@hhs.gov, or over the phone at 1-800-368-1019.

Any breach that involves team member negligence or intentional disclosure shall be reported to the AOC/State Treatment Court Coordinator so they are aware of the issue and the program's response in case they contacted about it.

[18] https://www.law.cornell.edu/cfr/text/45/part-164/subpart-D

## Appendix D: Violent Offenders

D-1 A violent offender is defined as a person:

a. Currently charged with or convicted of an offense during the course of which
   1. The person carried, possessed, or used a firearm or other dangerous weapon;
   2. The person used force against another person; or
   3. Death, or serious bodily injury, occurred to any person, without regard to whether any of the circumstances described above is an element of the offense or conduct of which or for which the person is charged or convicted.

b. Has one or more prior convictions of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm.

*Practice 1:* *In the event there is no provision to the contrary, the following factors will be considered in determining if a potential participant with a prior conviction or adjudication involving an act of violence may be admitted to the treatment court.*

*a. The nature and character of the prior conviction.*
   1. *The nature, seriousness, and circumstances of the prior violent conduct.*
   2. *Whether the prior crime was committed because of an unusual circumstance which is unlikely to recur.*
   3. *The motivation for the prior criminal activity.*
   4. *The extent of the potential participant's involvement in the prior criminal activity.*
   5. *The age of the prior conviction.*
   6. *The potential participant's acknowledgment of wrongdoing.*
   7. *Any other circumstance which extenuates the gravity of the crime even though it is not a legal excuse for the crime.*

*b. The potential participant's criminal history.*

*c. The potential participant's background and life history.*
   1. *The age of the potential participant.*
   2. *The potential participant's mental or physical condition.*
   3. *The family and/or community support available to the potential participant.*
   4. *The effect of the prior conviction on the potential participant and his or her dependents.*



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*d. The potential participant's acknowledgment of a need for treatment.*

*e. Any equities or circumstances in the potential participant's background that would encourage inclusion of the participant into a treatment court.*



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## Appendix E: Legal Criteria for Treatment Court Treatment Providers

E-1 The treatment provider must provide the treatment court with copies of all applicable business licenses and their State of New Mexico Taxation and Revenue Department Certificate.

E-2 The treatment provider shall maintain in force general and professional liability insurance coverage in an amount determined by the treatment court. Evidence of coverage or verification of immunities and limitations of the New Mexico Tort Claims Act Section 41-4-1, et. Seq, 1978, must be provided by the treatment provider.

E-3 The treatment provider's facilities shall comply with the applicable fire and safety standards established by the State Fire Marshal and health, safety and occupational codes enforced at the local level.

E-4 The treatment provider's services and facilities must meet all requirements of the Americans with Disabilities Act of 1990, and all applicable state and local rules and regulations.

E-5 The treatment provider shall develop written policies and procedures that will ensure compliance with these standards, the treatment court requirements and the scope of services. The treatment provider shall provide services in accordance with the written policies and procedures.

E-6 The treatment provider shall establish written rules governing the rights and conduct of participants. The participant, and significant others, if applicable, shall be informed of the rules regarding admission, discharge, expulsion, and program expectation for participants admitted to treatment. Each participant, and where required significant other, parent and/or legal guardian shall sign these rules prior to or at the time of admission.

E-7 The treatment provider shall maintain a record on each participant, maintain participant records and participant identifying information in a confidential manner, maintain an up-to-date consent for release of participant information in accordance with State and Federal Regulations (Title 42, Code of Federal Regulations, Part 2), and these standards. Participant records shall be kept secure from unauthorized access.

E-8 The treatment provider shall obtain and have on file a consent for treatment signed by each individual and where required by the parent or legal guardian.

E-9 The treatment provider shall assure that participants meet the clinical criteria for admission to the program as established in conjunction with the treatment court.



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E-10 In support of comprehensive treatment for treatment court participants, the treatment provider may establish a localized network of public and private agencies through memoranda of understanding or other formal agreements to provide supportive services as appropriate.

E-11 The treatment provider shall maintain fiscal records in accordance with generally accepted accounting principles, State requirements and any contractual specifications.

E-12 The treatment provider shall participate in fiscal, operational or other audits as required by the court or other authorized agency.





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## Appendix F: Drug Testing Protocols

F-1 Each treatment court shall adopt written policies and procedures that document its drug testing protocols. The program's drug testing policies and procedures will address, at a minimum:

a. The types of drug testing to be performed (e.g., breathalyzer, UA drug screen, oral swabs, etc.);
b. Drug testing frequency, including description of random drug-test component;
c. What if any steps will be taken in handling disputed results;
d. If the court's drug testing procedures necessitate preservation of the drug testing samples, the court's drug testing policies should document the steps necessary to maintain proper chain of custody of test specimens and results;
e. Means and speed with which test results are communicated to the treatment court coordinator;
f. Descriptions of what will be considered a "positive" test result (e.g., abnormal pH levels, flushing, etc.).

