

Eighth Judicial District Taos Adult Drug Court

Policy & Procedures Manual Revised January 2021

TAOS COUNTY COURTHOUSE
105 ALBRIGHT STREET Suite N
TAOS, NM 87571
Phone: 575-751-8620
Fax: 575-758-1415
E-mail: taodgus@nmcourts.gov

Table of Contents

I.	Description	3
II.	Mission Statement	3
III.	Clients Eligibility	3-4
	A. Felony Drug Offenders	3
	B. Excluding Felony Offenders	4
IV.	Referral to Adult Drug Court	5-7
	A. Referral Sources	5
	B. Referral Packet Documentation	5
	C. Referral Considerations	5
	D. Referral Process	5
	E. Treatment Team Screening Process	5
	F. Intake Process	6-7
V.	Team Members and Decision Making	7-10
	A. Team Roles and Representatives	7
	B. Voting Procedure	8
	C. Weekly Staffing Meetings	8
	D. Team Training	8
	E. Policy and Procedure Meetings	8
	F. Confidentiality	8-10
VI.	General Program Requirements	10-24
	A. Standard Requirements	10-11
	B. Treatment Plans	11
	C. Medications	12-13
	D. TADC Drug Testing Guidelines	13-16
	E. TADC BAC Guidelines	16-17
	F. Attendance in Court	17-18
	G. Absconder Status	18
	H. Credit for Time in Residential Treatment	18-19
	I. Compliance and Sanctions	19-22
	J. Incentive	22-24
VII.	Program Phase Requirements	25-31
	A. Phase Overview	26
	B. Phase I	26-27
	C. Phase II	27-28
	D. Phase III	28-29
	E. Phase IV	30-31
	F. Phase V	31-32
	G. Commencement	32
VIII.	Memorandum of Understanding	31-33
IX.	Glossary of Terms	34-36
X.	COVID-19 Addendum	36

EIGHTH JUDICIAL DISTRICT COURT
TAOS ADULT DRUG COURT PROGRAM
POLICY & PROCEDURES

Effective January 12, 2021 – Amended March 9, 2021

I. Description:

The Taos Adult Drug Court (“Drug Court” or TADC) provides community-based treatment and intensive supervision to selected offenders who are identified as having substance abuse issues and could benefit from substance abuse education, treatment, and intensive supervision. TADC channels non-violent defendants charged with a felony offense, and Children, Youth and Families Department (CYFD) referrals, into a comprehensive program of substance abuse and family treatment, case management, supervision and rehabilitation.

II. Mission Statement:

The TADC program is a drug and alcohol treatment program administered and supervised by the Eighth Judicial District Court in partnership with professionals from the criminal justice communities and mental health and drug/alcohol treatment communities. Drug Court’s treatment is consistent with best national practices as recommended by the National Association of Drug Court Professionals and adopted for Treatment Courts in New Mexico.

The mission of Adult Drug Court is to provide an alternative to traditional sanctions through comprehensive mental health and substance abuse treatment in conjunction with intensive court and community-based supervision to individuals who have committed non-violent criminal offenses as a direct or indirect result of substance abuse. Adult Drug Court offers highly structured long-term treatment that ensures public safety by mitigating immediate risk factors. Adult Drug Court’s primary goals are to reduce recidivism by addressing the long-term needs of the participants and to support participants in becoming sober, productive and contributing members of the community.

III. Clients Eligibility:

A. Include felony offenders who:

1. Have been arrested or convicted of drug offense(s) or drug related crimes having to do with alcohol or other drug as defined in the New Mexico Criminal Code;
2. 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;
3. Committed distribution or trafficking of illegal substances to support participant’s dependency or addiction to alcohol or drugs;

4. Have violated probation by the commission of a drug offense, drug related crime or drug use;
5. Have substantiated child abuse and/or neglect finding where alcohol or other drug use is a factor;
6. 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;
7. On a case-by-case basis, clients who have been charged with a misdemeanor 3rd DWI will be assessed and reviewed by the Drug Court team for acceptance.
8. Are in current need of substance abuse education, substance abuse outpatient counseling, case management, surveillance and substance abuse monitoring;
9. Need monitoring through random urinalysis and/or breathe analysis;
10. Are identified, screened and approved by the TADC team for participation. Clients are accepted/denied on a case-by-case basis.
11. An offender may be re-referred at any time if the offender has successfully completed the Drug Court program if the offender needs services. If the offender has been unsuccessfully terminated from the Drug Court program, the offender may be re-referred after successfully completing a residential treatment program. If the offender has not completed a residential treatment program, he or she may be re-referred after at least six months from the date of the termination from the Drug Court program.
12. A client who transfers from another New Mexico Adult Drug Court program will be considered for acceptance to TADC. After the client's successful completion of 24 weeks in TADC, credit for client's time in another program will be considered based on a review of 1) the client's progress in TADC, 2) the other program's policy and procedures, and 3) the client's progress in the prior program.

B. Taos Adult Drug Court excludes felony offenders where:

1. The criminal charges against a defendant pertain to crime(s) resulting in death;
2. The criminal charges against the defendant involve an offense(s) that resulted in the actual infliction of great bodily harm and/or great mental anxiety on the victim(s);
3. The defendant is pending charges or on supervised probation for a crime that involves allegations of use of a firearm and subject to a firearm enhancement at sentencing;

Exceptions are allowed to be made on a case-by-case basis, at the discretion of the District Court judge.

IV. Referral to Taos Adult Drug Court:

A. Offenders may be referred to the TADC by the:

1. Prosecuting Attorney,
2. Defense Attorney,
3. District Court judge,
4. Magistrate Court judge,
5. Adult Probation/Parole Department,
6. Children, Youth and Families Department,
7. Health Care Assistance Program (HCAP),
8. DWI County Compliance,
9. Local treatment provider.

B. A referral packet should include:

1. Referral form approved by TADC program, which includes a statement from the referral source as to why they are referring the individual to Drug Court,
2. Copy of police report regarding the client's arrest,
3. A copy of the Conditions of Release, Judgment and Sentence, Order of Conditional Discharge, Order of Probation Violation, Plea Agreement pending imposition of Sentence, or the executed Pre-Prosecution Diversion Contract.
4. Any pre-sentence reports and assessment reports available to the Court, and
5. Any and all information provided from CYFD, if applicable.

C. A referral should include the following consideration: at the time of acceptance to the TADC program, the potential client should have enough court-imposed supervision remaining during which to complete the TADC program; exceptions will be considered on a case-by-case basis.

D. A referral packet will be submitted to the treatment team for processing. Upon receipt of the referral packet, the treatment team will schedule a meeting with the potential client. The meeting will involve client screening, as well as initial interviews.

E. Treatment Team Screening Process:

1. The Contractor will screen all referrals to the program.
2. No cost will be incurred by potential clients for the screening process.
3. The Contractor will obtain all relevant medical information, if applicable.

4. Potential clients shall submit a list of all medications being taken, whether prescription or otherwise. Potential clients who are currently prescribed narcotic or stimulant medications shall be referred for a medication consultation with their prescribing physician upon acceptance into the program, to ensure they are provided pharmacological alternatives that will adhere to program requirements.
5. The Contractor conducts the screening of the potential TADC client using evidence based best practice tools, such as the RANT, and completes a written report of the results.
6. After the assessment process is completed, the potential TADC client will be instructed to meet with the Contractor the following Wednesday to learn the status of their acceptance into the Drug Court.
7. Once the screening is completed, the Contractor will present the written report to the TADC team for review and to determine if the potential client is accepted into the TADC program. If additional information is necessary to make an acceptance decision, the Contractor will contact the referral source and gain the necessary information for an acceptance decision to be made the following week.

