



TREATMENT COURT MODEL POLICIES AND PROCEDURES MANUAL

How to Use this Document:

This document should function as a model to help programs document procedures for the operation of new or existing treatment courts. This model policy and procedure manual is a guide to help incorporate drug court best practice standards and the NM Treatment Court Standards.

As you utilize this outline, make sure you include requirements and recommendations from the NM Treatment Court Standards and maintain consistency with New Mexico law. Maintaining consistency with the NM Treatment Court Standards is essential to the continued operation of your treatment court.¹

This will provide your team members with direction as to how your program operates and will document the policies and procedures of your program.

This guide is designed to help you navigate the process of creating the policy and procedure manual for your program, so make it your own and add to it if needed.

Remember to review your policy & procedures with your team annually to ensure they are accurate and up to date

¹ The *New Mexico Treatment Court Standards* Preamble states, "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).

Table of Contents

- I. Program History
- II. Steering (aka Advisory) Committee
- III. Mission Statement
- IV. Goals and Objectives
- V. Program Structure
- VI. Target Population
- VII. Eligibility and Disqualification Criteria
- VIII. Entry Process
- IX. Team Member Roles/Ethical Considerations
- X. Phase Structure and Commencement Criteria
- XI. Incentives and Sanctions
- XII. Treatment Protocol
- XIII. Supervision (aka Surveillance) Protocol
- XIV. Drug and Alcohol Testing Protocol
- XV. Staffing
- XVI. Status Hearings
- XVII. Confidentiality Protocol
- XVIII. Participants Rights and Grievance Procedure
- XIX. Disparate Impact Statement
- XX. Documentation
- XXI. Data Reporting
- XXII. Evaluation Design
- XXIII. Fees and Fiscal Management
- XXIV. Community Resources and Ancillary Services
- XXV. Memorandums of Understanding
- XXVI. APPENDIX

Program History

A brief statement on the history of the treatment court program and what issues it was created to meet.

Consider including a brief jurisdictional description to include some basic demographic and economic data to describe the community where the drug court will be drawing its eligibility pool.

Advisory Committee

(See Standard 10-3; if you do not have a committee you can leave this out)

Include a description of how your program makes use of this committee, the members of the committee, and how often the committee meets. The committee should have a clear purpose; roles of members defined and meet on a regular basis.

The committee should be comprised of executive-level personnel from each agency to facilitate the process, expeditiously resolve issues, and provide buy-in at the upper echelon, so that later committees with non-executive level personnel will be comprised of people who are confident the Head of each agency has made the treatment court priority mission.

Mission Statement

A brief statement developed by the team that reflects the purpose of your treatment court.

Goals and Objectives

Goals are general statements about what you need to accomplish to meet your purpose or mission and address major issues facing your treatment court.

Objectives are specific activities or action steps to implement each goal. Exactly what you will attempt to accomplish for whom and in what time frame – a set of measurable situations, which when achieved will satisfy the need.

Program Structure

Include the structure of your program (i.e. Length, # of phases, target population Risk/Need level, describe tracks if more than 1, type of treatment received, etc.). Identify the type of adjudication process for your treatment court (i.e. post-plea, diversion, pre-sentence, etc.). What the basis/foundation used for your program is (i.e. Ten Key Components, Guiding Principles, etc.). The positive legal outcome of successfully completing your program.

Target Population

Describe the characteristics of individuals the treatment court team has identified to participate in the treatment court program.

Include the risk and need level for the target population and include the incentive (“carrot”) to enter the program. Identify and describe the risk assessment instruments used to determine risk. Identify what risk level your program accepts (i.e. high risk or low risk). For example, “eligible clients must score between a 20 and higher based upon the LSCMI risk assessment tool.” Likewise, write out eligibility based upon needs. For example, based on DSM-5, we accept people whose need levels are moderate to severe.

Describe in the section the name of the validated assessment instruments used.

PRO TIP: New Mexico treatment courts are required to use the Risk and Need Triage (RANT) or the DUI-RANT in addition to any other screening instruments implemented.

Eligibility and Disqualification Criteria

Describe guidelines used to identify and accept individuals into your treatment court program and the guidelines which are used that make an individual ineligible for the treatment court program.