F-2 In addition, each treatment court shall document its UA collection protocols in keeping with the following guidelines:

a. All urine collection shall be observed except as described in subsection c;
b. Collectors must have an unobstructed view of the specimen flow and must be of the same sex as the defendant/participant providing the specimen (with the exception noted in 5-8);
c. Take unobserved specimens **only** when the defendant/participant and the collector are not of the same gender or it is virtually impossible to collect an observed specimen (i.e., where circumstances beyond the control of the collector preclude the collection of an observed specimen);
    1. In the rare case of unobserved urine specimens, procedures must be documented that would minimize ability of defendant/participant to adulterate the specimen (e.g., verifying appropriate temperature of specimen through the use of temperature strips), and call the participant to be tested again (and observed) within 24 hours.
d. Collectors shall be trained in collection and testing (and chain of custody procedures if appropriate for that treatment court);
e. Training, staffing levels, and testing location must minimize risk of sexual or physical harassment between collector and defendant/participant.
    1. Maintain a clinical, professional demeanor that is detached and impersonal
    2. Conduct the testing the same way every time for every participant
    3. Remember that some participants are fragile or have been through trauma (be sensitive to the reality that the testing process may be embarrassing to the participant)
    4. There is a risk that participants in this population will accuse you of



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mistreatment

5. There is a legal need for a chain of evidence, so it is crucial to follow protocols
6. Always ask three questions (to give the participant an opportunity to admit to use):
   i. Have you used since the last time you were tested?
   ii. Is there anything I should know about this sample?
   iii. Will your test come back clean?

*Practice 1:* *When staffing resources (either of the treatment court or its treatment provider) make it difficult to collect urine specimens observed by a collector of the same sex as the defendant, the treatment court should explore the possibility of collaborating with other community resources, such as county compliance programs or local law enforcement. Testing can also be scheduled in such a way to ensure that appropriate staff are available for the defendants/participants who require testing (i.e., female defendants can be scheduled for drug testing at times to coincide with the availability of a female collector).*

*Practice 2:* *Collectors should have undergone a criminal background check before being allowed to collect or test specimens.*





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## Appendix G: Incentives and Sanctions

G-1 Treatment courts should utilize the Team Response Decision Matrix,[19] which considers the behavior, the participant's phase, and proximal and distal goals for selecting incentives, therapeutic responses, and sanctions. Training is recommended before use. Please ensure team members have been trained in behavior modification and have viewed the Matrix introductory video at hhtps://pscourts.nmcourts.gov/training-opportunities.aspx. Contact the AOC for additional training resources in use of the Matrix.

*Practice 1:* *The treatment court judge may employ incentives to reward participants in complying with the treatment court. Incentives may include but are not limited to:*

*a. Encouragement*
*b. Praise*
*c. Applause*
*d. Decreased frequency of court appearances*
*e. Decreased reporting*
*f. Decreased supervision*
*g. Honoring ceremonies*
*h. Publicly awarded tokens, medals, and/or certificates showing participant progress*
*i. Recognition for involvement in community or cultural activities*
*j. Community recognition of participant success (such as a story in a community newsletter)*
*k. Gifts*
*l. Forgiveness of fines or fees*

*Practice 2:* *The treatment court judge may also employ incentives that have been provided by non-judiciary entities (such as community agencies, or local businesses) in compliance with the judiciary's code of conduct. Such incentives may include but are not limited to:*

*a. Coupons to restaurants/stores*
*b. Tickets to movies/family outings*
*c. Gift cards*

*Practice 3:* *Therapeutic interventions may be used as appropriate in conjunction with incentives, such as:*

*a. Movement to a less restrictive treatment setting*
*b. Reduction in frequency of treatment sessions*

*Practice 4:* *The treatment court judge may employ graduated sanctions to*

[19] The Team Response Decision Matrix was adapted by Shannon Carey at NPC Research from a matrix originally developed by the Harris County TX Treatment Court. Please do not change or revise without permission. While individual responses can change, the steps and their order should remain. For training or questions, please contact Dr. Carey, carey@npcresearch.com.