F. Intake Process:

1. Once accepted, the client will complete the following steps for intake into the TADC program:
 - a) Client will be contacted by the Contractor, and an appointment will be scheduled to complete intake forms and the orientation process with the Contractor.
 - b) Client will sign a Drug Court contract agreeing to all program requirements and conditions. Each condition will be explained in detail by the Drug Court staff. Client will then initial each condition, which will signify his /her understanding and acceptance of each condition, outlined.
 - c) Client will receive a copy of the Client Handbook.
 - d) Client will be assigned an animal name to be identified by when they call the UA hotline.
 - e) Client will submit a UA sample, which will be sent to the lab.
 - f) Client will meet any staff members who are available at the time of their Intake appointment.
 - g) Client will be photographed.

2. The first treatment phase begins immediately after intake is completed if client has not already begun voluntary participation.

V. Team Members and Decision Making

- A. The Eighth Judicial District Taos Adult Drug Court program is led by the District Court judge who provides direction in program policy, chairs the weekly team meeting, and presides over all TADC program judicial matters. The judge encourages full participation of all TADC team members and allows collaboration in decision-making. The judge is the ultimate authority for sanctions and incentives and may overrule team recommendations. The judge is the final authority on acceptance into the program, determining phase level advancements, and termination from the program.

The TADC team acts as a multi-disciplinary case management team with respect to the clients' involvement in the Drug Court program. The TADC team forms a critical partnership, which includes the judge, criminal justice agencies, and the treatment provider who collaborate to share expertise and facilitate each client's rehabilitation.

The TADC team is comprised of the following members:

1. **District Drug Court judge**
2. **Drug Court Program Manager**
3. **Treatment Provider**
4. **Law Enforcement Representative**
5. **District Attorney's Office Representative**
6. **Law Offices of the Public Defender Representative**
7. **Adult Probation and Parole Office**
8. **Community Member(s)**
9. **Educational Support**
11. **HCAP**
12. **Medical Professional**
13. **Peer Support (Former graduate)**
14. **CYFD** (Only included when CYFD referral is a Drug Court Program participant)

- B. When the judge calls for a vote, each member will have one vote. Once decisions are made and approved by the judge, the TADC and treatment teams agree to carry the team decision forward, presenting one unified message to clients. Furthermore, the Drug Court judge and team serve as program advocates, representing the program in the community, with federal, state, and local governments, criminal justice agencies, and other public forums.

- C. Weekly team meetings (sometimes called “staffing”) are conducted prior to each court session to review each client. The treatment team will provide activity reports to the TADC team along with recommendations on each client’s phase progression, sanctions and incentives.
 - 1. New referrals will be presented at the beginning of staffing.
 - 2. Treatment plans will be discussed once per month in staffing, or as needed, as treatment plans are modified.
 - 3. TADC team members must agree to and sign the Confidentiality Agreement and attest that all client information is confidential and shall not be disclosed to anyone outside the team.
 - 4. Team members offer comments, opinions, and suggestions regarding each client’s progress, attitude, and behavior to assist the judge in decisions regarding that client.
 - 5. Following staffing, the Program Specialist will prepare weekly minutes. The minutes should reflect the voting results.
 - 6. If Court is canceled due to holidays or coverage, weekly progress notes and recommendations will be made for the week of credit which should have been reviewed and presented to the judge for approval.

- D. New Drug Court team members shall receive formal orientation and training administered by previously trained Drug Court team members within 60 days of joining the team. Formal training can be supplemented with online webinar, Drug Court trainings and conferences.

- E. The TADC team will meet in a policy and procedure meeting on a yearly or as-needed basis to make general decisions about the TADC program. Team members may submit agenda items to the Taos Drug Court Program Manager, and proposed changes to policy will be discussed. Notice will be given to all team members of the time and place of such meeting at least one week in advance.

- F. Confidentiality
 - 1. All Drug Court team agencies agree to permit open communication and information sharing about Drug Court participants among and between

employees directly assigned to Drug Court. Client information will be shared with team members on a 'need-to-know' basis as it pertains to their treatment plan by treatment staff.

2. All team members assigned to Drug Court and their respective agencies agree that all information exchanged about Drug Court participants, except what is said in open court, will be kept confidential.
3. Exceptions to confidentiality include:
 - medical emergencies;
 - crimes committed on the program premises or against program staff;
 - mandatory reports of suspected abuse or neglect of a child;
 - receipt of a valid court order to produce information;
 - compliance with state laws concerning the collection of information relating to causes of death; or
 - compliance with duty-to-warn requirements
4. Researchers approved by the Drug Court team and the judge having the final decision may be allowed access to program data for research purposes as long as the identity of the Drug Court participants is protected.
5. Individuals outside the Drug Court team who request to observe staffing meetings must sign an agreement to abide by the confidentiality provisions of the law. Participation of outside persons is subject to approval or disapproval of the judge.
6. In the event participants are videotaped, all identifying information will be edited unless the individual gives written consent to be identified as a Drug Court participant.
7. Photographs of participants will not be displayed or released to the public without written consent.
8. All Drug Court participant files are secured at all times in a locked room or locked container.
9. Electronic Drug Court participant files will have a secured password available only to Drug Court team members.
10. The Drug Court team will adhere to all federal and state confidentiality laws applying to personal health information and substance abuse treatment

information including 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act (HIPAA).

VI. General Program Requirements

A. Standard requirements for all phases:

1. Participants must complete all phase requirements for TADC on a weekly basis in order to receive credit for the week. The TADC week starts on Friday at 6:00p.m. and runs through 5:59pm on Friday. All requirements based on a client's treatment/case management plan will also be monitored during each phase.
2. Credit for each week's activities will be based on the client's weekly participation and performance. Client's attitude, behaviors, and work in treatment are all factors that can be considered.
3. Client will be advised of the final decision of prior week's credit status at his/her scheduled Drug Court appearance or next treatment session. The judge or another designated TADC team member will explain the rationale for any decisions.
4. Clients must remain free of illegal drugs and alcohol during their time in Drug Court. Positive or missed UA's and/or Breathalyzer, at any phase in the TADC program, will subject a client to program sanctions but can never be the basis of an independent prosecution.
5. Possession, consumption or purchase of alcohol, marijuana without a prescription, drug paraphernalia, or illegal substances is strictly prohibited. Upon credible information, sanction(s) shall be imposed at the discretion of the TADC team.
6. When a client has a positive drug/alcohol test, the client's specimen will be sent to the lab for confirmation. If the lab confirms the positive result, a sanction will be imposed; whether the client admits or denies use can determine the sanction severity.
7. Clients must follow all conditions of probation and meet with probation officers as directed by APPO. In addition, travel permits can only be granted by Probation Officers, not the TADC. Clients shall seek the recommendation of the Drug Court Treatment Team prior to requesting a travel permit from APPO; upon receiving the recommendation, the Client will need to have their travel permit approved by APPO. Travel permit recommendations will be based upon program compliance and behavior at time of request. APPO will notify Drug Court if the travel permit was granted.
8. A client will meet with the Treatment team within the first week of intake for program orientation and introductions. The client will also meet the TADC team within three (3) weeks of intake into the program, and thereafter may meet with the TADC team at any time at the request of the TADC team, or treatment team.

