

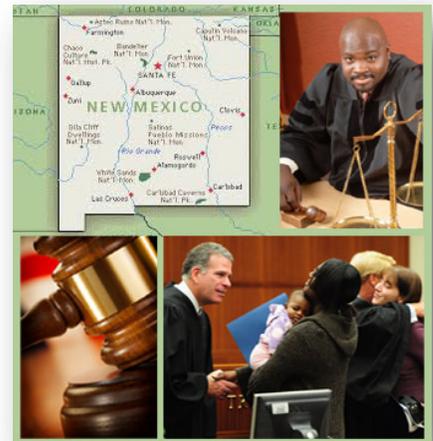
New Mexico Problem-Solving Courts Best Practices Assessment Statewide Summary

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BACKGROUND

For the past 25 years in the United States, there has been a trend toward guiding nonviolent drug offenders into treatment rather than incarceration. The original drug court model links the resources of the criminal system and substance treatment programs to increase treatment participation and decrease criminal recidivism. Drug courts are one of the fastest growing programs designed to reduce drug abuse and criminality in nonviolent offenders in the nation. The first drug court was implemented in Miami, Florida, in 1989. As of June 30, 2014, there were 2,968 drug courts in all 50 states, the District of Columbia, Guam, Puerto Rico, and the Virgin Islands (retrieved from ndcrc.org, March 2016).

In a typical drug court program, participants are closely supervised by a judge who is supported by a team of agency representatives that operate outside of their traditional adversarial roles. These include addiction treatment and other service providers, prosecutors, public defenders, law enforcement officers, and parole and probation officers who work together to provide needed services to drug court participants. Generally, there is a high level of supervision and a standardized treatment program for all the participants within a particular court (including phases that each participant must pass through by meeting certain goals). Supervision and treatment also include regular and frequent drug testing.

The rationale of the drug court model is supported by a vast reservoir of research literature (Marlowe, 2010). There is evidence that treating substance abuse leads to a reduction in criminal behavior as well as reduced use of the health care system. The National Treatment Improvement Evaluation Study (Substance Abuse and Mental Health Services Administration, 1994) found significant declines in criminal activity comparing the 12 months prior to treatment and the 12 months subsequent to treatment. These findings included considerable drops in the self-reported behavior of selling drugs, supporting oneself through illegal activity, shoplifting, and criminal arrests. In a study using administrative data in the state of Oregon, Finigan (1996) also found significant reduction in police-report arrests for those who completed treatment.

Drug courts have been shown to be effective in reducing recidivism (GAO, 2005; Gottfredson, Kearley, Najaka, & Rocha, 2007; Cissner et al., 2013) and in reducing taxpayer costs due to positive outcomes for drug court participants (including fewer re-arrests, less time in jail, and less time in prison) (Carey & Finigan, 2004; Carey, Finigan, Waller, Lucas, & Crumpton, 2005). Bhati and colleagues found a 221% return on the investment in drug courts (Bhati, Roman, & Chalfin, 2008). These cost savings (or returns on investment) are generally due to lower recidivism for drug court participants and therefore less use of resources associated with recidivism such as less time in jail and prison and less time on probation or parole when compared to offenders who did not participate in a drug court. Some drug courts have even been shown to cost less to operate than processing offenders through business-as-usual methods (e.g., Carey & Finigan, 2004; Carey et al., 2005). These lower costs of operation often point to a lack of efficiency in the traditional court system, where defendants are seen in court one at a time compared to court sessions with multiple participants for drug court. Cases are also frequently set over in the traditional court system, increasing the amount of time spent by all parties (e.g., attorneys, judge, court staff) working on an individual case before any resolution can be achieved.



More recently, over the past 10 years, the drug court model has been expanded to include other populations (e.g., juveniles) and other systems (e.g., child welfare and mental health). The model has also been used with a special focus on specific types of offenders (e.g., DWI offenders).

DWI, veterans, juvenile, and family drug court programs follow the 10 Key Components of Drug Courts (NADCP, 1997) as well as other guidelines or principles focused specifically on the population of interest (e.g., the 10 Guiding Principles of DWI Courts and the 16 Juvenile Strategies). The Guiding Principles of DWI Courts and the 16 Juvenile Strategies are considered to be further guidance or clarification on how DWI and juvenile drug courts should implement the 10 Key Component model.

More recently, research has focused not just on whether drug courts work but how they work, and who they work best for. Research-based best practices have been developed (Volume I of NADCP's Best Practice Standards was published in 2013, and Volume II was released in July 2015). These Best Practice Standards present multiple practices that have been associated with significant reductions in recidivism or significant increases in cost savings or both.

New Mexico Statewide Problem-Solving Court Best Practices Assessment Description and Purpose

In January 2015, the Administrative Office of the Courts (AOC) in New Mexico contracted with NPC Research, through a grant from the Bureau of Justice Assistance, to perform a variety of activities involving drug court fidelity and certification, including a statewide best practices assessment of New Mexico's problem-solving courts, development of a drug court certification process, updating the state standards to include current knowledge in the field on research-based and evidence-based practices, and development of a peer review process and learning community among New Mexico's drug courts.

Assessment activities included administration of an electronic assessment of all problem-solving courts in New Mexico and brief follow up interviews by telephone or email with the program coordinator and other team members as needed to fill in any missing or correct any illogical information. The online assessment examined the extent to which the problem-solving courts are implementing the 10 Key Components of Drug Courts and the Drug Court Standards. This report contains the results of the assessment.

The assessment was sent by NPC Research to 49 problem-solving courts in New Mexico. All of the programs (19 adult, 8 DWI, 14 juvenile, 3 family, and 5 mental health) completed the assessment and engaged in the brief follow-up interviews performed by NPC staff (a 100% return rate).

ELECTRONIC PROGRAM ASSESSMENT

The electronic assessment, which provides a consistent method for collecting structure and process information from the different types of drug courts, was developed based on four main sources: NPC's extensive experience and research on drug courts, the American University Drug Court Survey, a published paper by Longshore et al. (2001), which lays out a conceptual framework for drug courts, and the national Adult Drug Court Best Practice Standards (NADCP, 2013 and 2015). The assessment is regularly updated based on information from the latest drug court research in the literature and feedback from programs and experts in the field. The assessment covers a number of areas, including

eligibility guidelines, specific program processes (e.g., phases, treatment providers, drug and alcohol testing, fee structure, rewards/sanctions), graduation, aftercare, termination, and identification of program team members and their roles.

DRUG COURT BEST PRACTICES

The specific research on best practices referenced in this summary includes a study in 69 adult drug courts (16,317 drug court participants and 16,402 comparison group members) across the United States (Carey, Mackin, & Finigan, 2012). All 69 drug courts had detailed process, outcome, and cost evaluations. Analyses were performed to determine which practices performed by these drug courts were significantly related to the most positive outcomes, specifically, reductions in recidivism and reductions in cost (or increases in cost savings). In addition, other research on best practices is also referenced in this report including a study in 18 drug courts (Carey, Finigan, Pukstas, 2008) and studies of adult, family and juvenile courts in Oregon, California, and Maryland (Carey, Waller, Weller, 2011; Carey & Waller, 2011; Carey, Marchand, & Waller, 2006; Mackin et al., 2009); as well as the research referenced in the Adult Best Practice Standards Volume I and Volume II (NADCP, 2013 and 2015). For the purposes of this report, 75 practices were selected from this research as being as being relevant to the court types included in this assessment (adult, DWI, juvenile, family, and mental health courts) and are presented in the results below.

NEW MEXICO PROBLEM-SOLVING COURTS BEST PRACTICES RESULTS

The results of New Mexico’s Problem-Solving Court best practices assessment are presented below. The best practices relevant to all programs are categorized within each of the 10 Key Components.

Descriptions of each of the key components are provided below along with the best practices selected from the research for this study followed by the numbers and percentage of New Mexico’s adult, DWI, juvenile, family, and mental health courts that report that they engage in each best practice. (Appendix A contains five summary reports listing all the best practices and the percentage of assessed programs in New Mexico that are performing each best practice for 1) Adult drug courts, 2) DWI Courts, 3) Juvenile Drug Courts, 4) Family Drug Courts, and 5) Mental Health Courts.)

Some basic program background information was collected as a part of the assessment for all types of problem-solving courts. Results show that the oldest problem-solving court in New Mexico began over 20 years ago, in 1994, in Dona Ana County, a DWI court, and the most recent began in 2015 in Portales, an adult drug court. The problem-solving courts vary greatly in program caseload, from 2 to 147 active participants. DWI and mental health courts reported the largest average capacities, around 50 participants, while adult courts reported an average capacity closer to 30 participants. Both family and juvenile programs reported much smaller capacities, with averages around 20 participants per program. Methamphetamines are the most common drug of choice for participants in New Mexico’s problem-solving courts, with the exception of juvenile programs, which were more likely to report marijuana as participants’ drug of choice.

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

The focus of this component is on the integration of treatment services with traditional court case processing. Practices that illustrate an adherence to treatment integration include the role of the treatment provider in the drug court system and the extent of collaboration of all the agencies and agency staff involved in the program.

In the original monograph on the 10 Key Components (NADCP, 1997), drug court is described as a partnership and collaboration between ALL members of a team made up of treatment, the judge, the prosecutor, the defense attorney, the coordinator, case managers, and other community partners. Each team member sees the participant from a different perspective. Participation from all partners contributes to the strength of this model and is one of the reasons it is successful at engaging participants and changing behavior. It is important to keep team members engaged in the process through ensuring that they have input on drug court policies and feel their role and contribution is valued.

A plethora of research (e.g., Baker, 2013; Carey et al., 2005, 2012; Shaffer, 2011; Van Wormer, 2010) has indicated that greater representation of team members from collaborating agencies (e.g., defense attorney, treatment, prosecuting attorney) at team meetings and court hearings is correlated with



positive outcomes for participants, including reduced recidivism and, consequently, reduced costs at follow-up. Each team member contributes independently to improve program outcomes. For example, drug courts in which the treatment provider attended staffing had 105% greater reductions in recidivism than programs in which the treatment provider did not attend. Further, programs in which the coordinator attended staffing had 50% greater reductions in recidivism. Also, greater law enforcement involvement is related to increased graduation rates, reduced recidivism, and reduced costs (Carey et al., 2008, 2012).

Research has demonstrated that drug courts with one treatment provider or a single central agency coordinating treatment resulted in more positive participant outcomes including higher graduation rates and lower recidivism costs (Carey et al., 2005, 2008). Findings also indicated that when the treatment provider uses email to convey information to the team, the program has greater reductions in recidivism (Carey et al., 2012).

New Mexico Results

Best Practices

Program has a Memorandum of Understanding (MOU).