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*assist participants in complying with the treatment court. Sanctions may include but are not limited to:*

a. *Warnings from the bench*
b. *Increased frequency of court appearances before the treatment court judge*
c. *Assignment to community service*
d. *Written assignments*
e. *Increased required meetings with case manager or probation*
f. *Required appearances before traditional forums, such as instruction by tribal elders*
g. *House arrest, curfews, and electronic monitoring*
h. *Appropriate terms of detention according to the terms of individual treatment courts*
i. *Extension of time in treatment court*

*Practice 5:* *Therapeutic interventions may be used as appropriate in conjunction with sanctions such as:*

a. *Reassessment*
b. *Increased frequency of alcohol/drug testing*
c. *Increased participation in outpatient individual and/or group sessions (as assessed)*
d. *Commitment to community residential treatment for a specified period of time (as assessed)*





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# Positive Behavior

## Incentive Matrix: "What do we want the participant to learn from this?"

*Step 1. Identify the **Behavior***

| Proximal (Expect Sooner) | Moderate | Distal (Expect Later) |
|---|---|---|
| • Attendance at treatment<br>• Attendance at other appointments<br>• Home for home visits<br>• Report to UA<br>• Timeliness<br>• Payment | • Honesty<br>• Testing Negative<br>• Participating in Prosocial Activities<br>• Employment<br>• Progress toward Tx Goals<br>• Progress in Tx | • Complete Tx LOC<br>• Extended Abstinence/Neg. Tests<br>• Treatment Goals Completed<br>• Phase Goals Completed<br>• Program Goals Completed |

*Step 2. Determine the **Response Level***

| | | Proximal (Expect Sooner) | Moderate | Distal (Expect later) |
|---|---|---|---|---|
| Distal ↓ Prox | Phase 1 | Small | Medium | Large |
| | Phase 2 | Small | Medium | Large |
| | Phase 3 | | Small | Large |
| | Phase 4 | | Small | Large |
| | Phase 5 | | Small | Medium |

*Step 3. Choose the **Responses** (Paired with Judicial Approval/Verbal Praise)*

### 3a. Therapeutic/Teaching Response

| | Phase 1 | Phase 2 | Phase 3 | Phases 4 and 5 |
|---|---|---|---|---|
| **Single Event** | • Behavior Chain<br>• Cost/Benefit Analysis | • Behavior Chain<br>• Cost/Benefit Analysis | • Behavior Chain | • Behavior Chain |
| **Continued Progress** | | • Change in LOC | • Aftercare Fqcy<br>• Re-evaluate Pharmacological Interventions | • Aftercare Fqcy<br>• Re-evaluate Pharmacological Interventions |

### 3b. Supervision Responses

| Phase 1 | Phase 2 | Phase 3 | Phases 4 and 5 |
|---|---|---|---|
| • Change in Curfew Status | • Reduced Contacts<br>• Reduction in Home Visits | • Reduced Contacts<br>• Reduce Home Visits<br>• Reduce in External Monitoring Devices | • Reduced Contacts<br>• Decreased Drug Testing |

### 3c. Incentive Response

| Small | Medium | Large |
|---|---|---|
| • Judicial approval (always)<br>• Fish Bowl<br>• Decision Dollars<br>• Example for other participants in court<br>• Handshake<br>• Candy<br>• On the A Team | ***Any small** and/or:*<br>• Choice of Gift Certificate<br>• Supervisor Praise<br>• Written Praise<br>• Positive Peer Board<br>• Certificate<br>• Reduction in CS hours<br>• Reduction in program fees | ***Any small, medium or**:*<br>• Framed Certificate<br>• Travel Pass<br>• Larger Gift Certificate<br>• Position as Mentor to New Participants |

*NPC Research: Contact Shannon Carey (carey@npcresearch.com). Adapted from a matrix originally developed by the Harris County TX Treatment Court. Training is recommended before use. Please do not change or revise without permission. While individual responses can change, the steps and their order should remain.

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## Sanction Matrix: "What do we want the participant to learn from this?"

*Step 1. Identify the **Behavior***

| Low (Less Immediate) | Moderate | High (More Immediate) | Very High |
|---|---|---|---|
| • Late for Scheduled Event<br>• Missed payment | • Missed UA<br>• Failure to Complete Assignments | • Unexcused Absence tx<br>• Alcohol Use<br>• Drug Use<br>• Tamper with UA or device/dilute<br>• Dishonesty | • Criminal behavior (new crimes, drinking and driving)<br>• Arrest |

*Step 2. Determine the **Response Level***

| | | Low | Moderate | High | Very High |
|---|---|---|---|---|---|
| Distal ↓ Prox | Phase 1 | Level 1 | Level 2 | Level 2 | Level 4 |
| | Phase 2 | Level 1 | Level 2 | Level 3 | Level 4 |
| | Phase 3 | Level 2 | Level 3 | Level 4 | Level 5 |
| | Phase 4 | Level 3 | Level 4 | Level 5 | Level 5 |
| | Phase 5 | Level 3 | Level 4 | Level 5 | Level 5 |