9. Throughout the phases, clients must plan for economic independence.
10. In the event a client is charged with a new offense, their retention in the Taos Adult Drug Court program will be determined on a case-by-case basis. The Client will be advised to speak to their attorney before discussing any details pertaining to their new charges with members of the drug court team or as part of group sessions.
11. Relationships, associations or interactions with individuals who may be detrimental to a client's recovery/success in the TADC program are discouraged and will be addressed therapeutically. "No Contact" orders may be requested by APPO if said relationships/associations may violate a condition of probation.
12. Client demographics, contact information, and 'Releases of Information' will be reviewed and updated at the beginning of each phase. Clients must notify Case Manager of contact information changes any time during a phase.

B. Treatment Plans

1. Individual treatment plans will be designed by the Contractor after assessment of the client, in conjunction with the client, within the first 30 days of intake. Treatment and case management plans will include individualized treatment, case management and supervision activities, and their corresponding time frames.
2. After initial assessments and treatment plans are created, the client will be reassessed every 90 days or as Level of Care (LOC) changes based on individual circumstances.
3. The clients will be required to see the Drug Court therapists, and may continue to see their private therapists in addition to their required session with drug court. The TADC program recognizes that treatment for co-occurring mental health conditions is necessary for successful treatment of addictive behaviors. Therefore, clients diagnosed with mental health conditions should comply with all treatment recommendations including medication, if prescribed, as part of their treatment plan. Clients are required to sign a release of information so Drug Court treatment staff can communicate with his or her psychiatrist and/or mental health therapist in order to ensure collaboration of care. Failure to comply may result in sanctions or termination.
4. Pre- and post-assessment evaluations will be administered to all clients.
5. Aftercare Plan will be developed for each client based on his or her individual needs. Aftercare will be strongly encouraged for a minimum of 3 months and up to one year and may include weekly individual/family counseling, continued participation in community support groups, monthly case management, and more frequent drug testing at the discretion of APPO/CYFD. As an incentive for complying with the aftercare recommendations, when appropriate the treatment team will recommend to APPO an early release from Supervision. APPO can then file the appropriate paperwork with the Court based on the treatment recommendation.

C. Medications

1. Should medication(s) be taken and/or prescribed during client's participation in the program, the new prescription(s) or medication(s) labels must be brought into the treatment team for photocopying.
2. Clients who are prescribed medication for pain may only take a non-narcotic medication during participation in the program. If such medication is needed for short-term pain management, this must be reviewed by the Drug Court treatment team. The client will not receive credit while he or she is taking the narcotic medication(s).
3. In case of accident or injury, if a client is administered or prescribed a narcotic analgesic for short-term pain relief, the client will authorize his/her doctor to communicate the expected duration of administration of the narcotic(s). The client will not receive credit while he or she is taking the narcotic medication(s). Although the clients may not receive credit during the time they are taking their prescribed narcotic, the client may receive a token for complying with all other requirements of the program.
4. For long term pain management issues, the Drug Court Treatment team will review the doctor's authorization and duration of treatment. The participant's status in Drug Court will be reviewed by the TADC team. The TADC team will then also review whether the participant will or will not receive credit on a weekly basis and make a recommendation to the judge.
5. The client's Patient Monitoring Portal (PMP) will be run on a monthly basis, by the Contractor, to ensure no prescriptions have been prescribed by physicians, and not reported to TADC.
6. Clients who meet medical necessity and are prescribed Suboxone shall comply with the treatment team monitoring and safety requirements, which will include utilizing a lockbox. Further:
 - Clients will receive an informational packet which includes the TADC requirements for MAT storage, weekly verification requirements which include the photocopying of prescription lots as a weekly part of case management, along with literature from the Dept. of Health regarding Suboxone and MAT.
 - The client will sign a reciprocal release of information between the prescribing physician/psychiatrist and the treatment team.
 - The Drug Court treatment team will consult regularly with the prescribing physician/psychiatrist regarding our mutual clients to coordinate care.
 - Clients who divert Suboxone will be subject to a sanction.

7. Clients who test positive for Benzodiazepines or other prohibited substances, including alcohol, shall not receive credit and may be subject to sanction(s). It is always the client's responsibility to report prescribed, over-the-counter, herbal, and/or alternative medications or substances ingested which may lead to a positive lab screen, and be grounds for sanctions.
8. If clients are on stimulant medication prescribed by their physician, the Drug Court treatment team will review participants on a case-by-case basis to determine whether the client will test positive for such medication. The TADC treatment team will also determine whether a recommendation should be made to the provider if the client should instead get on a non-narcotic stimulant in order to participate in Drug Court.
9. Marijuana is an intoxicating and addictive drug that poses serious risks. The Taos Adult Drug Court Program DOES NOT endorse the usage of marijuana and will work with participants to find safe, acceptable alternatives to the use of prescribed medical marijuana. In accordance with NADCP's position, exceptions may be made, on a case-by-case basis, with evidence of medical necessity provided by a licensed physician with documented expertise in addiction psychiatry or addiction medicine.

Prior to earning credit, clients must have fulfilled the following requirements and checked all boxes in the "Medical Marijuana Client Checklist" provided by the Contractor that include but are not limited to: client has provided proof and a copy of the authorized Medical Marijuana Prescription; client has completed **psychological** evaluation; client has signed all pertinent Releases of Information Forms (Primary Care Physicians, Psychiatrist, Mental health care provider); client has been given a copy of the Contractor Counseling's Medical Marijuana usage policy during treatment; client has been assigned a primary counselor and is participating in individual Therapy; client has been enrolled in Intensive Outpatient Treatment Program and understands he/she must complete nine (9) hours or more of treatment a week; client has been enrolled in Random Drug Testing; Client signed Contractor Counseling's "Client Orientation Rules and Regulations" form; client has signed the "Appearing Under the Influence Policy.

10. Clients who show any signs of misuse or abuse of medications, prescription or over-the-counter, will be addressed clinically and permission to contact their primary care provider may be requested to ensure coordination of care.

D. TADC Drug Testing Guidelines

1. Urinalysis (UA) Drug Screenings are an essential part of the TADC Program. Each phase requires a minimum number of weekly UA screenings per client.
2. The following Guidelines establish the proper procedure for treatment staff to follow to ensure proper specimens are submitted for screening:
 - a) Keep specimen cups in sealed pouches until use;

- b) **NO CLIENT ACCESS** is allowed to specimen cups or UA fridge;
 - c) Specimen Cups will be stored at a temperature between 2 – 30° C;
 - d) Do not use specimen cups past expiration date;
 - e) Always wear gloves throughout entire procedure;
 - f) All UAs are to be observed with same sex/gender (see Supervisor);
 - g) Always use “mid-stream” samples.
3. When a client is notified, they must come to Drug Court to submit a UA the following Guidelines are to be used when collecting a UA sample from the client:
- a) Before collecting the specimen, ask the client if they have used any drugs or alcohol since their last urine specimen was collected and document it.
 - b) Ask the client to remove any unnecessary outer clothing and empty pockets.
 - c) All other personal belongings are to remain with coats and other outer clothing, and are to be secured in a locked space.
 - d) Make sure the collection area is free of anything that could be used to adulterate or substitute a urine sample.
 - e) Be sure to put on clean latex, nitrile, gloves, etc.
 - f) Have the client wash their hands with cold water under direct observation prior to giving urine specimen.
 - g) Ask the client to hold the specimen cup using only three fingers. Client/collector must never lose sight of cup until results have been read/verified and/or specimen is properly labeled with Security Label, Specimen ID Label, and secured in Specimen Bag.
 - h) Clients must provide at least 1/3 cup (45 ml) of urine at a temperature between 90°F (32.2°C) and 100°F (37.7°C).
 - i) Have client place cap back tightly on the cup. **NO CROSS THREADING!**
 - j) Collector should only handle specimen when results are to be read and/or upon packaging to the lab.
 - k) You can read the test after 5 minutes.