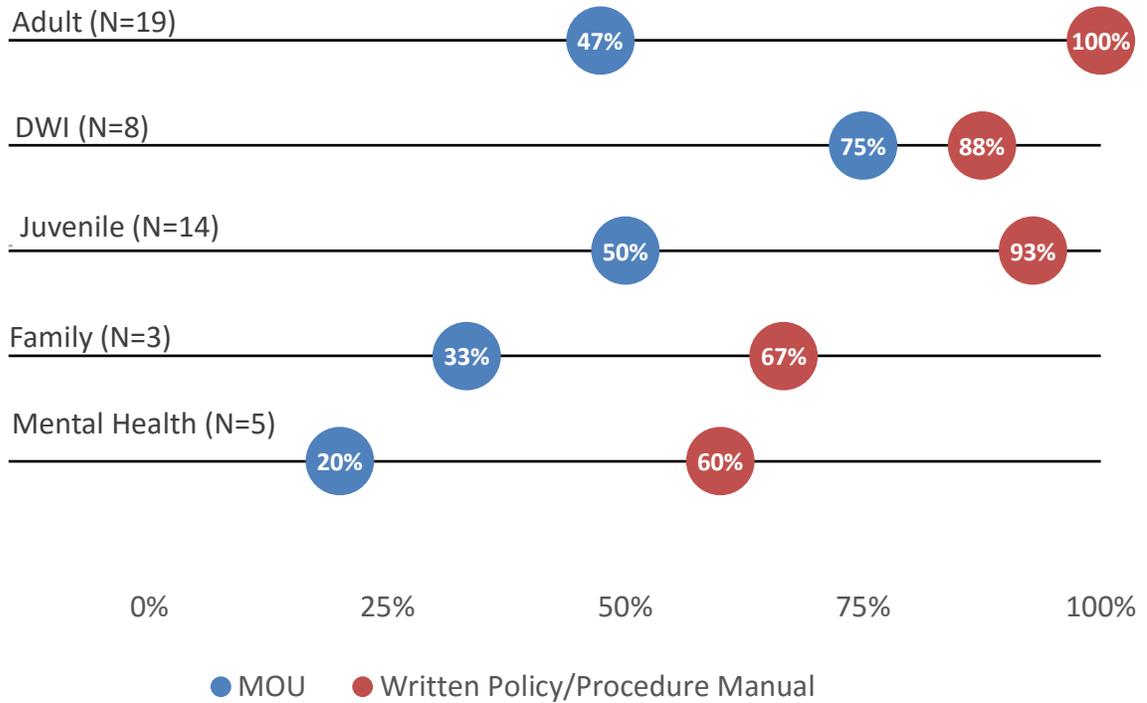
- *The MOU specifies team member roles*
- *The MOU specifies what information will be shared*

Program has a written policy and procedure manual.

Drug Court Standard VIII, section C indicates that a multidisciplinary team should have written agreements, or Memoranda of Understanding (MOUs), delineating team member roles and information to be shared. Doing so creates a framework that allows agencies to clearly communicate about participants and act according to predefined roles. Reinforcing these roles and agreements with a written policy and procedure manual, which all team members have access to, is also part and parcel to this process.

Figure 1 demonstrates the results for each type of New Mexico's problem-solving courts, by type, on whether the program has an MOU and/or a written policy and procedure manual. While only half of the programs, statewide, have a formal MOU in place, almost all programs (90%) have a written policy and procedure manual. Of those programs with an MOU in place, all MOUs specified the specific information to be shared. Most MOUs (83%) also specified team member roles.

Figure 1. Percentage of New Mexico’s Problem-Solving Courts with an MOU and/or Written Policy and Procedure Manual



Best Practice

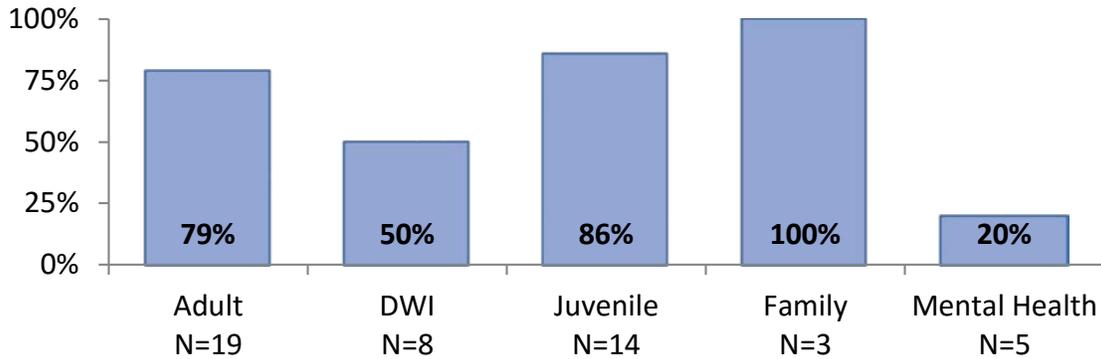
All core team members attend staffing meetings.

Research showed that drug courts where all six core team members (judge, prosecutor, defense attorney, probation, coordinator, and treatment) attend staffing meetings had 50% greater reductions in recidivism and 20% higher cost savings compared to programs where all team members did not attend staffing (Carey et al., 2012).

Figure 2 demonstrates the results for each type of New Mexico’s problem-solving courts on whether all core team members attend staffings.¹

¹ For family court programs, the role of prosecutor could be with a guardian ad litem and the role of probation officer could be met with child welfare case managers.

Figure 2. Percentage of New Mexico’s Problem-Solving Courts with All Six Core Team Members Attending Staffings



Over two thirds (71%) of all problem-solving courts in New Mexico have all key team members attend staffing meetings. While most adult, juvenile, and family programs met this best practice, DWI and mental health courts could benefit from focusing efforts on more involvement for key team members. A further analysis of each team member and their attendance at staffing meetings in these programs is described in Table 1.

Table 1. Percentage of New Mexico’s Problem-Solving Courts with Team Members Attending Staffing Meetings

	Court Type				
	Adult N=19	DWI N=8	Juvenile N=14	Family N=3	Mental Health N=5
Judge	100%	100%	100%	100%	100%
Defense Attorney	95%	100%	100%	100%	100%
Prosecuting Attorney ^a	100%	100%	93%	100%	100%
Treatment Representative	100%	100%	100%	100%	40%
Program Coordinator	84%	100%	93%	100%	80%
Probation ^b	100%	50%	100%	67%	60%
Law Enforcement ^c	58%	88%	57%	33%	20%

^a Prosecuting attorney includes guardian ad litem for family courts.

^b Probation includes child welfare case manager for family courts.

^c Law enforcement, when present, has a powerful impact on positive outcomes for programs.

In general, most of New Mexico's problem-solving courts reported that the judge, defense attorney, prosecuting attorney, and coordinator attend team staffing (ranging from 90–100%).² Treatment representatives are also in full attendance for all court types except mental health courts, where only two of the five programs indicated treatment participation in staffing. It could be that substance abuse treatment is not as prevalent in those programs or that mental health treatment representation is present in lieu of substance abuse treatment. Regardless, these programs should identify which treatment providers are being seen by their clients and ensure proper representation on the team, and in staffings. Lastly, probation participation in staffing varies greatly by program type. While adult and juvenile programs all include probation, only half of the DWI programs do and roughly two thirds of family and mental health courts. For family courts, probation could also be represented by child welfare case workers; it is vitally important to have that agency represented at staffings as they are often a key source of knowledge about the children of the program participants.

Law enforcement attends staffing at three fifths of New Mexico's problem-solving courts, though more often in DWI programs. Like many drug courts in other states, New Mexico's problem-solving courts may struggle with finding law enforcement representatives who understand the idea of therapeutic jurisprudence and can exhibit the appropriate demeanor with participants, especially in family and mental health court settings. There can also be resistance from law enforcement who believe that drug courts are soft on crime. Finally, law enforcement is frequently required to donate their time to drug court, performing their drug court duties in addition to their regular work. It might be useful to engage law enforcement from DWI teams in a conversation about how to increase participation across other drug court types.

Despite the relatively low rate of involvement of probation and law enforcement, the majority of New Mexico's problem-solving courts have the appropriate team members attend staffings and are engaging in best practices in this area.

² While less than 90% of the adult and mental health courts had participation by coordinators, the overall percentage for all courts was 90%.

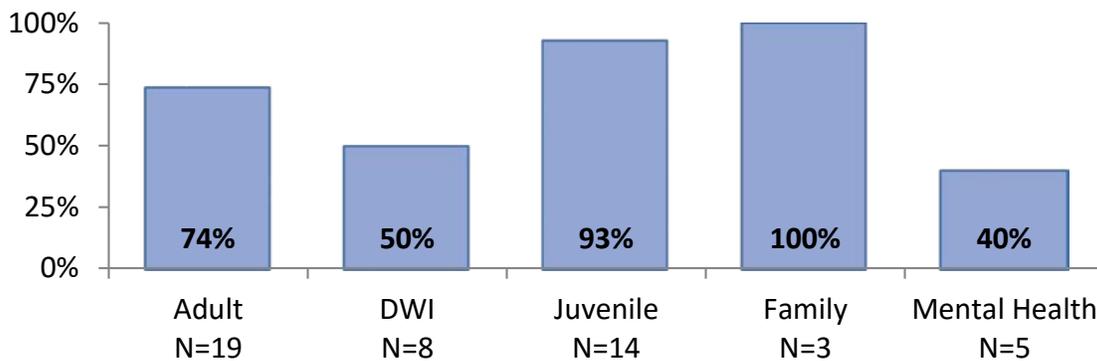
Best Practice

All core team members attend court sessions.

In addition to attendance at staffings, programs where all core team members attended court sessions (the judge, attorneys, treatment, probation, and coordinator) had 35% greater reductions in recidivism and 36% higher cost savings (Carey et al., 2012). That is, research has shown that those programs that have all team members involved have bigger reductions in recidivism, and thus bigger reductions in costs associated with recidivism (e.g., less jail costs due to less time in jail) compared to drug courts that do not have all team members involved.

Figure 3 shows the results for each type of New Mexico’s problem-solving courts where all core team members attend court sessions.³

Figure 3. Percentage of New Mexico’s Problem-Solving Courts with All Six Core Team Members Attending Court Sessions



Almost three quarters of all of New Mexico’s problem-solving courts reported that all six core team members attend court sessions. An analysis of each team member and their attendance at court sessions in these programs is described in Table 2.

³ For family court programs, the role of prosecutor could be with a guardian ad litem and the role of probation officer could be met with child welfare case managers.