*Step 3. Choose the **Responses** (**paired with Judicial Verbal Disapproval and Explanation**)*

### 3a. Therapeutic/Teaching Responses

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| • Behavior Chain<br>• Cost/Benefit Analysis<br>• Skill Development<br>• Homework/Practice<br>• Homework chats | ***Level 1 plus:***<br>• LOC Review<br>• Thinking Report<br>• Write letters to nursing h ome resident | ***Level 1, 2, plus:***<br>• Referral Medication Eval<br>• Treatment Team Review/ Round Table | ***Level 1, 2, 3, plus:***<br>• Re-Assessment | |

### 3b. Supervision Responses

| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|
| • ≤ 1 additional report days/ week<br>• Homework chats | • ≤ 2 additional report days /week<br>• Home Visit<br>• Curfew<br>• (FTC) Increased supervis ion at child visits | • ≤ 3 additional report days /week<br>• Continuous Testing<br>• GPS/Electronic Monitorin g<br>• Home Visit<br>• Increase frequency UA T est<br>• Additional Court Report<br>• Case Conference | • ≤ 4 additional report days/ week<br>• Electronic Monitor Device<br>• Case Conference<br>• Curfew | |

### 3c. Sanction/Punishment Responses (Judicial Disapproval)

| | Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
|---|---|---|---|---|---|
| **Community Service** | ≤ 4 hrs | ≤ 8 hrs | ≤ 16 hrs | ≤ 24 hrs | ≤ 32 hrs |
| **Curfew** | ≤ 3 days | ≤ 5 days | ≤ 7 days | ≤ 10 days | ≤ 14 days |
| **House Arrest** | ≤ 24 hrs | ≤ 72 hrs | ≤ 5 days | ≤ 7 days | ≤ 14 days |
| **Jail** | | | ≤ 24 hours | ≤ 3 days | ≤ 5 days |
| **Other** | | | | Review Placement | Termination |



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## Appendix H: Fees

H-1 Fees may only be charged in accordance with statutory authority. See 35-6-7 NMSA 1978 for magistrate court programs and 34-6-47 NMSA 1978 for district court programs.

H-2 Fees can be expended for services, such as:

a. Treatment costs
b. Drug and alcohol testing
c. Training for treatment court team members
d. Childcare
e. Monitoring and compliance services and equipment
f. Psychological screening and assessments
g. Medical screening and assessments
h. Assistance with transportation costs to the treatment court
i. Interpreter's fees
j. Temporary housing assistance

H-3 Any proposed expenditures not included on the above list (e.g., emergency living expenses; treatment court incentives for participants, such as medallions; or refreshments for graduation ceremonies) must first be approved by the AOC. If approved by the AOC, applicable Department of Finance Administration guidelines must be followed in relation to the proposed expenditure.

H-4 If the program is collecting fees from participants for program operations, these fees should be expended on an annual basis. As a general business rule, account fund balances should not exceed $20,000 without AOC approval.



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## Appendix I: Code of Conduct for Treatment Court Team Members (TCTMs)

I-1 At all times in the execution of all official duties, TCTMs shall act in a professional, respectful, and courteous manner. This duty extends to interactions with program participants and others with whom the TCTMs come into contact on official duty, such as participants' family, criminal justice and behavioral health partners, and other TCTMs.

I-2 Unlawful discrimination, retaliation, and harassment toward a participant or other person are unacceptable; nor shall retaliation against a person filing a complaint, participating in an investigation or reporting such discrimination or harassment be tolerated, even if there are no findings. Violations of these protections are grounds for disciplinary action, termination of employment/contract, and/or reporting to local law enforcement or other appropriate entities.

I-3 A TCTM, including a contractor or a judge who is aware of, or who is the subject of discrimination, retaliation, or harassment has an obligation to immediately report it to the Court.

I-4 TCTMs are prohibited from having any undue familiarity or relationship with any current or recently-discharged treatment court participant or their immediate family members, to include domestic partners or others who reside in the participant's home, agents or close friends. This prohibition includes and extends to any relationship that is outside of the professional staffing relationship, and includes any personal business or financial transactions. In communities where business relationships cannot be avoided during the term of program involvement, policy should include guidance on appropriate disclosures of the relationship, professional boundaries, and the process by which decisions will be made if concern over a conflict of interest evolves.