PRO TIP: New Mexico treatment courts cannot prohibit FDA-approved Medication Assisted Treatment (MAT) and must follow New Mexico law regarding Medical Cannabis.

Referral/Entry Process

Describe the referral/entry process into your program. This is the process by which the treatment court program moves individuals from arrest to treatment/program entry.

Team Member Roles and Ethical Considerations

Define and outline each team member’s role, including the agency or department they represent and their responsibilities. Be specific to their duties on the treatment court team and include role-specific ethical considerations.

Training

(For guidance refer to standard: 1-20, 9-1, 9-3, 9-4, 9-5, 9-6, 9-7, & G-1)

This section details the training required for each team member and expected timeframe for completion. Include onboarding training, attendance at state and national conferences, webinars, and ongoing training required.

Include who is responsible for keeping track of the training.

PRO TIP: Standard 9-3.a states, “All court staff or contractors providing direct supervision and support services (**treatment court coordinators**, surveillance officers, court probation officers, etc.), must satisfactorily complete a pre approved Court Officer Basic Training (COBT) course within one year of hire when offered.”

Program is required to maintain an up to date training log for all team members

Phase Structure and Graduation Criteria

(This section is for court purposes only. There is a separate section to identify treatment phases.)

Describe each phase of your program, identifying requirements of each phase that participants must accomplish as they progress through your program

Phases should be based upon the risk and need level of the participants. If your program serves multiple Risk/Need levels, indicate the requirements for each track served.

Graduation criteria are the requirements participants must achieve to successfully complete the treatment court program.

Include the length of phases and sobriety days needed in order to advance for each phase

Termination Criteria

Describe the guidelines used when a participant is unsuccessfully terminated from the treatment court program. Include information regarding the process of termination and what type of information is provided to the sentencing judge.

Incentives and Sanctions

Describe how your program uses incentives and sanctions to respond to participant behavior.

Incentives are responses to compliance, perceived as positive, by the receiver. Sanctions are the imposition of a consequence, perceived as negative by the receiver, as a direct result of prohibited activity. Include a list of possible incentives and sanctions (high, medium, and low responses) participants may receive while in the program.

Does your program use a matrix guideline when responding to behavior?

Treatment Protocol

Describe the type of substance use disorder treatment and/or mental health model(s) used to treat your participants. Include who, what, where, when, and frequency, as well as the typical treatment court caseload size of the providers.

Example:

Name of Treatment Provider located at 2222 Street, City, State, and Zip Code.

Be sure to include the dosage of treatment required for each track

Example IOP Track Length and Phase-Based Requirements

Completing the Intensive Outpatient Treatment Track will require at least 21 weeks—beginning with an especially intensive initial phase that will require defendants to report Monday through Thursday for three hours each day. Nine hours per week is the minimum amount of treatment required for an American Society of Addiction Medicine (ASAM) consistent IOP component.

The first three phases require at least nine hours each per week of treatment. The fourth phase falls below the intensive outpatient minimum and becomes a step-down phase by requiring six hours per week. This is customary as individuals are preparing for the transition out of formal treatment. Ideally, at this phase, defendants are employed and attending outside support groups to sustain their recovery.

In addition to or in conjunction with their weekly supervision check-ins, IOP and dually diagnosed defendants will be required to participate in individual clinical sessions at least twice a month in Phase One; at least once monthly in Phases Two and Three; and as needed in Phase Four.

Supervision Protocol

Describe the supervision and case management used to supervise and monitor your treatment court participants. Include who, when, where, and frequency. If supervising multiple Risk levels and/or tracks be sure to include the difference in supervision for each track and/or phase.

PRO TIP: Appendix B in the *New Mexico Treatment Court Standards* includes probation/surveillance policy and procedure areas that must be addressed in addition to any other elements incorporated by the local jurisdiction.

Include typical supervision caseload size for treatment court cases only.

Identify how the case plan is developed and shared with the team.