Table 2. Percentage of New Mexico’s Problem-Solving Courts with Team Members Attending Court Sessions

	Court Type				
	Adult N=19	DWI N=8	Juvenile N=14	Family N=3	Mental Health N=5
Judge	100%	100%	100%	100%	100%
Defense Attorney	95%	100%	100%	100%	80%
Prosecuting Attorney ^a	95%	100%	93%	100%	100%
Treatment Representative	100%	100%	100%	100%	60%
Program Coordinator	84%	100%	100%	100%	80%
Probation ^b /Child Welfare	95%	50%	100%	33%/100%	60%
Law Enforcement	63%	88%	50%	33%	0%

^a Prosecuting attorney includes guardian ad litem for family courts.

^b Probation includes child welfare case manager for family courts.

The results for team member attendance in court sessions are quite similar to those for attendance at staffings. Court is regularly attended at New Mexico’s problem-solving courts by the judge, both attorneys, and coordinator (ranging from 92–100%).⁴ The presence of a treatment representative was 100% for all court types except mental health, where only three of the five programs reported participation by treatment in court. Probation participation also varied, with adult and juvenile programs most likely to have probation present. Again, as probation for family courts includes child welfare caseworkers, participation in court is important, especially if family courts want to be able to make decisions about children during court sessions.

Law enforcement is present more often in court than in staffings, with over half of the programs reporting participation. DWI courts were most likely to report law enforcement involvement in court while no mental health courts reported law enforcement participation in court.

⁴ While less than 92% of the adult and mental health courts had participation by coordinators, the overall percentage for all courts was 92%.

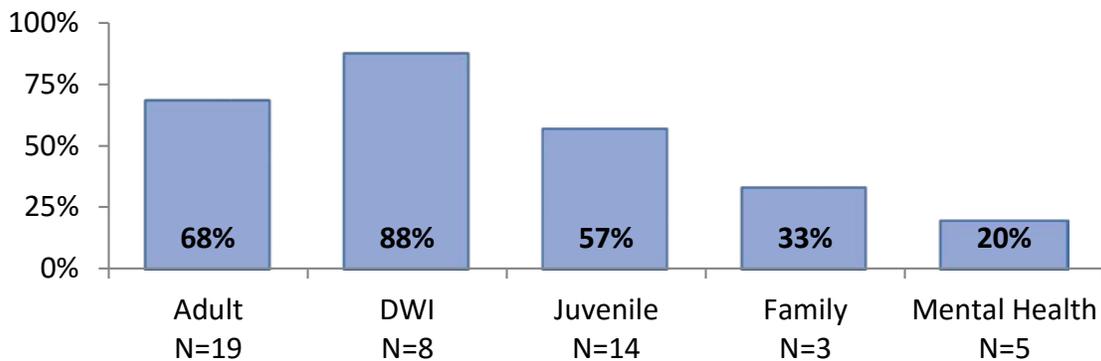
Best Practice

Law enforcement is a member of the drug court team.

Drug court programs where law enforcement was a member of the team (regardless of whether a representative attended staffings or court sessions) had 87% greater reductions in recidivism and 44% higher cost savings in other studies (Carey et al., 2012). In this context, law enforcement is defined as a representative from the police or sheriff, and does not include probation.

Figure 4 illustrates the results for each type of New Mexico’s problem-solving courts on whether law enforcement is part of the team.

Figure 4. Percentage of New Mexico’s Problem-Solving Courts Where Law Enforcement is Part of the Team



While three fifths of all courts (61%) reported having law enforcement as part of the team, DWI courts and adult programs were much more likely than family and mental health courts to include a law enforcement team member. Law enforcement can be particularly helpful to the drug court team in providing a unique public safety perspective to the team. Law enforcement can perform home visits and will see participants on the street in their own neighborhoods, which can provide important information to the team and the judge to help them make the most informed decisions about participants’ needs.

Best Practice

Treatment communicates with the court and team through email.

Drug court programs where treatment communicated with the court and team through email had significantly better outcomes, including 119% greater reductions in recidivism (Carey et al., 2012). Communicating through email has several advantages. In particular, this type of communication allows information to go to all team members simultaneously and immediately, allowing the team to work together, rather than waiting for regular meeting times, or making individual phone calls.

Nearly all of New Mexico’s problem-solving courts follow this best practice, as 88% of programs had treatment providers communicate via email with the court. Only one mental health court and one DWI program reported otherwise, while two adult and two juvenile programs indicated they did not use email.

SUMMARY AND RECOMMENDATION FOR KC #1

The majority of problem-solving courts in New Mexico are following best practices within Key Component #1. One notable exception is that over half of the New Mexico programs need to establish a Memorandum of Understanding between all agencies on the team that specifies team member roles and information to be shared. In addition, those few problem-solving courts in New Mexico without participation by probation and law enforcement should work toward having them attend staffings and court sessions. Each team member provides a unique perspective and important information about participants that will allow the team to make the best decisions on how they can support participant behavior change.

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

This component is concerned with the balance of three important areas. The first is the nature of the relationship between the prosecution and defense counsel in drug court. Unlike traditional case processing, drug court case processing favors a non-adversarial, or collaborative, approach. The second focus area is that drug court programs remain responsible for promoting public safety. The third focus area is the protection of the participants' due process rights. While Key Component #1 includes all team members, Key Component #2, and the best practices information discussed in this section, focuses specifically around the engagement of the defense and prosecution team members in the program.

The role of the defense counsel continues to be advocacy as long as it does not interrupt the behavior modification principles of timely response to participant behavior. Advocacy takes different forms and occurs at different times, but it is equally powerful and critical in the drug court setting. Drug courts are not due process short cuts, they are the courts, where counsel use their power and skills to facilitate treatment within constitutional bounds while monitoring the safety of the public and the client participant. Drug court clients are seen more frequently, supervised more closely, and monitored more stringently than other offenders. Thus they have more violations of program rules and probation. Counsel must be there to rapidly address the legal issues, settle the violations, and move the case back to treatment and program case plans.

The role of the prosecution is still to protect public safety, including that of the client. Prosecutors have tremendous power. It can be used to facilitate the goals of the court. The power can be used to praise, engage, and encourage participants in the court. Prosecutors can be excellent participants in reinforcing incentives, or in instilling hope on "bad days." Sometimes a simple "I am glad to see you," makes a difference when it comes from such an unusual source.

As described in Key Component #1, research by Carey et al. (2008) and Carey et al. (2012) found that participation by the prosecution and defense attorneys in team meetings and at drug court status review hearings had a positive effect on recidivism and costs. In addition, this research showed that programs with attorney participation had significantly higher graduation rates.



New Mexico Results

The staffing and court session participation of the prosecutor and defense attorney in New Mexico’s problem-solving courts was described in the best practices under Key Component #1. Whether problem-solving courts reported them as team members is provided below in Table 3.

Table 3. Percentage of New Mexico’s Problem-Solving Courts with Defense Attorney and Prosecuting Attorney as Team Members

	Court Type				
	Adult N=19	DWI N=8	Juvenile N=14	Family N=3	Mental Health N=5
Defense Attorney is part of team	95%	100%	100%	100%	100%
Prosecuting Attorney is part of team	100%	100%	100%	100%	80%

As shown in Table 3, most courts showed consistency in reporting attorneys as part of the drug court team. As discussed above under Key Component #1, all but a few programs have attorney participation at both staffings and court sessions.

SUMMARY AND RECOMMENDATIONS FOR KC #2

Overall, the majority of New Mexico problem-solving courts are following best practices in having both attorneys on the team and attending staffings and court. New Mexico’s problem-solving courts should be commended for their consistency statewide in following this practice.

It is important to remember, especially for those programs that don’t have both attorneys participating fully, that the goal of problem-solving courts is to change behavior by coercing treatment, while protecting both participant rights and public safety. Punishment takes place at the initial sentencing. After punishment, the focus of the court shifts to the application of science and research to support the transition from addiction and criminality to drug-free, productive community members.

Prosecution and defense attorneys should not engage in activities with the court without the other attorney being present. Having prepared counsel on both sides present in court allows for contemporaneous resolution, court response, and return to treatment. Working together, attorneys can facilitate the goals of the court and simultaneously protect the client and the constitution.

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

The focus of this component is on the development and effectiveness of the eligibility criteria and referral process for the program. Different drug courts allow different types of criminal histories. Some courts also include other criteria such as requiring that participants admit to a drug problem or other “suitability” requirements that the team uses to determine whether they believe specific individuals will benefit from and do well in the program. Drug courts should have clearly defined eligibility criteria. It is advisable to have these criteria written and provided to the individuals who make program referrals so that appropriate individuals who fit the courts’ target population are referred.

This component also looks at the ways in which drug courts differ in how they determine if a client meets these criteria. While drug courts are always focused on serving clients with a substance use problem, the drug court may or may not use a substance abuse screening instrument to determine eligibility. The same may apply to mental health screens. A screening process that includes more than just an examination of legal eligibility may take more time but may also result in more accurate identification of individuals who are appropriate for the services provided by the drug court.

Related to the eligibility process is how long it takes a drug court participant to move through the system from arrest to referral to drug court entry. The goal is to implement an expedient process. The amount of time that passes between arrest to referral and referral to drug court entry, the key staff involved in the referral process, and whether there is a central agency responsible for treatment intake are all factors that impact the expediency of program entry.

Those courts that expected 50 days or less from arrest to drug court entry had lower recidivism and higher savings than those courts that had a longer time period between arrest and entry (Carey et al., 2008, 2012).

In addition, larger programs (those with greater than 125 participants) had worse outcomes than smaller programs (Carey et al., 2012). This finding may be due to larger programs having a more difficult time consistently providing the high intensity of services required by the drug court model. To achieve better outcomes, larger programs should pay special attention to ensure they are providing services with the consistency described in the research-based best practices.

Finally, there is extensive research indicating that offenders who are addicted to illicit drugs or alcohol (i.e., have moderate to severe substance use disorder) and are at high risk for criminal recidivism or failure in typical rehabilitative dispositions are best suited for the full drug court model including intensive supervision and drug and alcohol treatment. Drug courts that focus their efforts on high-risk, high-need offenders show substantial reductions in recidivism and higher cost savings (Carey et al., 2008, 2012; Cissner et al., 2013; Downey & Roman, 2010; Lowenkamp, Holsinger, & Latessa, 2005). It is recommended in the Best Practice Standards (NADCP, 2013) that drug courts that allow offenders who are not high-risk/high-need into their programs should develop different tracks that adapt treatment and supervision services to fit the specific risk and need level of their participants, and to ensure separation between various groups of offenders. Mixing groups can be detrimental to participants.