I-5 TCTMs are generally prohibited from giving or accepting gifts or gratuities from a current or former treatment court participant or their immediate family members, to include domestic partners or others who reside in the participants home, agents or close friends. Court policy and procedures should address how to handle potential exceptions to the general prohibition.

I-6 Court policy should address business and personal relationships with former supervisees or their immediate family members, to include domestic partners or others who reside in the probationer's home, agents or close friends. Policy should also define "former," e.g., clarification between being out of the treatment court program versus being off probation altogether, and the amount of time post-program before a personal relationship is allowed, etc.

I-7 It is strongly recommended that the court require all TCTMs to cooperate fully with any inquiry or investigation in the event of an allegation of unlawful discrimination, retaliation,



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drug or alcohol use, and/or harassment, or any perceived violation of the code of conduct, professional decorum, policy, and/or procedure. The court should also require contracted TCTMs to submit to drug or alcohol testing, upon reasonable suspicion of on-duty drug or alcohol use if the court has a reasonable suspicion drug or alcohol testing policy in place for its employees.

I-8 Treatment court participant handbooks should include a summary of the conduct expected of the TCTMs followed by this reporting statement: *"If you are aware of any of these violations, please report it to a treatment court team member as soon as possible, or to the Statewide Treatment Court Program Manager by phone at 505-827-4800."*





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## Appendix J: Alumni/Peer Groups and Services

J-1 Alumni and peer support is the process of giving and receiving nonprofessional, nonclinical assistance to achieve long-term recovery from substance use and mental health disorders. This support is provided by trained individuals, (sometimes called peer support specialists or recovery coaches, with varying definitions of these terms) who have lived experiences to assist others in initiating and maintaining recovery. Based on key principles that include shared responsibility and mutual agreement of what is helpful, peer support workers engage in a wide range of activities, including

- advocacy,
- linkage to resources,
- sharing of experience,
- community and relationship building,
- group facilitation,
- skill building,
- mentoring, and
- goal setting.

They may also

- plan and develop groups, services or activities,
- supervise other peer workers,
- provide training,
- gather information on resources,
- administer programs or agencies,
- educate the public and policymakers, and
- work to raise awareness.

J-2 Alumni/peer recovery support or coaching is different than "mutual aid" recovery support like AA which is informal, does not require training, and provides a single path for recovery according to the specific group model. Also, peer recovery support is not treatment, but it may be conducted in parallel with formal treatment, and can occur across the full continuum of recovery, from pretreatment to maintenance.

J-3 Core Competencies for Peer Support Defined by SAMHSA. Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These are:

a. RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
b. PERSON-CENTERED**:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with



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the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individual has identified to the peer worker.

c. VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

d. RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

e. TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment. The full text of SAMHSA's Core Competencies for peer support can be found at https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf.

## J-4 Organization of alumni/peer support services in treatment court programs

a. Alumni groups shall be established with judicial approval and operate according to policies and procedures established by the treatment court policy committee.

b. At least one treatment court team member must be designated to oversee the alumni program and must receive approved training in the supervision of peer workers in addition to the minimum training required of alumni coordinators.

c. Alumni groups are recovery and/or program support meetings facilitated under the guidance of the treatment court program coordinator or other team member, an alumni coordinator, or an approved Certified Peer Support Worker. Attendees may include current or former treatment court participants. For clarity of roles and expectations, the following designations are used:

1. Mentors are program participants who volunteer to assist other participants who are at least one phase or step behind them in the treatment court program.
2. Alumni are treatment court program graduates who attend treatment court events to assist and support program participants and other alumni.
3. Alumni coordinators are nonprofessional team members who meet appropriate conditions as noted in section d below.
4. Certified Peer Support Workers (CPSWs) are team members who meet the qualifications as established by the NM Behavioral Health Services Division Office of Peer Recovery and Engagement (OPRE).

d. Policy and procedures must address, at a minimum:

1. Qualifications for formal alumni/peer group ***leadership***, *i.e., alumni coordinator(s)*
   i. Length of time in treatment court or other program
   ii. Progress toward recovery goals
      - Sobriety duration (minimum of 1 year)



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- Self-selection: interest, investment
- Rationale for team selection/approval of the alumni program leader
- Ability or capacity to articulate where they are on their journey, their goals, what changes they have made and what they have achieved
- Ability to articulate how they can be of service to others

iii. Experience volunteering
iv. Application and selection process
v. Ability for the candidate to articulate interest and skills
vi. Support/protection of the alumni/peer leader candidate

- Required training to include, at minimum, a thorough explanation of the program policies and procedures respective to alumni/peer services, ethics, peer engagement, SAMHSA's Core Competencies of Peer Support, and confidentiality.