- l) If the control line is not present on the Panel(s), have client pour sample into a new cup, using the same urine specimen.
- m) If a client is unable to provide a urine drug screen at the time the urine screen is requested, they must wait in the office until they are able to provide a screen. They may be allowed to drink up to 40 ounces of fluids, distributed reasonably through a period of up to three hours, or until the individual has provided a sufficient urine specimen, whichever occurs first.
- n) Signs that a urine specimen has been tampered with include an unusual appearance (e.g. bubbly, cloudy, clear, and dark). Signs that it has been adulterated include a urine pH out of the 4.5 – 9.5 range, Creatinine >20 mg/dL, Nitrite <200 ug/mL, or Specific Gravity out of the 1.003 – 1.035 range. If questionable; can utilize the Specimen Validity Test (S.V.T.) as per given instructions.

Substituting or altering specimen or trying in any way to modify body fluids for the purposes of changing the drug testing results will be considered as a positive test for drugs/alcohol, will result in sanctioning, and may be grounds for immediate termination from drug court. The client upon entrance into the program will sign a behavioral contract for tampered UAs. If a client provides a dilute sample for the first time, the judge will address this issue in open court. The second time it may require a sanction.

- o) Fill out the Drug Court Urine Drug Screen Result Form, and have client date and sign, and collector date and sign.
- p) If the urine is illicit and/or being sent to the lab; follow all labeling and packaging directions as indicated by Millennium Health (Security Label, Specimen ID Label, and secured in Specimen Bag). Place in UA refrigerator for next shipment. Specimens to be sent out 2 X weekly via UPS.
- q) If + and/or being sent to the lab, indicate on the Drug Court Urine Drug Screen Result Form; the Specimen ID #, the results for illicit chemicals, if as per Rx (Rx must be on file, valid, current, etc.), and the date, time, and amount of last used (chemicals/ETOH) if indeed admitting.
- r) If sample is being sent to the lab, the client/collector are not to lose sight of said sample until Security Seal is placed over the sample and Specimen ID label is placed.
- s) A “faint line” is a line, therefore negative.
- t) Allow proper personnel to log results into Data Base.

- u) If a client's urinalysis results on the collection cup/Panel are indicating positive for use or drink and/or adulterated; ask the client about results in a therapeutic fashion. However, do not argue with the client, if they continue to deny the results despite prodding, package as above for lab, telling the client that any decisions around these results will be pending return results from lab.
- v) Notify appropriate staff.

E. TADC BAC Guidelines

1. The following guidelines establish the proper procedure for TADC staff to follow to ensure proper specimens are submitted for screening:
 - a. Insert a new mouthpiece firmly into the 'Breath Pipe In' hole on the left side of the product. Ensure no contamination from collector to mouthpiece. Insert a new mouthpiece before each test.
 - b. Wait 20 minutes after client smokes, eats or drinks before testing. Failure to wait 20 minutes can give wrong BAC readings and damage the sensor.
 - c. Press and hold the ON/OFF power button for 1 second until you hear a BEEP. The unit reads "Initializing..." as it prepares for use.
 - d. The screen displays "Test" and "Options". To start a "Test", press the Enter button. The unit displays "Blow Now". Advise the client to 'Take a deep breath, wrap your lips around the new mouthpiece and blow steadily for five (5) seconds.' The unit beeps when the test subject starts blowing and "knocks" after obtaining the sample. Do not cover the BREATH OUT hole.
 - e. After the unit begins 'knocking', the unit displays "Processing" while analyzing the sample. After about three (3) seconds, the unit then displays the estimated BAC. The unit shows the test result for 90 seconds before beeping twice and shutting off.
 - f. To turn off the unit, press and hold the ON/OFF power button for 1 second.

2. Reading the Results

- a. The displayed result is an estimate of the test subject's BAC. A breath alcohol tester cannot determine the exact BAC in the blood of the test subject. Correlation between BrAC and BAC depends on many factors, such as the temperature and health conditions. Therefore, only use this device as a tool to screen for the presence of alcohol. TADC considers a 0.02% or greater a positive test for alcohol in "zero tolerance" screening.

- b. Based upon the BAC test result, a urine drug screen may be required for lab confirmation, as the BAC unit is only a screening tool and requires lab confirmation.
3. Error Message Cause and Course of Action for BAC Testing
- a. Insufficient Breath Sample; The user failed to provide a sufficient breath sample. Repeat test and have user blow firmly and steadily for the entire test.
 - b. Low Battery; install two (2) AA alkaline batteries.
4. Precautions to Take When Using the BAC Device
- a. After drinking, smoking, and eating, users should wait 20 minutes before testing.
 - b. Avoid conducting testing in strong winds, in a closed room with a heavy amount of smoke, or where alcohol is present.
 - c. When the battery low symbol appears, replace the AA batteries.
 - d. Do not allow clients to blow cigarette smoke, food, or liquid into the unit.
 - e. Only use the unit in a temperature range of 10-40°C or 50-104°F. Operation above or below this range may affect the results.
 - f. BAC changes over time depending on many factors. BAC at one time can differ from BAC a few minutes later.
 - g. Do not use this product while inside a vehicle.
 - h. It is very important to have the instrument calibrated as recommended in this owner's manual. Failure to do so may result in readings that are inaccurate.

F. Attendance in Court

- 1. All clients must attend court on the first Tuesday of each month, unless otherwise notified by the TADC.
- 2. Commencement celebrations will typically be held on the first Tuesday of each month, unless otherwise notified by the TADC.
- 3. Client will appear for Drug Court as required by their phase level or individual requirements.

4. A Bench Warrant may be issued within 24 hours for client(s) who fail to attend their mandatory Drug Court appearance and do not have a verifiable excuse or prior approval by the Court.
5. Clients shall be discouraged from bringing their dependent children to court sessions, except for commencement celebrations. In the event of an emergency, clients should contact the treatment team and request permission to have their dependent children attend court with the client.
6. For clients who miss court due to serving a jail sanction during their required court session, credit will be granted on a case-by-case basis, as approved by the Drug Court judge, based on their ability to complete all other weekly requirements upon release.
7. Cell phones must be turned off in the courtroom.

G. Absconder Status

1. Clients who have missed two (2) consecutive UA's and have failed to report to the Drug Court Office shall be on absconder status. A Bench Warrant will be issued at that time for the client's arrest.
2. The TADC team will make a final determination regarding a client's status twenty-one (21) days after the date the Bench Warrant is issued or when the TADC team feels it is appropriate prior to the 21 days.
3. If a client is terminated, the Adult Drug Court Contractor shall contact the Adult Probation/Parole Department and/or CYFD staff for follow-up legal action.