New Mexico Results

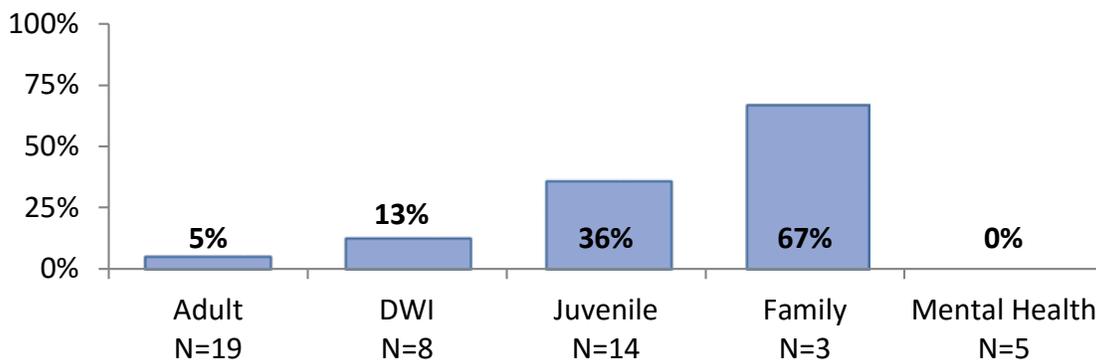
Best Practice

Drug court has 50 days or less between arrest and program entry.

Drug courts that had 50 days or less between arrest and program entry had 63% greater reductions in recidivism than programs with a longer time between arrest and entry (Carey et al., 2012).

Figure 5 demonstrates the results for each type of New Mexico’s problem-solving courts where the time between arrest (or qualifying incident) and program entry is 50 days or less.

Figure 5. Percentage of New Mexico’s Problem-Solving Courts Where the Time between Arrest/Incident and Program Entry is 50 Days or Less



As illustrated in Figure 5, almost all (82%) of New Mexico’s problem-solving courts reported the time between arrest (or qualifying incident) and program entry is greater than 50 days. Only one adult and one DWI court reported fewer than 50 days, and none of the mental health courts were able to meet this standard. Juvenile courts (5 of 14) and family courts (2 of 3) were more likely to meet this standard. Although a longer time period from arrest to entry is understandable when problem-solving courts are taking referrals from probation, there are ways to work with partner agencies to help facilitate the adjudication process so that offenders can be referred and enter into programs more swiftly.

Best Practice

Program caseload/census (number of active individuals participating at any one time) is less than 125.

Drug courts with a census lower than 125 participants had more than five times greater reductions in recidivism and 35% greater cost savings (Carey et al., 2012) than larger programs. Programs with a larger census have a tendency to let other best practices (such as the frequency of court sessions, time before the judge, appropriate treatment services, and drug testing) lapse when the number of participants gets unmanageable. When programs hit a census of approximately 125 individuals, this should be a trigger to perform self-evaluation of their process and ensure that the program has the capacity to continue to provide services within best practices.

Currently, only one of New Mexico’s DWI courts reported a census over 125. While, three programs (one adult, one DWI, and one mental health) reported capacities over 125, only one reported an actual census that high. These programs are all located in Albuquerque, the state’s most densely populated

area. As long as these programs are adequately meeting the needs of their participants and maintaining fidelity to the drug court model, it is appropriate that these programs serve a greater number of participants.

Best Practice

Program accepts participants with other charges/allegations in addition to drug charges.

Best practices research demonstrated that programs that accept non-drug charges such as property and person charges, have 95% greater reductions in recidivism than courts that take only drug related charges such as possession and paraphernalia charges (Carey et al., 2012).

Except for New Mexico’s DWI programs, which only accept DWI offenders, all other treatment courts accept a variety of charges and/or allegations in addition to drug charges.

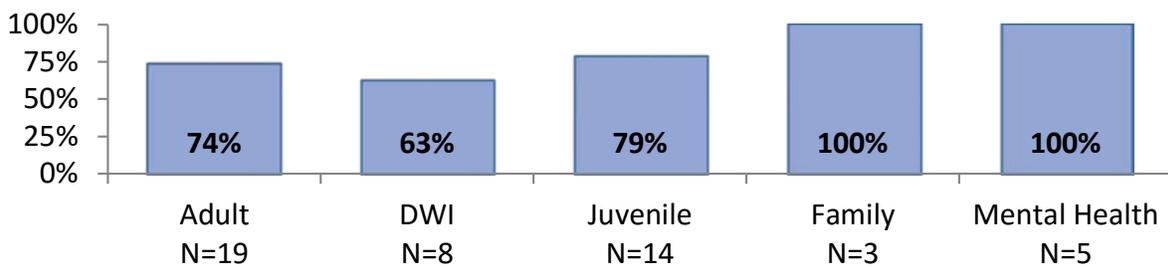
Best Practice

The drug court accepts offenders with serious mental health issues as long as appropriate treatment is available.

Drug courts where offenders with serious mental health issues are accepted had 43% greater cost savings (Carey et al., 2012). That is, the drug courts that treated those with serious mental health issues had a greater impact in reducing recidivism and recidivism related costs compared to programs who treated participants with less serious problems. This implies that those with serious mental health issues will commit more crimes than those without these mental health issues if they are left untreated.

Figure 6 shows the percentage of each type of New Mexico’s problem-solving courts that accept offenders with serious mental health issues, provided appropriate treatment is available.

Figure 6. Percentage of New Mexico’s Problem-Solving Courts that Accept Offenders with Serious Mental Health Issues



Three quarters (75%) of problem-solving courts in New Mexico are accepting participants who have serious mental health issues.⁵ As would be expected, all of the mental health courts accept participants with serious mental health issues. As co-occurring mental health and substance abuse issues are

⁵ This question was not asked of mental health court programs as their target population is offenders with mental health issues.

becoming more widely recognized, it is important that New Mexico’s problem-solving courts not only provide entry into their programs for these individuals, but also that appropriate services are identified and provided. It is possible that the courts that do not accept offenders with serious mental health issues are unable to serve these individuals at this time. It is also possible that the five mental health courts in New Mexico are serving these populations in the same communities as the existing adult and DWI courts and therefore these courts prefer not to serve a co-occurring docket.

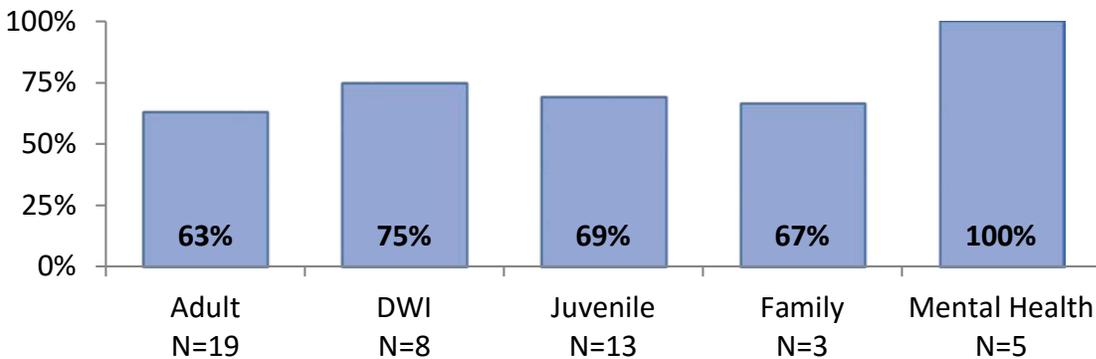
Best Practice

The drug court accepts offenders who are using medications to treat their drug dependence.

Drug Court Standard I, section E, explicitly states that offenders entering the program should not be disqualified based on medical needs, including the use of medically assisted treatment (MAT). Drug Court Standard V, section G, also acknowledges that MAT can be a crucial component of recovery. In addition, SAMHSA’s request for proposals (RFPs) with grants available for problem-solving courts will not provide funding for any courts that exclude participants who are on MAT from participating in the program. As such, programs should not exclude offenders who are already working with a licensed professional to provide these medications prior to program entry.

Figure 7 displays the percentage of New Mexico’s problem-solving courts that accept offenders who are using medications to treat their drug dependence, such as naltrexone.

Figure 7. Percentage of New Mexico’s Problem-Solving Courts that Accept Offenders Using Medications to Treat Drug Dependence



Overall, 71% of all programs accept offenders who are using medically assisted treatment (MAT). Mental health courts are doing especially well in this area, with all five programs reporting the ability to accept offenders using MAT. While over half of the remaining programs are meeting this best practice, it is important to note this issue has rapidly become an accepted practice in drug courts and any program not currently able to accommodate participants who need or are already prescribed these treatments should work to adjust their treatment accordingly.

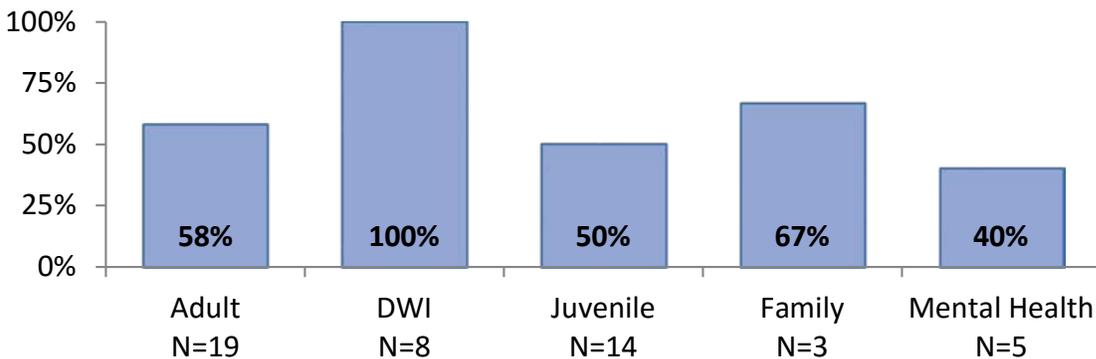
Best Practice

Program uses validated, standardized assessment to determine eligibility.

The first of the Drug Court Standards (NADCP, Volume I, 2013) is around the issue of target population. In order to ensure programs are reaching the correct population, section C specifies that programs use validated risk and needs assessments to assess the eligibility of offenders in meeting the program's target population.

Validated, standardized assessments used to determine eligibility identify a participant's risk level (i.e., risk to reoffend) and need level (i.e., whether an individual has a substance use disorder or not). In New Mexico, 61% of all problem-solving court programs reported that they use both a risk and needs assessment that is validated and standardized to determine eligibility. Figure 8 indicates the percentage of each of New Mexico's problem-solving courts, by type, that use validated, standardized assessment.