2. Scope of alumni activities
   i. Roles and responsibilities at graduations and other court-sponsored events such as support and recovery groups
   ii. Whether attendance at staffing is allowed and under what conditions
   iii. Types of functions and responsibilities the alumni/peer volunteer(s) will assume (for example, clarify the position is not surveillance and not treatment, and what the position will accomplish).

J-5 It is strongly recommended that programs coordinate with the NM Office of Peer Recovery and Engagement (OPRE) for training and alumni/peer support.





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**Appendix K: New Program Guidelines**

## K-1 Operational Authority

a. All treatment court dockets operating under the auspices of a New Mexico court may only operate by order of the Supreme Court, and shall comply with all requests for data, processes established for recording and providing performance measures, and initiatives to measure alignment with standards, rules or guidelines, established by the AOC. Any treatment court considering closing must contact the AOC to discuss the reasons and determine if the AOC can provide any support, either to prevent the closure or to ensure the smoothest transition for participants and staff. Treatment courts that have closed and want to restart must also contact the AOC to establish a reopening plan.
b. All treatment courts established and operating at any level of the New Mexico Judicial System shall comply with the *New Mexico Treatment Court Standards* and operate as treatment courts consistent with the definition stated herein. These courts typically include, but are not limited to, adult drug courts, juvenile drug treatment courts, veterans treatment courts, family dependency courts, mental health or behavioral health courts, tribal healing to wellness courts, young adult courts, and DWI drug courts.

## K-2 Program Initiation

Any jurisdiction initiating a treatment court docket or program shall notify the AOC prior to inception and follow all requirements for establishing a treatment court. Requirements may include, but are not limited to:

a. Completing documentation such as the *Notice of Intent* and *Summary of New Treatment Court Services and Programs*,
b. Meeting all general conditions including in the *NM Treatment Court Standards*,
c. Archiving baseline data,
d. Collecting program performance data,
e. Presenting program reports,
f. Participating in process evaluations and/or program audits, including program certification

## K-3 Planning, Organization, and Implementation Strategies

a. Jurisdictions considering initiating a new treatment court are encouraged to:
    1. Become familiar with the *New Mexico Treatment Court Standards*. These standards reflect best practices and serve as the operational expectations for all treatment courts.
    2. Participate in training sponsored by national partners such as the National Drug Court Institute (NDCI) and visit a recognized mentor court.
b. New treatment courts will participate in training and technical assistance support provided by the AOC. This will include treatment court program orientation and implementation workshops.



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c. Jurisdictions initiating a new treatment court should identify and reach out to decision-making and policy-making authorities to involve them in the planning process.
    1. In Tribes or jurisdictions that will involve Native participants, the planning should include Tribal leaders, knowledge holders, and elders. Traditional healers and dispute-resolution authorities should be included in the decision-making process and traditional values should be carefully considered in the development and ongoing modification of the Tribal Healing to Wellness or treatment court program.
d. As part of the planning process, the planning committee should review Standard 1-7 to ensure the inclusion of recommended team members for the treatment court type under development and involve the appropriate agencies to engage those roles.
e. For consistency and stability, the core planning and implementation team should remain with the program for a sufficient period of time if necessary in an advisory role or as a member of the steering committee
f. Throughout the planning process, a record should be kept of key program design decisions and the intent behind these decisions so they may be used as building blocks for any future laws or court rules that institutionalize the treatment court and its processes.

## Appendix L: Funding Standards

L-1 Scope - The Drug Court Fund Standards apply to all treatment courts operating under the auspices of a New Mexico Court receiving supplemental funding from the Administrative Office of the Courts.

L-2 Authority - Section 7-1-6.40 NMSA 1978 (being Laws 1997, Chapter 182, Section 2)

> The "drug court fund" is created in the state treasury. The fund consists of appropriations, distributions, gifts, grants, donations, and bequests made to the fund and income from investment of the fund. The administrative office of the courts shall administer money in the fund to offset participant service costs of drug court programs, consistent with standards approved by the supreme court. Money in the fund shall be expended on warrants of the secretary of finance and administration pursuant to vouchers signed by the director of the administrative office of the courts. Balances in the fund shall not revert to the general fund at the end of a fiscal year.

L-3 Funding provided by the AOC is supplemental to the treatment court base budget obligation of each judicial district. The AOC shall establish annual supplemental funding priorities and disbursement amounts. The drug court fund may be used to support all direct and ancillary participant service costs including personnel, equipment, training, contracts, etc., as approved by the AOC.

L-4 Only drug courts, AKA treatment courts, as previously defined are eligible for supplemental funding from the drug court fund.