H. Credit for Time in Residential Treatment

1. If a participant is court-ordered and sent to a residential treatment program before he/she starts the TADC program, he or she will not be eligible to receive credit for his or her time in the residential treatment program.
2. When a TADC client (a client who has participated in TADC immediately prior to attending a residential treatment program) successfully completes the residential treatment program, he or she must earn two (2) consecutive weeks of credit before the TADC team will consider giving him/her any credit for his or her time in treatment. The following schedule shall apply:

In treatment for 1-2 months:	Two (2) weeks credit
In treatment 3-4 months:	Four (4) weeks credit
In treatment 5-6 months:	Six (6) weeks credit
In treatment over 6 months:	Eight (8) weeks credit

3. When a client returns to the TADC program from treatment, the client will return to the phase and week he or she was in when he or she left for treatment.

I. Compliance and Sanctions:

1. The following range of possible sanctions may be given for a positive UA, missed UA or breathalyzer, positive UA or scam unit reading from APPO or other agencies, a tamper of urinalysis with confirmation provided to the treatment and/or Drug Court team, failure to adhere with program requirements, failure to engage in treatment, or continued dishonesty.

Range of Sanctions include but are not limited to:

- No credit for the week,
 - Reprimand by the judge,
 - Meeting with the judge and/or the Drug Court Team,
 - Assigned Community service (as defined in the Glossary),
 - Increased Probation/Surveillance visits,
 - Written essays to be read during Court,
 - Increased UA's,
 - Use of GPS/ Scram Unit,
 - Detention,
 - Other individualized sanction,
 - Termination for the TADC program.
2. Sanction(s) will be recommended according to the following matrix. Sanction(s) will follow as closely as possible to the behavior. Low level behaviors can be addressed immediately by treatment team. Moderate to **very high** behaviors will be discussed at weekly TADC team meetings and sanctions will be imposed immediately after they are approved by the judge. If behavior is High or Very High, and for client's safety, requires immediate attention, treatment staff will notify Program Manager of recommendation and the Program Manager will follow up with the judge and notify Team of decision at the next staffing.

Inappropriate Behavior

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
<ul style="list-style-type: none"> Late for Scheduled Event Missed payment 	<ul style="list-style-type: none"> Missed UA Failure to Complete Assignments 	<ul style="list-style-type: none"> Unexcused Absence tx Alcohol Use Drug Use Tamper with UA or device/dilute Dishonesty 	<ul style="list-style-type: none"> Criminal behavior (new crimes, drinking and driving) 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
<ul style="list-style-type: none"> Behavior Chain Cost/Benefit Analysis Skill Development Homework/Practice Homework chats 	Level 1 plus: <ul style="list-style-type: none"> LOC Review Thinking Report Write letters to nursing home resident 	Level 1, 2, plus: <ul style="list-style-type: none"> Referral Medication Eval Treatment Team Review/ Round Table 	Level 1, 2, 3, plus: <ul style="list-style-type: none"> Re-Assessment 	

3b. Supervision Responses

Level 1	Level 2	Level 3	Level 4	Level 5
<ul style="list-style-type: none"> ≤ 1 additional report days/ week Homework chats 	<ul style="list-style-type: none"> ≤ 2 additional report days /week Home Visit Curfew (FTC) Increased supervision at child visits 	<ul style="list-style-type: none"> ≤ 3 additional report days /week Continuous Testing GPS/Electronic Monitoring Home Visit Increase frequency UA Test Additional Court Report Case Conference 	<ul style="list-style-type: none"> ≤ 4 additional report days/ week Electronic Monitor Device Case Conference 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
Other				Review Placement	Termination

3. If Drug Court is cancelled due to holidays or coverage, the judge will be briefed on client's progress and any approved sanctions will be imposed within 24 hours of approval.
4. Sanctions may be substantially more severe when a client denies their drug or alcohol use.
5. Clients who have violated drug court requirements and face a jail sanction will be able to exercise their due process rights as follows through the outlined process:
 - a) The Program Specialist will prepare the notice of Drug Court Violation for the judge to review and sign. Client will receive a Notice of Drug Court Violation, which will include the proposed period of jail time or termination
 - b) The client will review the Notice of Drug Court Violation
 - c) The client will select one of the following:
 - i. 'Admit the violation, accept the proposed sanction, and waive my right to a hearing';
 - ii. 'Admit the violation and request a hearing on the proposed sanction'; or
 - iii. 'Deny of the violation of the violation and request a hearing'.
 - d) If the client admits and accepts the sanction, it can immediately be imposed, or necessary arrangements can be made to serve the sanction around their employment and family responsibilities.
 - e) If the client 'admits but requests a hearing' or 'denies and requests a hearing', the hearing will be held at the drug court session immediately following the violation. The hearing will take place at the end of Drug Court, after all other clients have been excused from the courtroom to ensure the client's confidentiality is maintained.
5. Community service will be to an approved location, and other assignment(s) given as a sanction must be completed within a time frame ordered by the Court. If the Client has not completed the community service or other sanction(s) within the time allowed by the Court, additional sanctions, including loss of credit, may be imposed.
6. Therapeutic interventions may be used as appropriate, in conjunction with incentives and sanctions.
7. Sanctions, up to and including termination, may also be imposed for clients who continually miss program requirements such as: AA/NA, weekly reports, therapy sessions, case management appointments, acupuncture, surveillance, meetings, and/or any other requirements assigned.

9. Sanctions will be imposed for falsifying AA/NA or Community Service verification forms.
10. Rude or disrespectful behavior towards any of the Treatment or Drug Court team members is prohibited and may result in sanction(s).
11. To the extent possible, when a client will be considered for termination from the TADC program, they will have the option to meet with the Drug Court Team.

J. Incentives:

Incentives:

1. Clients who demonstrate positive attitudes and behavior and progress well in the programs will be eligible to receive incentives that may include, but are not limited to:
 - applause in court sessions
 - affirmation and congratulations by the judge
 - certificates of achievement
 - reduced supervision (at the discretion of the TADC judge)
 - sobriety recognition chips
 - drawing from the fishbowl
 - placement on the 'Rocket Docket'
 - birthday recognition
2. At the completion of 24 consecutive negative UA's, the client receives an additional week's credit with the following exceptions:
 - a. Only 3 drug screens submitted within a drug court week will count towards the 24 UA credit, in the event more than 3 drug screens are required.
 - b. When a client is prescribed a medication that will show as a positive drug screen, they will not receive credit, but the positive drug screen for the prescription medication will not count against the 24 UA credit, and the client will not have to start back at 1.
3. Clients who successfully complete a GED or high school equivalency program, vocational or college accredited course are eligible to receive extra credit at the discretion of the TADC team.
4. Each week in court, any client in attendance, who has earned credit for the week is eligible to draw a prize from the fishbowl. Clients who are late to court, if they earned credit, will not be allowed to draw from the fishbowl.
5. Additionally, the TADC Token Incentive Program provides on-going rewards to mark progress and is administered as follows:

a. When Tokens Will Be Earned:

- At the completion of Phase I.
- At the completion of Phase II.
- At the completion of Phase III.
- At the completion of Phase IV.
- After attending the first 12 meetings of gender-specific group.
- Completion of MRT.
- Additional tokens may be drawn from the fishbowl.
- Completion of IOP.

b. Ability to use Tokens:

- Tokens cannot be used for missed or positive UA's
- Tokens cannot be used to miss Drug Court appearances.
- Ability to earn tokens will not be retroactive.
- Client must wait until he or she is in Phase II to use tokens.
- Client may use only one (1) token per week.
- Client must notify Case Manager of their intention of using their token 24 hours in advance, to be excused from the determined activity. Approval must be received before excusal is granted.
- Any token earned can only be earned once, regardless of any required repetition of a phase.