Figure 8. Percentage of New Mexico's Problem-Solving Courts that Use Validated, Standardized Assessments to Determine Eligibility



As shown above, all DWI programs are using risk and needs assessments to assess their participants to determine eligibility. Many adult, juvenile, and family drug court programs are also meeting this best practice. Most programs (84%) are currently using a risk assessment, and 77% of programs are using a needs assessment, but only 71% of programs using either assessment reported that they knew the instrument was validated for their particular population. In addition, some programs are administering validated assessments but not using them to determine eligibility. In order to fully meet this best practices, programs need to implement a validated risk and needs assessment, and use the results from those assessments to determine whether offenders are part of the programs' target population. The use of assessments to determine level of supervision and type and level of services needed is discussed under Key Component #6.



Best Practice

Participants are given a participant handbook upon entering the program.

Drug Court Standards IV and VII regarding responses to participant behavior and drug testing, respectively, both describe the need for written documentation of the program's policies and procedures to be provided to participants. Specifically, Standard VII, section I, indicates that participants should receive a handbook as part of the contract they sign upon entering the program.

Except for two of New Mexico's mental health court programs, all other problem-solving courts reported providing participants with a handbook upon program entry.

SUMMARY AND RECOMMENDATIONS FOR KC #3

The vast majority of problem-solving courts in New Mexico reported that it took more than 50 days from participant arrest/qualifying incident to entry into the program. This issue is not specific to New Mexico, but is a common problem in many programs throughout the United States. The delays are present in traditional court processes, and are the result of various factors, including ineffective coordination/communication across agencies, defense attorneys moving slowly in hopes of getting a plea deal, and police reports taking weeks to obtain. In drug court programs, delays can also occur when prosecutors do not have staff specifically assigned to screen cases for drug court, defendants do not get to their appointments for screening/assessments, etc.

All drug courts should work to decrease the length of time from arrest to program entry as research shows that this efficiency can significantly improve participant outcomes. This is similar to the need for immediate court response to non-compliant participant behavior. The time of arrest is a "teachable moment" and individuals may be more likely to realize that their lives are not going the way they would like at this time, and be more amenable to the need for change. Programs should conduct a review and analysis of the case flow from referral to drug court entry to identify bottlenecks or structural barriers (such as those described in the preceding paragraph), and points in the process where more efficient procedures may be implemented. Teams should brainstorm—and test—possible solutions to issues that are identified in the case flow analysis. Further, one team member could be assigned to review the systems of other drug court programs that have shorter periods between eligibility determination and drug court entry and bring this information back to the team. An excellent resource for drug court referral and entry protocols, as well as other sample drug court procedures can be found at [http://www.ndcrc.org/search/apachesolr_search/Entry,%20Referral,%20Case%20Processing,%20and%20Legal%20Screening%20Protocols?f\[0\]=bundle%3Aform](http://www.ndcrc.org/search/apachesolr_search/Entry,%20Referral,%20Case%20Processing,%20and%20Legal%20Screening%20Protocols?f[0]=bundle%3Aform). Although it may be difficult to reduce the time between arrest and referral to fit the best practice, the program could set a goal for how many days it should take to get participants into the program, and work toward achieving that goal over time.

The majority of New Mexico problem-solving courts reported having fewer than 125 active participants. The best practice regarding program census of less than 125 should not be taken as a mandate that programs cannot "go to scale" and serve the entire eligible population. The number 125 should be considered a "trigger" for larger programs to examine their other practices and verify that they are able to handle a greater number of participants. When drug courts with greater than 125 participants were compared to those with fewer than 125, the larger courts tended to perform drug tests less frequently,

were less likely to have all team members attend staffings and court sessions, tended to provide less treatment, had status review hearings less frequently, and the judge spent less time per participant during court hearings. The key is not that programs must not have greater than 125 participants to be a good quality drug court, but that larger programs need to maintain standards on all the other best practices in order to keep the quality of the services strong.

Similarly, while the majority of New Mexico's programs are accepting offenders with serious mental health issues, it is possible that those who are not accepting these offenders may not be equipped to serve those populations. Programs should seek community partners that are able to assist with treatment offenders with mental health issues, and to accept these offenders when appropriate services are available.

Lastly, most of New Mexico's programs are using standardized tools to assess participant risk levels. However, all problem-solving courts should be using validated risk assessments for their populations so that programs can ensure that they are selecting participants that fit their target population.

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

The focus of this key component is on the drug court's ability to provide participants with a range of treatment services appropriate to participant needs. Success under this component is highly dependent on success under the first component (i.e., ability to integrate treatment services within the program). Achievement of best practices within Key Component #4 requires having a range of treatment modalities or types of service available. However, drug courts still have decisions about how wide a range of services to provide and which services are important for their target population.

National research has demonstrated that outcomes are significantly better in drug courts that offer a continuum of care for substance abuse treatment including residential treatment and recovery housing in addition to outpatient treatment (Carey et al., 2012; Koob, Brocato, & Kleinpeter, 2011; McKee, 2010). Assigning a level of care based on a standardized assessment of treatment needs as opposed to relying on professional judgment or discretion results in significantly better outcomes (Andrews & Bonta, 2010; Vieira, Skilling, & Peterson-Badali, 2009). In the criminal justice system, mismatching offenders to a higher level of care than they require has been associated with negative effects including poor outcomes. For example, offenders who received residential treatment when a lower level of care was appropriate had significantly higher rates of treatment failure and criminal recidivism than offenders with comparable needs who were assigned to outpatient treatment (Lowenkamp & Latessa, 2005; Lovins, Lowenkamp, Latessa, & Smith, 2007).

Further, drug courts are more effective when they offer access to complementary treatment and social services to address co-occurring needs. A multisite study of approximately 70 drug courts found that programs were significantly more effective at reducing crime when they offered mental health treatment, family counseling and parenting classes, and were marginally more effective when they offered medical and dental services (Carey et al., 2012). Drug courts were also more cost-effective when they helped participants find a job, enroll in an educational program, or obtain sober and supportive housing (Carey et al., 2012). A statewide study of 86 drug courts in New York found that when drug



courts assessed participants for trauma and other mental health needs, and delivered mental health, medical, vocational or educational services where indicated had significantly greater reductions in criminal recidivism (Cissner et al., 2013).

However, research does not support a practice of delivering the same complementary services to all participants. Drug courts that required all of their participants to receive educational or employment services were determined to be less effective at reducing crime than drug courts that matched the services to the assessed needs of the participants (Shaffer, 2006). Further, according to Volume II of NADCP's Best Practice Standards, "Requiring participants to receive unnecessary services is not merely a waste of time and resources. This practice can make outcomes worse by placing excessive demands on participants and interfering with the time they have available to engage in productive activities (Gutierrez & Bourgon, 2012; Lowenkamp et al., 2005; Prendergast, Pearson, Podus, Hamilton, & Greenwell, 2013; Vieira et al., 2009)."

Other research on drug court practices found that programs that require at least 12 months for participants to successfully complete have higher reductions in recidivism. In addition, programs that had three or more phases showed greater reductions in recidivism (Carey et al., 2012).

The American University National Drug Court Survey (Cooper, 2000) showed that most drug courts have a single treatment provider agency. NPC, in a study of 18 drug courts in four different states (Carey et al., 2008), found that having a single provider or an agency that oversees all the providers is correlated with more positive participant outcomes, including lower recidivism and lower recidivism related costs. More recent research supports this finding, revealing that reductions in recidivism decrease as the number of treatment agencies increase (Carey et al., 2012).

Discharge and transitional services planning is a core element of substance abuse treatment (SAMHSA/CSAT, 1994). The longer drug-abusing offenders remain in treatment and the greater the continuity of care following treatment, the greater their chance for success (Lurigio, 2000).

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) maintains an updated guide on the reliability and validity of alcohol assessment instruments (Allen & Wilson, 2003). The American Society of Addiction Medicine (ASAM) publishes non-proprietary patient placement criteria for matching substance abuse clients to indicated levels or modalities of care. The ASAM guidelines specify the areas that should be covered in a clinical assessment and match the clients' results with levels of care that guide a patient's placement in treatment services (American Society of Addiction Medicine, 1996).

New Mexico Results

Best Practice
The drug court works with two or fewer treatment agencies or has a treatment representative that oversees and coordinates treatment from all agencies.

Programs that work with two or fewer treatment agencies had 74% greater reductions in recidivism than those that work with greater numbers of treatment agencies (Carey et al., 2012).

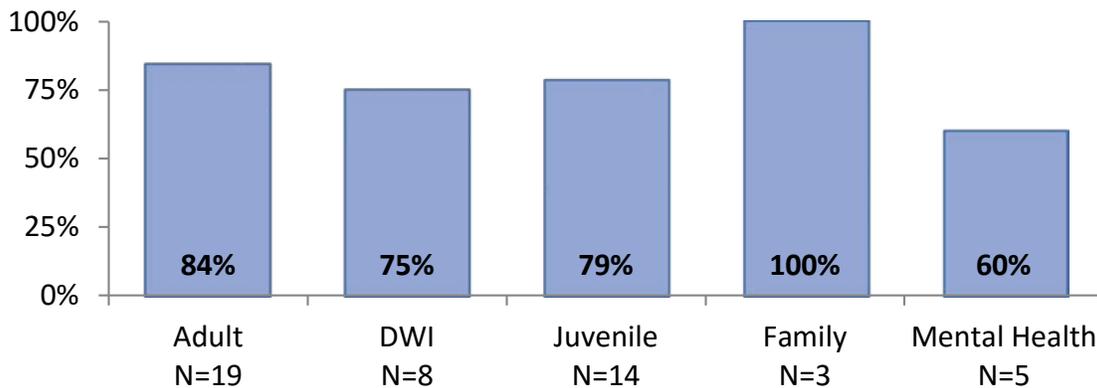
With the exception of one of the five mental health court programs, all of New Mexico’s treatment courts are either using two or fewer treatment providers or are coordinating treatment through one main provider.

Best Practice
The drug court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program.

Programs that have requirements for the frequency of individual treatment sessions (e.g., individual sessions one time per week) had 52% greater reductions in recidivism (Carey et al., 2012). The Best Practice Standards also state that high-risk/high-need offenders should meet at least once per week with a clinical case manager (NADCP, 2015).

Figure 9 presents the percentage of New Mexico problem-solving courts that require weekly individual meetings between participants and treatment during the first phase of the program.

Figure 9. Percentage of New Mexico’s Problem-Solving Courts with Weekly Individual Meeting with a Treatment Provider or Clinical Case Manager During the First Phase



Across all problem-solving courts in New Mexico, the majority of programs (80%) are ensuring that participants are meeting weekly during the first phase with a treatment provider or clinical case manager. This finding is fairly consistent across program types, although three of the five mental health courts are not following this practice.