Drug and Alcohol Testing Protocol

(For guidance refer to standards: 5-1, 5-3, 5-4, 5-5, 5-6, 5-7, 5-8, 5-9, 5-10, 5-11, 5-12, 5-13, 5-14, F-1, F-1a, F-1b, F-1c, F-1d, F-1e, F-1f, F-2a, F-2b, F-2c, F-2d, F-2e, F-2p1, & F-2p2)

Describe the type of alcohol and drug screening tools used to test the treatment court participants. Include the type (i.e. swab, patch, urine, breath, electronic, etc.) and when, who, where, frequency and time frame participants have to submit a test. Include types of substances tested for and the ability to test for additional if needed.

Include collection procedures and/or accommodations necessary due to trauma, gender, or cultural concerns of the participant.

The chain of custody should be addressed.

Address how dilutes are typically handled (i.e. first dilute), response to positive tests, and notification to the team.

Staffing

This section should outline the location, required attendees, time, how often and discussion points held during staffing.

Status Hearings

Outline how often, required attendees, time, and location review hearings are held. Include how legal representation is used for sanctions.

Confidentiality

(For guidance refer to standards: 1-16, 1-17, 1-18, 1-19, 1-21, C-1, C-2, C-2p1, C-2p2, C-2p3, C-2p4, C-3, C-4, C-5, C-6, C-7, C-8, C-9, C-10, C-10a1, C-10a2, C-10a3, C-10a4, C-10a5, C-10a6, C-10a7, C-10a8, C-10p1, C-10p2, C-10p3, C-10p4, C-10p5, C-10p6, C-11, C-12, C-13, & C-14)

Describe your treatment court's confidentiality protocols (42 CFR Part 2) and expectations. Include the process followed should a breach of confidentiality take place.

Include retention of treatment court program records.

Participant Rights and Grievance Procedures

Outline the rights of the participants and the steps to take when a grievance is submitted.

Disparate Impact Statement

This statement is the mission to provide equal opportunities and not discriminate against clients.

Documentation (Electronic and Papers Files)

Include detailed information on how documentation will occur and in which format files will be stored and retrieved.

Include the length of time required for documentation for both treatment and court team members.

PRO TIP: The DIMS statewide information management system must be used by all New Mexico treatment courts.

Data Reporting

Outline who is responsible for collecting data and which performance measures will be captured for evaluation measures.

PRO TIP: Certain performance measures are required as part of the statewide reporting of treatment court data.

Program Evaluation & Quality Assurance

Describe your program's process for evaluation and how the quality of the program is maintained.

(i.e. internal process, outside evaluations, & Quality Engagement Self-Check, etc.)

It typically involves the assessment of one or more of five program domains: (a) the need for the program, (b) the design of the program, (c) the program implementation and service delivery, (d) the program impact or outcomes, and (e) program efficiency.

Evaluation requires an accurate description of the program performance or characteristics at issue and assessment of them against relevant standards and criteria.

Fees and Fiscal Management

Outline any fees collected by the program from participants and how those fees will be used. Include who will be responsible for collecting and managing the fees collected.

Community Resources and Ancillary Services

Include the community resources/ancillary services available in your area in which partnerships are formed and recovery is reinforced for participants.

Memorandums of Understanding

These are written agreements with other agencies or organizations for services and coordination. The MOU should detail how often it will be reviewed and signed by the separate entities/individuals and signed as part of the onboarding process of new team members.

There must be 2 separate MOUs:

One specifically for the agencies contracted with the court detailing the responsibilities on an agency level (i.e. Office of the Public Defender, Treatment agency, LEO Agency, etc.)

The second MOU should state each specific role on the team, their responsibilities and what is expected of each team member (i.e. Judge, defense attorney, probation/compliance officer, treatment provider, etc.)

MOUs must be reviewed and signed on a yearly basis by all agencies, team members, and by new team members when they join your team

Appendix

This section is for all forms and court documents used by participants. Also include signed MOUs with community partners.

Be sure to update all forms and policy & procedures to reflect any changes to your program to ensure your documents reflect your program's current practices

Does your program have an alumni group? Be sure you have a separate P&P specifically for your group

Is your alumni group not running yet or are you still in the planning phase? You can always get started on your P&P prior to your group officially starting to help in the planning and vision of what you want your group to look like.

Remember you can always update your P&P as your group evolves