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)
<ul style="list-style-type: none"> Attendance at treatment Attendance at other appointments Home for home visits Report to UA Timeliness Payment 	<ul style="list-style-type: none"> Honesty Testing Negative Participating in Prosocial Activities Employment Progress toward Tx Goals Progress in Tx 	<ul style="list-style-type: none"> Complete Tx LOC Extended Abstinence/Neg. Tests Treatment Goals Completed Phase Goals Completed 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	Small	Large
	Phase 4	Small	Small	Large
	Phase 5	Small	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	<ul style="list-style-type: none"> Behavior Chain Cost/Benefit Analysis 	<ul style="list-style-type: none"> Behavior Chain Cost/Benefit Analysis 	<ul style="list-style-type: none"> Behavior Chain 	<ul style="list-style-type: none"> Behavior Chain
Continued Progress		<ul style="list-style-type: none"> Change in LOC 	<ul style="list-style-type: none"> Aftercare Fqcy Re-evaluate Pharmacological Interventions 	<ul style="list-style-type: none"> Aftercare Fqcy Re-evaluate Pharmacological Interventions

3b. Supervision Responses

Phase 1	Phase 2	Phase 3	Phases 4 and 5
<ul style="list-style-type: none"> Change in Curfew Status 	<ul style="list-style-type: none"> Reduced Contacts Reduction in Home Visits 	<ul style="list-style-type: none"> Reduced Contacts Reduce Home Visits Reduce in External Monitoring Devices 	<ul style="list-style-type: none"> Reduced Contacts Decreased Drug Testing

3c. Incentive Response

Small	Medium	Large
<ul style="list-style-type: none"> Judicial approval (always) Fish Bowl Decision Dollars Example for other participants in court Handshake Candy On the A Team 	Any small and/or: <ul style="list-style-type: none"> Choice of Gift Certificate Supervisor Praise Written Praise Positive Peer Board Certificate Reduction in CS hours Reduction in program fees 	Any small, medium or: <ul style="list-style-type: none"> Framed Certificate Travel Pass Larger Gift Certificate 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.

VII. Program Phase Requirements:

- A. The TADC is made up of five treatment phases. The treatment phases follow a sequential pattern, i.e., participants must complete/pass Phase I to progress to Phase II, Phase III, Phase IV, Phase V and commencement.
- B. Phase I (Acute Stabilization)
 1. The focus during Phase I is being honest, on drug education, supervision, frequent drug testing, and both social skills and reality training.
 2. Requirements **per week** (at a minimum) will include:
 - a) Two (2) contacts with case manager. Contacts will follow the protocols as defined in the client manual.
 - b) Weekly contact with TADC judge.
 - c) Minimum of three (3) UAs and/or Breathalyzer.
 - d) One (1) or more individual counseling session(s)
 - e) Mandatory weekly MRT group sessions until successful completion of MRT. MRT is defined in the glossary and explained to the client by the treatment team.
 - f) Gender Specific Group session.
 - g) Acupuncture as instructed by case manager according to availability.
 - h) Life skills session (address housing and transportation).
 - i) A weekly written report will be completed, and presented in Drug Court at the discretion of the judge.
 - j) Meeting with Probation Officer or CYFD as required.
 - k) IOP group sessions until successful completion of 36 IOP sessions. IOP is defined in the glossary and explained to the client by the treatment team.
 - l) Any other treatment requirements recommended by the treatment team and approved by the TADC team.
 3. Surveillance Visits- one (1) scheduled visit per month and additional random visits as necessary.

4. Clients will progress to Phase II after the following items have been completed and the team approves phase change.
 - Minimum 60 days since intake
 - Minimum of 2 weeks of full compliance (no sanctions) prior to phase change
 - Minimum 14 days COURT sober time
 - Engaged in Treatment
 - Engaged in Life Skills
 - Submitted Phase Up Application for team's approval a week in advance for team to review

C. Phase II (Clinical Stabilization)

1. The focus in Phase II is on relapse prevention and economic independence.
2. Requirements **per week** (at a minimum) will include:
 - a) Two (2) contacts with case manager.
 - b) A minimum of two (2) UA's and/or Breathalyzer.
 - c) One (1) individual counseling session.
 - d) One (1) MRT group until completion.
 - e) Life Skills session (maintain housing, continue to address transportation and address finances).
 - f) Gender Specific Group
 - g) Minimum attendance at two weekly AA/NA meetings or, if client objects because of spiritual or any other valid reason, another support group approved by the TADC team. Verification must be provided.
 - h) A minimum of 20 hours per week of employment, job search or enrollment in an educational plan (at least 12 credit hours) or 20 hours of community service per week. Credit for 'primary caregivers', as defined in the glossary, may count toward the work requirement. Verification must be provided. Exceptions may be made on a case-by-case basis.
 - i) A weekly written report will be completed, and presented in Drug Court at the discretion of the judge.
 - j) IOP group sessions until successful completion of 36 IOP sessions. IOP is defined in the glossary and explained to the client by the treatment team.
3. Requirements **per month** will include:

- a) Bi-weekly contact with TADC judge.
 - b) Meeting with Probation Officer or CYFD, as required.
 - c) Surveillance Visits- one (1) scheduled and possibly an additional random visit.
4. Other requirements **per week may** include:
- a) Acupuncture treatment as identified in updated treatment plan.
 - b) Any other treatment requirements recommended by the treatment team and approved by the TADC team.
5. Clients will progress to Phase III after the following items have been completed and the team approves phase change.
- Minimum 90 days in Phase II
 - Minimum of 3 weeks of full compliance (no sanctions) prior to phase change
 - Minimum 30 days COURT sober time
 - Engaged in Treatment
 - Engaged in Life Skills
 - Identification of a sponsor or mentor
 - Submitted Phase Up Application for team's approval a week in advance for team to review

D. Phase III (Pro-Social Habilitation)

1. The focus in Phase III is on maintenance of recovery, compliance with treatment and supervision and begin sober support network.
2. Requirements **per week** (at a minimum) will include:
 - a) One (1) contact with case manager.
 - b) A minimum of two (2) UA's and/or Breathalyzer.
 - c) One (1) individual counseling session.
 - d) One (1) MRT group until completion.
 - e) Surveillance Visits- one (1) scheduled and possibly an additional random visit.
 - f) Minimum attendance at two weekly AA/NA meetings or, if client objects because of spiritual or any other valid reason, other support group approved by the TADC team. Verification must be provided.
 - g) Gender Specific Group

- h) A minimum of 20 hours per week of employment or enrolled in an educational plan (at least 12 credit hours) or 20 hours of community service per week. Credit for 'primary caregivers', as defined in the glossary, may count toward the work requirement. Verification must be provided. Exceptions may be made on a case-by-case basis.
 - i) A weekly written report will be completed, and presented in Drug Court at the discretion of the judge.
 - j) IOP group sessions until successful completion of 36 IOP sessions. IOP is defined in the glossary and explained to the client by the treatment team.
3. Requirements **per month** will include:
- a) Bi-weekly contact with TADC judge.
 - b) Meeting with Probation Officer or CYFD, as required.
 - c) Any other treatment requirements recommended by the treatment team and approved by the TADC team.
4. Clients will progress to Phase IV after the following items have been completed and the team approves phase change.
- Minimum 90 days in Phase 3
 - Minimum of 4 weeks of full compliance (no sanctions) prior to phase change
 - Minimum 60 days COURT sober time
 - Engaged in Treatment
 - Engaged in Life Skills
 - Submitted Phase Up Application for team's approval a week in advance for team to review

E. Phase IV (Adaptive Habilitation)

- 1. The focus in Phase IV is on personal development and maintenance of recovery.
- 2. Requirements **per week** (at a minimum) will include:
 - a) A minimum of two (2) UA's and/or Breathalyzer.
 - b) One (1) MRT group until completion.
 - c) Minimum attendance at two weekly AA/NA meetings or, if client objects because of spiritual or any other valid reason, other support group approved by the TADC team. Verification must be provided.