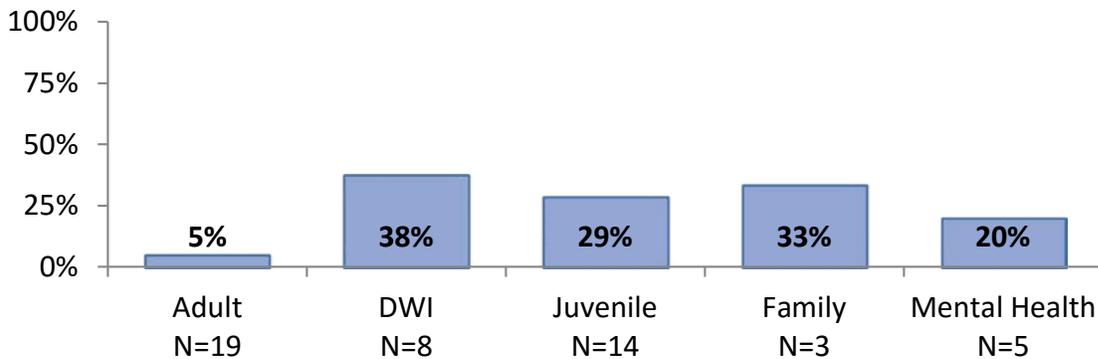
Best Practice

The drug court offers a continuum of care (detoxification, outpatient, intensive outpatient, day treatment, and residential).

In order to meet the individual substance abuse treatment needs of each participant, programs should offer a range of treatment options from short term detoxification to various outpatient services to long term residential treatment. Drug Court Best Practice Standard V is entirely about substance abuse treatment, with section A pointing to the need for a range of treatment options to meet every client’s needs.

Figure 10 highlights the number of programs that offer this entire range of treatment options.

Figure 10. Percentage of New Mexico’s Problem-Solving Courts Offering a Continuum of Care



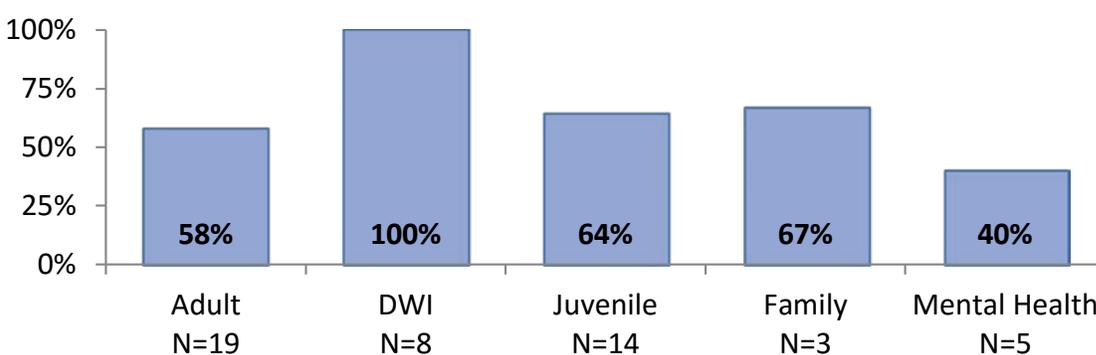
Only one out of every five programs is offering all of these services. Specifically, only one of each of New Mexico’s adult, family, and mental health courts offered the full range. DWI and juvenile courts fared only slightly better, with three and two programs offering all services, respectively. While very few of New Mexico’s treatment courts offered all five of these services, all programs offered some form of outpatient treatment, and most offered intensive outpatient (78%) and residential treatment (71%). Detox (39%) and day treatment (33%) were less likely to be available in each program.

Best Practice

Program assesses participants to determine level or type of services needed.

As discussed under Key Component #3, the use of needs assessments is important for eligibility determination. However, needs assessments are also crucial in determining the level and type of services participants should receive. Drug Court Best Practice Standard V states clearly that the substance abuse treatment received by individual participants should be directly tied to their appropriately assessed level of need. Figure 11 displays which type of New Mexico's problem-solving courts are assessing needs in order to determine level or type of services to provide each participant.

Figure 11. Percentage of New Mexico's Problem-Solving Courts Using a Needs Assessment to Determine Level of Care



While 77% of all of New Mexico's programs used a needs assessment, only 65% of those programs indicated that they used the results of that assessment to tailor the level or type of services provided. Mental health courts were least likely to administer and use a needs assessment. In order to know with certainty whether participants are addicted to substances and need substance abuse treatment, programs need to be assessing each offender at entry with validated clinical assessments administered by licensed professionals.

Best Practice

The drug court offers an array of rehabilitation and other services.

When looking at a variety of programs, there are certain services that, when offered, have been connected to better program outcomes. The following items are discussed in greater detail in both Drug Court Best Practice Standard V, regarding substance abuse treatment, and Standard VI, concerning complementary treatment and social services.



Table 4 shows the services that research has shown were related to significant reductions in recidivism and/or significant cost savings, and the percentage of New Mexico’s problem-solving courts that offer each service. The research regarding costs has shown that those programs that engage in the practices below had bigger reductions in participant recidivism, and thus bigger reductions in costs associated with recidivism (e.g., less jail costs due to less time in jail) compared to drug courts that do not engage in these practices.

Table 4. Percentage of New Mexico’s Problem-Solving Courts that Offer Services Identified as Best Practices

	Court Type				
	Adult N=19	DWI N=8	Juvenile N=14	Family N=3	Mental Health N=5
Evidence-based, manualized behavioral or cognitive-behavioral treatments	100%	100%	100%	100%	100%
Relapse prevention (should be required for all participants)	84%	75%	79%	100%	0%
Gender-specific services	63%	75%	71%	67%	80%
Mental health services	95%	100%	100%	67%	100%
Parenting classes	74%	75%	86%	100%	80%
Family/domestic relations counseling	84%	100%	100%	100%	100%
Residential treatment	58%	100%	86%	33%	60%
Health care	47%	50%	36%	67%	80%
Dental care	47%	38%	36%	67%	80%
Anger management classes	89%	100%	64%	100%	100%
Housing services	74%	86% ^a	71%	100%	100%
Trauma-related services	63%	88%	85% ^b	67%	100%
Criminal thinking interventions	58%	75%	57%	33%	100%

^aInformation only available for 7 of the 8 DWI courts for this item

^bInformation only available for 13 of the 14 juvenile courts for this item

Table 4 shows that the problem-solving courts in New Mexico offer a wide array of services to their participants, though there is some variation in which services are likely to be offered in which type of program. All programs reported using at least one type of evidence-based, manualized behavioral or cognitive-behavioral treatment (e.g., Moral Reconciliation Therapy, Motivational Enhancement Therapy, etc.). The vast majority of programs also provide mental health services (96%), family/domestic relations counseling (94%), and anger management classes (86%). Health (49%) and dental care (47%) were least available across all programs, though mental health programs were more likely than other court types to provide these services. There were also a few services that differed across program types. For example, residential treatment was available to most DWI and juvenile programs but only one family program reported availability in this area. It could be difficult for family courts to find appropriate residential services, especially if participants need a residential program which allows for children as well as adults. Many programs across all court types reported a lack of gender-specific services. Lastly, most problem-solving court programs require relapse prevention services for all participants; however, mental health courts do not. It may be that relapse prevention is unnecessary for some of the participants in these programs as they may not present with substance abuse as a co-occurring disorder.

It should be noted that most programs across all courts had relapse prevention services available (91%), if not required, to all participants. While this may be appropriate for mental health courts, as discussed above, the remaining programs should require this service be administered to everyone in the program.

Best Practice

The program provides child care for participants while involved in court activities and provides services to participants' children.

Very few problem-solving courts in New Mexico are providing child care for participants (4%). Only one juvenile and one family court reported this practice. While it is traditionally believed that only participants in family court would require child care, adults in all treatment court settings may have young children in their care. As such, providing child care when participants are in court sessions or treatment sessions may result in greater participant success.

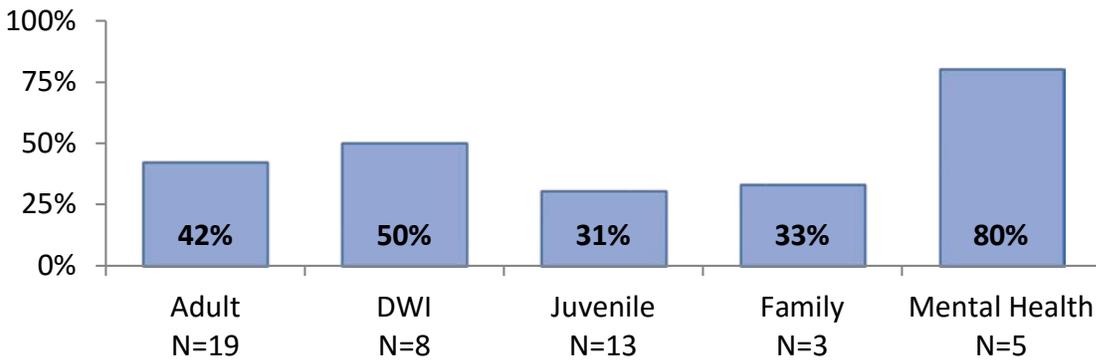
In addition, programs that provide services directly to the children of participants, or that help connect children and their parents with services in the community, have been linked to better participant outcomes (e.g., Kissick, Waller, Johnson, & Carey, 2015).

Best Practice

The program provides (or partners with service providers who provide) participants with legally prescribed psychotropic or addiction medication (MAT).

As discussed under Key Component #3, medically assisted treatment (MAT) is noted in Drug Court Best Practice Standards I and V as a necessary service for some individuals. As such, programs should provide or partner with agencies that are able to provide MAT. Figure 12 presents the proportion of programs providing medically assisted treatment for participants while in the program.

Figure 12. Percentage of New Mexico’s Problem-Solving Courts Providing Medically Assisted Treatment (MAT)



Less than half (44%) of New Mexico’s problem-solving courts are currently providing participants with legally prescribed psychotropic or addiction medication (MAT). MAT has recently been acknowledged by the Substance Abuse and Mental Health Services Administration (SAMHSA) as a necessary tool in fighting addictions, and federal funding now requires that programs not exclude participants who need or are currently using MAT. As shown earlier, under Key Component 3, most programs do not exclude participants on MAT, so it may be that the programs in New Mexico, especially juvenile and family courts, have not yet found appropriate partner agencies who are able to prescribe these medications or in some cases it is possible that a particular jurisdiction doesn’t have a problem with opioid or alcohol use disorder. In the future, programs are encouraged to share resources with each other and reach out to other community agencies to increase the number of participants who can benefit from this service.