L-5 As noted in Standard 8-17, treatment courts shall develop and demonstrate material alignment with the *NM Treatment Court Standards* by participating in quality engagement initiatives coordinated through the AOC, including but not limited to, program certification, training, and other technical assistance. Supplemental funding may be approved if a treatment court is currently certified, has enlisted for the certification process according to AOC guidelines, or was rescheduled for certification with AOC approval.

L-6 As the drug court fund is a supplemental source of funding for treatment courts, the court's base budget commitment is expected to be expended as the primary funding source for the program.

L-7 Base allocations of supplemental funding awards can generally be expected to be renewed annually as long as the program is viable, the funds are expended on approved program components, and funding is available for reimbursement.

L-8 To renew established supplemental funding, each court will submit an Operating Budget (OpBud) for the upcoming fiscal year.



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a. These budgets must reflect the projected expenditures of both the obligated base court budget and the Supplemental Fund.
b. The OpBud(s) must be accompanied by the Memorandum of Understanding (MOU) approved by the AOC.
c. All *Supplemental Fund* budgets are approved annually by the AOC.
d. Courts are expected to expend their obligated base budget in addition to the supplemental funds awarded and must document these expenditures on a regular basis according to established practices detailed by the AOC.

L-9 When out-of-cycle adjustments to the approved OpBud are required, the requests will be submitted using the approved form to the Administrative Office of the Courts (AOC) with a proposed revised OpBud and rationale for the proposed changes. The AOC will approve or deny the adjustment. In the event of a program closure, remaining funds will be considered uncommitted and will be distributed according to these standards.

L-10 When supplemental funds above the recurring base allocations become available, special dates and forms for fund requests will be established and the AOC will review requests and make approval decisions.

L-11 When funding above the standard recurring allocations exist, the following considerations will apply in evaluating requests for new or additional funding (note – this list is not exhaustive, and the order does not reflect priority):

a. Previous funding levels and history of expenditures.
b. The context of the request in light of other local treatment courts in the jurisdiction (are there opportunities for consolidating or streamlining duplicative programs and activities and enhancing efficiency?).
c. Programs and projects with statewide impact.
d. Past performance measures and active caseloads (to evaluate alignment with performance targets, identify successful programs providing the best return to taxpayers, and evaluate the adequacy of funding to support existing and expanded service levels).
e. Proposals for new or innovative treatment courts demonstrating:
    i. A sound business plan addressing:
        1. Coordination with available federal resources including the Drug Court Planning Initiative
        2. Implementation strategies aligned with the current *NM Treatment Court Standards*,
        3. Fidelity evaluation strategies, and
        4. Sustainability strategies (especially if the program is developed and implemented using temporary grant or other funds)
    ii. Reasonable program referral capacity based upon the intended service/target population,
    iii. Local stakeholder commitment,
    iv. Community mapping to identify appropriate community resources, and,

v. Early coordination with the AOC including participation in a program development workshop and consistent submission of performance measures and other data.

f. Courts requesting funding to enhance program operations according to gaps and needs identified thorough AOC quality engagement initiatives such as Program Certification and/or Peer Review processes.
g. Programs focused on creating or enhancing services to participants who are assessed as needing medication as part of their treatment services (including those with Moderate–to–Severe Opioid Use Disorder).
h. Programs initiating or enhancing use of tele-services or other state-of-the-art approaches.
i. Programs demonstrating a commitment to best practices through:
    i. Participation in AOC training and technical assistance and quality engagement initiatives
    ii. Budgeting for the NMADCP conference as a standard operating expense for the entire interdisciplinary team
    iii. Consistently participating in NMADCP and other training with essential team members
    iv. Participating in other quality engagement and enhancement activities
j. Programs with demonstrated performance evidenced through external evaluation and continued fidelity.
k. Other initiatives reflecting current Supreme Court, AOC, or legislative priorities.

L-12 Applicable Department of Finance Administration and/or NM Supreme Court guidelines must be followed in relation to any proposed expenditure.





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## Appendix M: Defining Drug Courts: The Key Components (Summary)

Also known as "The 10 Key Components" (summarized below), this publication[20] provides a basic definition of what a drug court is.

**Key Component #1:** Drug courts integrate alcohol and other drug treatment services with justice system case processing

**Key Component #2:** Using a nonadversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights

**Key Component #3:** Eligible participants are identified early and promptly placed in the drug court program

**Key Component #4:** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services

**Key Component #5:** Abstinence is monitored by frequent alcohol and other drug testing

**Key Component #6:** A coordinated strategy governs drug court responses to participants' compliance

**Key Component #7:** Ongoing judicial interaction with each drug court participant is essential

**Key Component #8:** Monitoring and evaluation measure the achievement of program goals and gauge effectiveness

**Key Component #9:** Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations

**Key Component #10:** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness

[20] https://www.ncjrs.gov/pdffiles1/bja/205621.pdf

## Appendix N: Adult Drug Court Best Practices Standards Volumes I & II (Summary)

The Adult Drug Court Best Practice Standards are a two-volume publication providing a definition of what constitutes a good drug court rooted in evidence of effectiveness.