- d) A weekly written report will be completed, and presented in Drug Court at the discretion of the judge.
 - e) Gender Specific Group
 - f) A minimum of 20 hours per week of employment or enrollment in an educational plan (at least 12 credit hours) or 20 hours of community service per week. Credit for ‘primary caregivers’, as defined in the glossary, may count toward the work requirement. Verification must be provided. Exceptions may be made on a case-by-case basis.
 - g) IOP group sessions until successful completion of 36 IOP sessions. IOP is defined in the glossary and explained to the client by the treatment team.
3. Requirements **per month** will include:
- a) Two (2) case management sessions.
 - b) Two (2) individual counseling sessions.
 - c) Bi-weekly contact with TADC judge.
 - d) Meeting with Probation Officer or CYFD, as required.
 - e) Any other treatment requirements recommended by the treatment team and approved by the TADC team.
 - f) Subject to one (1) random Surveillance Visit.
4. Clients will progress to Phase V after the following items have been completed and the team approves phase change.
- Minimum 90 days in Phase 4
 - Minimum of 4 weeks of full compliance (no sanctions) prior to phase change
 - Minimum 60 days COURT sober time
 - Engaged in Treatment
 - Engaged in Life Skills
 - Submitted Phase Up Application for team’s approval a week in advance for team to review

F. Phase V (Continuing Care)

- 1. The focus in Phase V is on continuing care and maintenance of pro-social activity.
- 2. Requirements **per week** (at a minimum) will include:
 - a) Random UA’s and/or Breathalyzer.

- b) One (1) MRT group until completion.
 - c) Minimum attendance at two weekly AA/NA meetings or, if client objects because of spiritual or any other valid reason, other support group approved by the TADC team. Verification must be provided.
 - d) A weekly written report will be completed, and presented in Drug Court at the discretion of the judge.
 - e) Gender Specific Group
 - f) A minimum of 20 hours per week of employment or enrollment in an educational plan (at least 12 credit hours) or 20 hours of community service per week. Credit for 'primary caregivers', as defined in the glossary, may count toward the work requirement. Verification must be provided. Exceptions may be made on a case-by-case basis.
 - g) IOP group sessions until successful completion of 36 IOP sessions. IOP is defined in the glossary and explained to the client by the treatment team.
3. Requirements **per month** will include:
- a) Two (2) case management sessions.
 - b) Two (2) individual counseling sessions.
 - c) Bi-weekly contact with TADC judge.
 - d) Meeting with Probation Officer or CYFD, as required.
 - e) Any other treatment requirements recommended by the treatment team and approved by the TADC team.
 - f) Subject to one (1) random Surveillance Visit.

G. Commencement Requirements

1. Clients will be able to successfully complete TADC once they have:
 - Minimum 90 days in Phase V
 - Minimum of 4 weeks of full compliance (no sanctions) prior to phase change
 - Minimum 90 days COURT sober time
 - Completed Treatment Assignments
 - Completed Aftercare and relapse prevention plan
 - Currently working, in School, or volunteering 20 hours per week

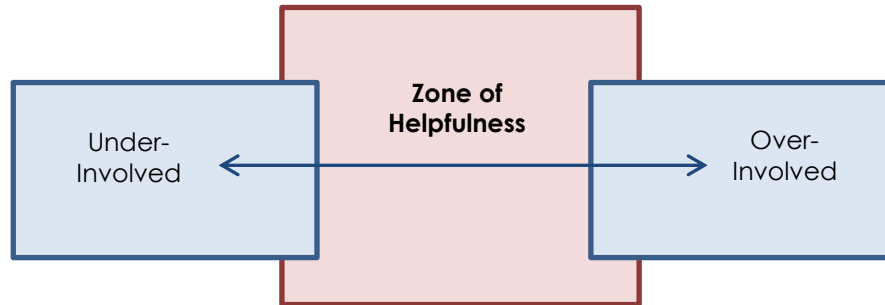
- Submitted Graduation Application and Goodbye letter for team’s approval a week in advance for team to review
2. The client shall meet with the Drug Court Program Manager for an Exit Interview, no later than one week prior to commencement from the TADC Program.
 3. Clients must complete MRT prior to completion of TADC. Upon completion of MRT, clients are not required to attend MRT group, although they may participate as mentors.
 4. TADC shall provide a written aftercare plan to the Adult Probation Office or CYFD recommending any continued need for counseling, additional drug testing, or TADC services.
 5. A formal commencement ceremony will be conducted on the first Tuesday of each month, after all five (V) phases are successfully completed, unless re-scheduled by TADC judge due to unavailability or a holiday. Participants are to continue with Phase V or aftercare requirements as directed until the commencement ceremony is held.
 - a. With the assistance of the treatment team, the client will be asked who they would like to have in attendance at their commencement ceremony.
 - b. If a client remains on probation after completing Drug Court, the TADC team can recommend early discharge to the Probation Office.

VIII. Memorandum of Understanding

Adult Drug Court team members have a unique role with the Drug Court Participants wherein team members are required to establish a working relationship and rapport with participants while maintaining strict professional boundaries in order to uphold the independence and integrity of both the program and the court. The ability to maintain professional boundaries is critical to ensure ethical, sustainable, and effective programs. Team members are required to make judgments regarding boundaries on a daily basis. Some of these decisions may have consequences that affect the team members, the participants, the drug court program, and/or the court. This MOU is intended to provide standards and guidelines to Drug Court team members.

The term “professional boundaries” are the parameters that describe the limits of a relationship that allow for safe, working relationships between team members and participants. Boundary crossings are departures from usual professional practice that are not exploitative. On occasion, a boundary may be consciously crossed with the intention of assisting a participant – for example, disclosing to a participant who has recently been diagnosed with cancer that a family member had also been diagnosed with the same type of cancer. At other times, boundary crossing, though not exploitative nonetheless crosses the line – for example, disclosing to a participant who is going through a divorce personal details about one’s own marital problems. Boundary crossing may unintentionally lead to a boundary violation. Boundary violations are transgressions that can harm a participant and/or compromise a successful outcome to their treatment, a court case, or completion of a program.

Continuum of Professional Behavior



The zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of participant interactions should occur for effectiveness and participant safety. Over-involvement includes boundary crossings and boundary violations. Under-involvement can include disinterest, procrastination, and neglect.

Signs that boundary issues may be present include:

- Team members and participant begin referring to each other as friends;
- Team members receives or gives gifts to participants;
- A participant has asked for a team member's personal phone number or other significant personal information;
- The participant and team member socialize outside of a professional setting;
- Team members reveals excessive personal information to a participant;
- Team member is unable to sleep due to anxiety related to a participant's situation;
- Team member offers to assist participant outside of his/her role (i.e., babysitting, transportation, errands, etc.);
- Team members exceeds the scope of their defined work responsibilities; and
- Team members "vents" to participants.