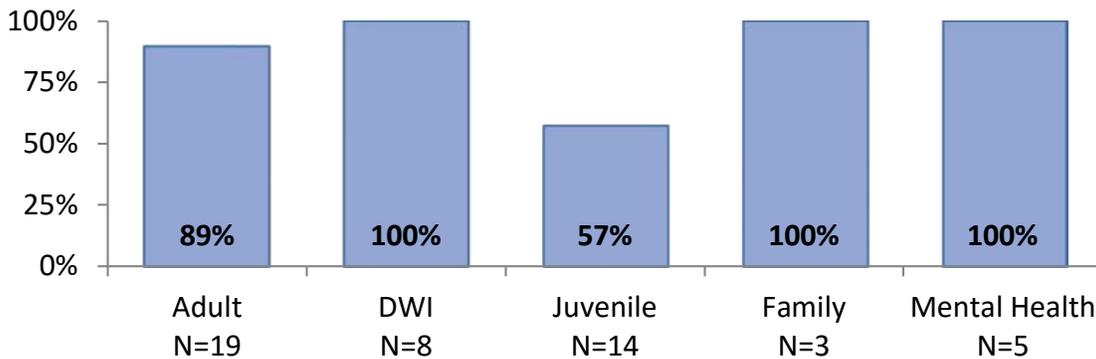
Best Practice

The minimum length of the drug court program is 12 months or more.

Drug court programs that were designed to last 12 months or longer had 57% greater reductions in recidivism than programs lasting shorter durations (Carey et al., 2012).

Figure 13 displays the results for each type of New Mexico’s problem-solving courts on whether the minimum length of the program is 12 months or more.

Figure 13. New Mexico’s Problem-Solving Courts Where the Minimum Length of the Program Is 12 Months or More



As demonstrated in Figure 13, the majority of treatment courts in New Mexico report that the minimum length of the drug court programs is 12 months or more (84%). Juvenile courts were least likely to meet this minimum requirement. Treatment for youth is often shorter than it is for adults, and sometimes legal jurisdiction is also limited. Regardless, programs should ensure that enough time is allotted to successfully complete the program requirements, including substance abuse treatment, which may take much longer than programs realize.

Best Practice

Treatment providers are licensed or certified to deliver substance abuse treatment and have training and/or experience working with a criminal justice population.

Drug Court Standard V, section H, specifies that treatment providers working for the court should have proper licensing and/or certification as well as experience working with a criminal justice population.

All of New Mexico’s problem-solving courts reported that their treatment providers are licensed or certified to deliver substance abuse treatment. All programs also reported that treatment providers are experienced working with criminal justice populations.

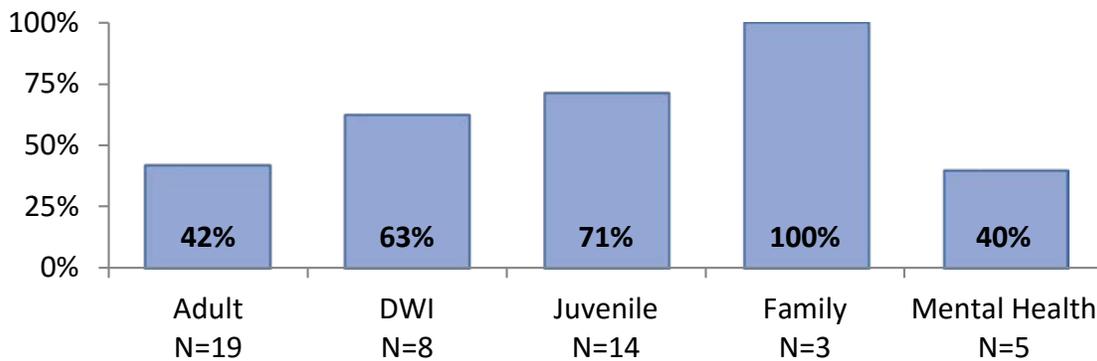
Best Practice

Caseloads for probation/supervision officers and clinicians are adequate to provide the services required for the population.

Drug Court Standard IX is devoted to census and caseloads. Sections B and C explains best practices around probation/supervision officers and clinicians, respectively. While caseloads for individual probation or supervision officers might vary by program types and location, programs serving the intended high-risk/high-need participants need to have small enough caseloads to account for the intensive nature of working with this population.

For each probation or supervision officer, each caseload should be no more than 30 participants, or up to 50 if the population is a mix of high and low risk, and there are not additional caseloads or responsibilities placed on each officer. Figure 14 shows the New Mexico problem-solving courts that are meeting the caseload requirements for probation/supervision.

Figure 14. New Mexico’s Problem-Solving Courts Where the Probation/Supervision Officer Caseloads do not Exceed 30 (or 50 if Servicing High and Low Risk Participants)

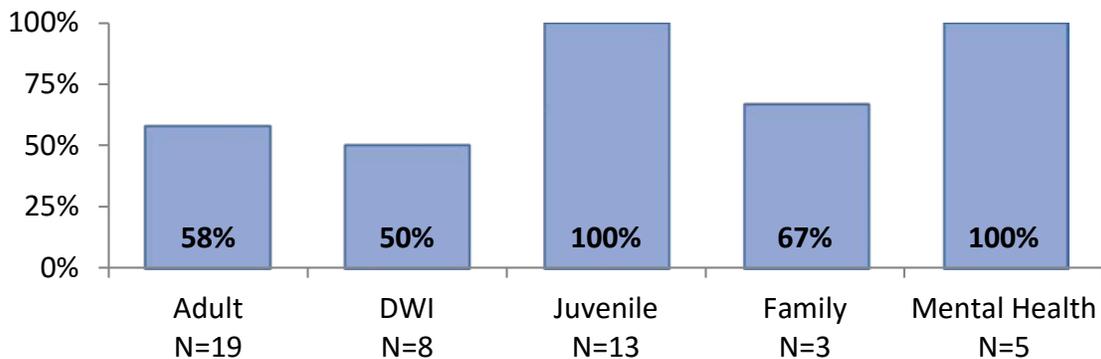


While only 57% of New Mexico’s programs are meeting recommended caseload standards for probation or supervision officers, all family courts and most juvenile and DWI courts are doing a good job of maintaining appropriate caseloads. Moreover, almost all programs (76%) have individual caseloads of 50 or less. It may be, however, that these programs are not serving a mix of high- and low-risk clients or are requiring additional duties of probation officers. Adult drug courts, specifically, need to monitor how many clients are being seen by each probation or supervision officer. It is possible that case management duties could be shared across team members. For example, coordinators and treatment personnel may be performing case management in addition to probation officers. However, with 53% of adult programs reporting caseloads for each probation officer above 50 participants, it is likely that additional support is needed to adequately manage this population.

Similarly, caseloads for individual clinicians may vary by the type of responsibilities required and the needs level of the participants. For clinicians providing treatment and case management, individual caseloads should not exceed 30 participants. If clinicians are only providing treatment, the caseload should not exceed 40 participants and for those only providing case management, the caseload should

not exceed 50 participants. Figure 15 shows which of New Mexico's programs are meeting these caseload requirements.

Figure 15. New Mexico's Problem-Solving Courts Where the Clinician Caseloads Meet Standards



Taken as a whole, almost three quarters (73%) of all New Mexico's treatment courts are meeting recommended clinician caseload standards. Juvenile and mental health courts are all doing well managing the workloads of their treatment providers. Adult and DWI courts, however, need to pay attention to the responsibilities for treatment providers and ensure that each clinician is not being required to perform too many duties for too many participants. One fifth (21%) of adult programs and one quarter (25%) of DWI programs reported that clinician caseload was over 50, while other programs required both case management and treatment for caseloads that were too high to provide both services. As substance abuse treatment is one of the key elements of a successful drug court program, ensuring that treatment providers are not overburdened is crucial to participant success.

SUMMARY AND RECOMMENDATIONS FOR KC #4

Overall, New Mexico's problem-solving courts are assessing the needs of their clients and providing a wide array of services through licensed and experienced treatment professionals. Programs should continue to assess their specific population to determine what type of level of services are needed by their participants and work to establish a full continuum of care, including detoxification services and day treatment. In addition, most programs are requiring regular individualized treatment, which has been shown to reduce recidivism substantially (Carey et al., 2012).

New Mexico's problem-solving courts should ensure that relapse prevention services are offered in all programs. While many of the programs surveyed offered these services to participants, none of the mental health courts, one quarter of DWI courts, and one fifth of adult and juvenile courts are not requiring all participants to receive these services. Programs requiring relapse prevention have been shown to have 18% higher graduation rates and 3 times greater cost savings than programs that did not require relapse prevention (Carey et al., 2011).

Although health and dental care can be difficult for drug courts to obtain, half of New Mexico's problem-solving courts are offering these services to all participants. Mental health courts were doing especially



well at offering these services. Programs able to provide these services for their participants have significantly better outcomes.

Almost no problem-solving courts in New Mexico provide child care for participants while involved in program activities and none of the family courts provide services directly to children of participants. While not all adults participating in drug courts are parents, there are many who are and who would benefit from the availability of child care while at court or treatment. Moreover, if the participants being served have children, as all do in family courts and many do in other court types, the parents and children would benefit from services for the children either through linkages in the community or from the program itself.

Another area for improvement among New Mexico's problem-solving courts is the use of medically assisted treatment (MAT). Fewer than half of the programs indicated that they were able to provide MAT services to participants. MAT is often used particularly for opiate addictions and as opiates were second only to methamphetamines for most of New Mexico's programs, the availability of MAT is becoming increasingly important. Programs should look into partnering with agencies or physicians in their area that are knowledgeable about and can legally prescribe and oversee the use of these medications, when appropriate.

The majority of New Mexico's problem-solving courts reported working with two or fewer treatment agencies and all reported that those agencies have providers with experience with the criminal justice population. Having one or two treatment providers is related to substantially better program outcomes, including higher graduation rates (Carey & Perkins, 2008) and lower recidivism (Carey et al., 2012). If multiple providers are more appropriate to provide services in a broader geographic area, or to offer the range of comprehensive services that are needed, programs should identify a single organization or individual to coordinate the array of treatment services across agencies and to facilitate communication between providers and the court.

Nearly all of New Mexico's problem-solving courts are following the best practice of having a minimum program length of 12 months or more. Most individuals with substance use disorders need to participate in treatment for an extended period in order to sustain sobriety. Twelve months allows many participants to go through important phases in their recovery including initiation of abstinence, maintenance of abstinence, relapse prevention, coping skills, transition to aftercare, and aftercare. Juvenile programs, which were least likely to have 12 month programs, should assess whether their clients are actually able to succeed within a shorter timeframe, or if the shorter window has been selected due to legal jurisdictional requirements (i.e., the court does not have jurisdiction over the juvenile for a full 12 months) rather than effectiveness.