The standards are summarized below.

- **TARGET POPULATION:** Eligibility and exclusion criteria are predicated on empirical evidence indicating which types of offenders can be treated safely and effectively. Candidates are evaluated for admission using evidence-based assessment tools and procedures.
- **HISTORICALLY DISADVANTAGED GROUPS:** Citizens who have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive the same opportunities as other citizens to participate and succeed.
- **ROLES AND RESPONSIBILITIES OF THE JUDGE:** The Drug Court judge stays abreast of current law and research on best practices in Drug Courts, participates regularly in team meetings, interacts frequently and respectfully with participants, and gives due consideration to the input of other team members.
- **INCENTIVES, SANCTIONS, AND THERAPEUTIC ADJUSTMENTS:** Consequences for participants' behavior are predictable, fair, consistent, and administered in accordance with evidence-based principles of effective behavior modification.
- **SUBSTANCE ABUSE TREATMENT:** Participants receive substance abuse treatment based on a standardized assessment of their treatment needs. Substance abuse treatment is not provided to reward desired behaviors, punish infractions, or serve other nonclinically indicated goals. Treatment providers are trained and supervised to deliver a continuum of evidence-based interventions that are documented in treatment manuals.
- **COMPLIMENTARY TREATMENT AND SOCIAL SERVICES:** Participants receive complimentary treatment and social services for condition that co-occur with substance abuse and are likely to interfere with their compliance in Drug Court, increase criminal recidivism, or diminish treatment gains.
- **DRUG AND ALCOHOL TESTING:** Drug and alcohol testing provides an accurate, timely, and comprehensive assessment of unauthorized substance use throughout the participant's enrollment in the Drug Court.
- MULTIDISCIPLINARY TEAM**:** A dedicated multidisciplinary team of professionals manages the day-to-day operations of the Drug Court, including reviewing participant progress during pre-court staff meetings and status hearings, contributing observations and recommendations within team members' respective areas of expertise, and delivering or overseeing the delivery of legal, treatment and supervision services.



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- **CENSUS AND CASELOADS:** The Drug Court serves as many eligible individuals as practicable while maintaining continuous fidelity to best practice standards.
- **MONITORING AND EVALUATION:** The Drug Court routinely monitors its adherence to best practice standards and employs scientifically valid and reliable procedures to evaluate its effectiveness.





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## Appendix O: Pandemic Response Protocols

High functioning treatment courts are critical during a public health emergency. Discontinuing services should be reserved for only the most extreme conditions and in most cases, program enhancements should be pursued. Treatment courts serve participants who tend to be particularly vulnerable due to the underlying condition(s) that brought them into the program, and the treatment court is often the best, or only, lifeline to community resources and credible information. In order to continue program operations during a public health emergency (such as COVID-19 environment), the following adaptations to standard operating procedures are recommended:

1. Video-based, rather than in-person, check-in contacts between staff and participants, including community supervision/monitoring and court sessions
2. Video-based, rather than in-person, pre-court staffing meetings
3. Adaptations to drug testing protocols, such as
    a. Remote testing options for participants who are in vulnerable groups due to their health status
    b. Spacing the timing of participant arrival, and physical distancing, at in-person drug testing locations
    c. Use of physically distanced (when possible) UA observation; use of video or physically distanced oral swabs
    d. Use of longer-term monitoring methods, such as patches
4. Adaptations to home and community visits, such as physically distanced and outdoor meetings, staff remaining outside the home/workplace, staff delivering (or picking up) paperwork, supplies, or incentives without contact with the participant or others in the home/workplace, use of GPS monitoring
5. Telehealth services for treatment, case management, and skill development sessions; individual treatment sessions instead of groups
6. Obtain community support for smart phones and internet access for participants
7. Assess and monitor for anxiety and depression, help the participants develop skills for managing stress and mental health concerns
8. Assess each participant's situation to ensure the program can maintain confidentiality (e.g., does the participant have a private place for treatment sessions where they feel comfortable talking/sharing, where others cannot listen in [especially if the treatment is in groups], etc.)
9. Explore online and physically distanced/outdoor community service options and self-help/peer support groups

If you have any questions about how to modify your program practices during a pandemic, please contact the AOC.