It is the goal of Drug Court team members to remain within the zone of helpfulness at all times, regardless of the circumstances. Appropriate team members involvement with a participant includes:

- Providing supervision of program participants;
- Communicating and maintaining an open-line of communication with participants during work hours;
- Ensuring attendance at program or court proceedings;
- Monitoring, tracking, and reporting progress of program participants;
- Assisting program participants with needs (i.e., inpatient treatment, insurance, aid, services, public housing, etc.) in the confines of the office;
- Conducting field surveillance pursuant to an established schedule; and
- Administering breath and/or urine drug tests in compliance with testing protocols.

There are serious consequences of having loose or poor boundaries. Team members may become exhausted; participants may feel betrayed, abandoned, poorly served, or retaliated against; the

reputation and confidence of a program and/or the court may be compromised; and team members or participants may be emotionally traumatized and/or put in physical danger.

Professional Boundaries' Guidelines

1. Team members may be friendly with participants, but may not maintain a personal friendship or relationship with participants.
2. Team members shall avoid the “rescuer” role. It is not appropriate for team members to assume the role of caretaker, confidant, or personal life coach to participants.
3. Team members may not compliment a participant’s body and/or appearance.
4. Team members must avoid touching participants.
5. Team members may not engage in any sexual activity with participants.
6. Team members may not disclose personal, intimate details about his or herself.
7. Team members may not engage in social activities with participants outside the scope of work.
8. Team members shall report and document in writing any known friendships or relationships with participants, regardless of how insignificant he or she believes it may be.
9. Team members shall not communicate with participants outside his or her assigned work hours unless it is an incidental crossing of paths at a store, movie theatre, restaurant, event, etc.
10. Team members shall not provide personal contact information to participants.

IX. Glossary of Terms

Absconder – A client that has missed two (2) consecutive UA’s and has failed to report to the Drug Court Program.

Acupuncture – A traditional Chinese technique of puncturing the body with fine needles to treat disease or relieve pain.

Alcohol – Consumable non-prescription substances which contain alcohol, specifically including, without limitation, spirits, wine, malt beverages and intoxicating liquors.

Alcoholics Anonymous (AA) – Help for people who think they have a problem with alcohol and want to learn how to live sober lives. A fellowship of men and women who share their experience, strength, and hope with each other that they may solve their common problem and help others to recover from alcoholism.

Breathalyzer – A device that measures a person’s alcohol level after that person blows into the device.

Case Manager – A person in charge of talking to clients and keeping track of their progress in the Program.

Client – A participant in the Drug Court Program.

Commencement – After a client completes all phases of the program successfully and completes all commencement requirements outlined in the policy, he or she will be entitled to complete the program and have a ceremony whereby he or she is presented with a certificate of completion and a medallion.

Community Service – A service you provide to help in your community. You provide this service free of charge but will get credit for your participation. This credit is used in the Drug Court Program to satisfy a requirement you have been required to fulfill or sometimes can be used as extra credit if approved by the Drug Court Team.

Drug – Any illicit substance (e.g. cocaine, heroin, methamphetamine, and hallucinogens), over-the-counter medications and herbal supplements not approved by the drug court Treatment Team

Individual Counseling - A client meeting one-on-one with a treatment specialist.

Intensive Outpatient Treatment (IOP) – Program designed to address addiction and other dependencies that do not require detoxification. Consists of 36 sessions. Each sessions consists of 3 hours.

Minimum – The lowest number, quantity or degree permitted.

Moral Reconciliation Therapy (MRT) – A group process to help people understand how their distorted thinking has led to negative behavior.

Narcotics Anonymous (NA) – Help for people who think they have a problem with drugs and want to learn how to live sober lives.

Peer Group – A group composed of people who share the same problems.

Prescription Medication – All substances prescribed by a doctor or other health professional licensed with authority to prescribe such substances by the State of New Mexico or any other governmental entity of the United States.

Primary Caregiver- A client who is caring for pre-school aged child/children or dependent adult.

Relapse – Can be defined as a discrete event which occurs when a person resumes drug and/or alcohol use. Both a Positive UA and a UA stall are considered a relapse.

Sanctions – A measure imposed to ensure compliance; a consequence for negative client behavior.

Suboxone - Suboxone is the trade name for a medication that contains buprenorphine and naloxone. A very similar medication, Subutex, contains buprenorphine without naloxone. Suboxone is manufactured and sold by a British company, Reckitt-Benckiser and is indicated for treatment of opiate dependence. The active substance, buprenorphine, has effects at the mu opiate.

Tamper – Clients who are caught using someone else’s urine or using any substances to mask their urine may be placed in detention pending TADC team review. The case will be reviewed by the TADC team during their next TADC team staffing to determine the severity of the case and possible sanction(s). If there is a second incident of tampering, the participant will face severe sanction(s) up to and including termination from the TADC program.

Token – A keepsake (an incentive) earned after different stages of the Program, to be used towards requirements or saved.

Treatment Specialist – A licensed clinician who provides individual, family and group counseling.

Urinalysis (UA) – Laboratory analysis of urine.

Urine Analysis (UA) Positive – When a multi-drug screen test detects signs a Client’s urine sample has a presence of drugs and/or alcohol; test results can only be obtained from the treatment provider (currently TCCS), Adult Probation staff or CYFD and will utilize the cutoff standards established by the Millennium Lab.

Urine Analysis (UA) Missed- Client does not appear to submit a urine sample on the day he/she is scheduled to report, based on the random protocol utilized by the treatment provider. A missed UA will result in the same sanction as a positive UA.

Urine Analysis (UA) Negative – When a multi-drug screen test shows a Client’s urine sample has no presence of drugs, unauthorized medications and/or alcohol.

Urine Analysis (UA) Stall – Client is unable to produce a valid urine sample within 3 hours of being at the treatment provider (TCCS) on the day he/she is scheduled to report, based on the random protocol utilized by the treatment provider. A stalled UA will result in the same sanction as a positive UA.

IX. Taos Adult Drug Court COVID-19 Addendum

- A. This addendum is a living document and subject to change as the COVID-19 pandemic evolves.
- B. At the current time, the guidelines set by the New Mexico Supreme Court for COVID-19 testing, quarantine, and contact tracing will be utilized and abided by for the purposes of the functioning of the Taos Adult Drug Court.

The screening questions and policy the client returning to in person treatment sessions with the provider will be updated according to the New Mexico Department of Health.

Contact tracing must be utilized for all client interactions. Contact tracing is a tool that can help slow the spread of infectious diseases, such as coronavirus disease 2019 (COVID-19). In communities using contact tracing, clinics, labs, and hospitals send the names of people who have recently been diagnosed with COVID-19 to their local health department.

The New Mexico Department of Health asks each person with COVID-19 about people with whom they have recently had close contact. Health department officials then quickly (usually within 24 hours) alert people who are close contacts that they may have been exposed to the COVID-19 virus. Officials do not share the name of the person who may have exposed them. This makes the contact tracing process anonymous and confidential.

- C. Clients who report symptoms or that have been exposed to COVID-19 are exempt from reporting for UAs until they provide verification of having tested negative for COVID-19 and/or provide a letter from the Department of Health of New Mexico where they may discontinue the client’s isolation. During this time, the client will not earn credit, but the client must show substantial effort to attend all other requirements.