Lastly, caseloads have been a consistent source of concern for drug court professionals. The populations being served are often high-risk/high-need and as such require intensive service. The ability to effectively meet the needs of these clients is a cause for concern nationwide. While almost three quarters of New Mexico's problem-solving courts reported appropriate caseloads for clinicians, just over half were able to report appropriate supervision caseloads. Each of New Mexico's programs should assess which team members are responsible for case management, supervision, and treatment to better understand if any individual is overburdened. One of the benefits to the drug court model is shared

supervision and division of labor. However, it often falls on probation officers and clinicians to provide supervision and treatment, respectively, and teams should be careful to ensure these individuals are not taking on too many responsibilities for too many participants.

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

The focus of Key Component #5 is the use of alcohol and other drug testing as a part of the drug court program. Drug testing is important both for court supervision and for participant success. It is generally seen as a key practice for ensuring participants' treatment progress in that it is the only objective measure of whether the participant is using. Also, participants report that knowing they will be drug tested is often the key factor that made them stop using early in their recovery.

Research has demonstrated that outcomes are significantly more positive when detection of substance use is likely (Kilmer, Nicosia, Heaton, & Midgette, 2012; Marques, Jesus, Olea, Vairinhos, & Jacinto, 2014; Schuler, Griffin, Ramchand, Almirall, & McCaffrey, 2014) and also when participants receive incentives for abstinence and sanctions or treatment adjustments for positive test results (Hawken & Kleiman, 2009; Marlowe, Festinger, Foltz, Lee, & Patapis, 2005). Therefore, the success of drug courts depends, in part, on the reliable monitoring of substance use.

Participants are unlikely to disclose substance use accurately. Studies find that between 25% and 75% of participants in substance abuse treatment deny recent substance use when biological testing reveals a positive result (e.g., Auerbach, 2007; Harris, Griffin, McCaffrey, & Morral, 2008; Morral, McCaffrey, & Iguchi, 2000; Tassiopoulos et al., 2004). Accurate self-report is particularly low among individuals involved in the criminal justice system, presumably because they are likely to receive punishment for substance use (Harrison, 1997).

Research on drug courts in California and nationally (Carey et al., 2005, 2012) found that drug testing that occurs randomly, at least twice per week, is the most effective model. Because the metabolites of most drugs of abuse are detectable in urine for approximately 2 to 4 days, testing less frequently leaves an unacceptable time gap during which participants can abuse substances and evade detection, thus leading to significantly worse outcomes (Stitzer & Kellogg, 2008). In addition, drug test results that were returned to the program in 2 days or less have been associated with greater cost savings and greater reductions in recidivism (Carey et al., 2012).

In addition to frequency of testing, it is important to ensure that drug testing is random and fully observed during sample collection, as there are numerous ways for individuals to predict when testing will happen and therefore use in between tests or to submit a sample that is not their own. In focus groups with participants after they have left their programs, individuals have admitted many ways they were able to "get around" the drug testing process, including sending their cousin to the testing agency and bringing their 12-year-old daughter's urine to submit.

Research has also demonstrated that having the results of drug tests back to the drug court team swiftly (within 48 hours) is key to positive outcomes as it allowed the court to respond immediately to participant use while the incident is still fresh in the participants' minds. Finally, the length of time

abstinent before graduation from the program is associated with continued abstinence after the program, resulting in both lower recidivism and higher cost savings (Carey et al., 2012).

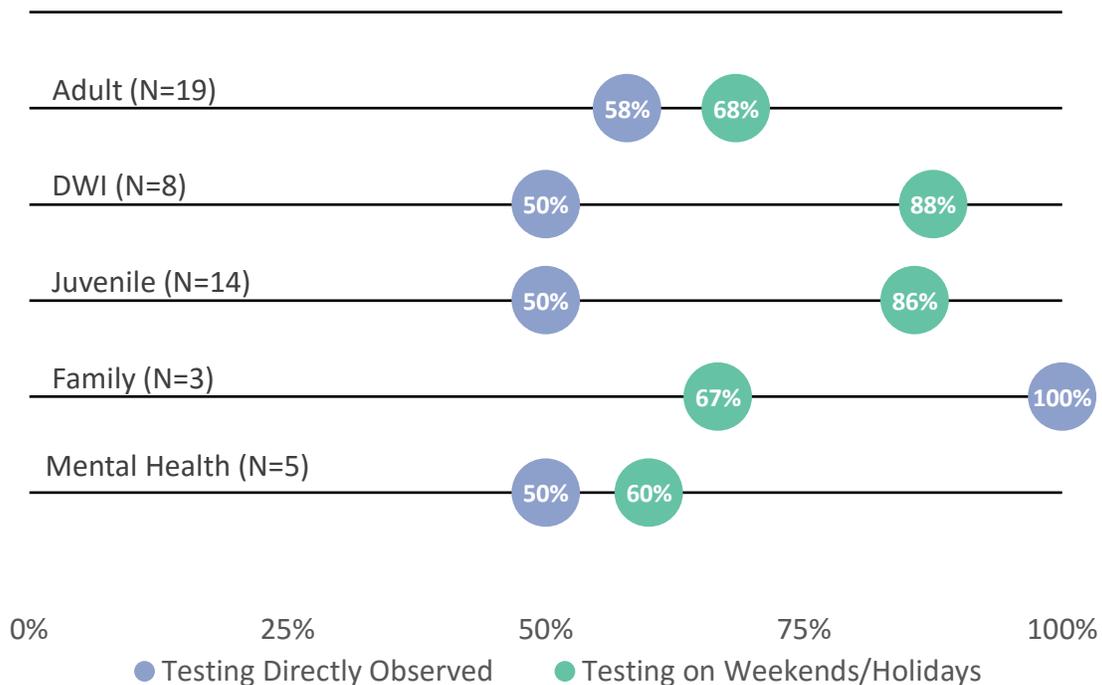
New Mexico Results

Best Practice
Drug testing is random and occurs on weekends/holidays.
Collection of test specimens is witnessed directly by staff trained in appropriate collection protocols.

Drug testing should occur randomly, including weekdays as well as weekends and holidays. Random testing means that there is no method by which participants could identify when they will or will not be tested. While 92% of New Mexico’s problem-solving courts stated that their drug testing was random, almost a quarter (24%) indicated that testing was only performed Monday through Friday. Figure 16, below, shows the results of weekend/holiday testing by court type.

Figure 16 also shows the proportion of problem-solving courts, by type, that use direct observation methods of drug tests. While all of the programs reported that collection staff were trained in appropriate collection protocols, 44% reported the use of indirect viewing methods such as mirrors.

Figure 16. Percentage of New Mexico’s Problem-Solving Courts Testing on Weekends and Holidays and Court with Drug Testing Directly Observed



Overall, many of New Mexico’s problem-solving courts are following the best practices regarding random and observed drug testing. However, except for family courts, New Mexico’s problem-solving courts would benefit from learning more about the differences between direct and indirect methods of observation. Making sure that proper techniques are being used means drug testing is better able to effectively monitor possible participant relapse and drug use.

Best Practice

Drug court test results are back in 2 days or less.

Expedited drug testing results are linked to 73% greater reductions in recidivism and 68% greater increases in cost savings (Carey et al., 2012).

New Mexico’s treatment programs are consistently obtaining drug test results within 48 hours. Almost all program (88%) are meeting this time requirement. Family and mental health courts performed the best, with all courts obtaining results within 2 days. Only one DWI court, two juvenile courts, and three adult courts reported not being able to make this turnaround time.

Best Practice

In the first phase of drug court, drug tests are collected at least 2 times per week.

Drug courts that test at least 2 times per week had 61% higher cost savings (Carey et al., 2012). Almost all of New Mexico’s programs (90%) are collecting drug tests at least twice weekly during the first phase. Mental health courts were least likely to administer frequent drug tests, with only two of the five programs reporting this frequency. It is possible that the mental health courts not reporting this frequency do not have large populations of participants with substance use disorders. However, if any participating clients are using substances, the only way to know about use and relapse is to test often enough to catch any possible use. Programs should also continue to test with regularity throughout the program. As programs continue to lessen the amount of treatment, court sessions, and case management requirements, drug testing is the only objective way to determine if the decrease in requirements is appropriate and participants are ready for these transitions in phase.

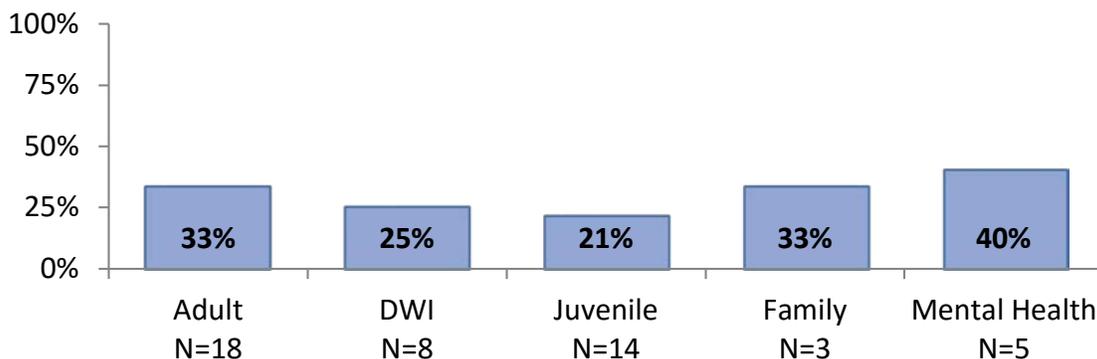
Best Practice

Participants are expected to have greater than 90 days clean (negative drug tests) before graduation.

Requiring greater than 90 days of abstinence is linked to 50% greater cost savings and 164% greater reductions in recidivism (Carey et al., 2012).

Figure 17 exhibits the percentage of New Mexico’s problem-solving courts that require more than 90 days clean before allowing participants to graduate from the program.

Figure 17. Percentage of New Mexico’s Problem-Solving Courts that Require More Than 90 Days Clean Before Graduation





As shown in Figure 16, while the majority of programs report that they expect participants to be clean before graduation (86%), only three out of every 10 programs require *more* than 90 days clean. Many programs require exactly 90 days (37%), while only a handful of programs require considerably less time, reporting 30 days or fewer (10%). All of New Mexico's problem-solving courts should review their policy around required clean time prior to graduation and require clients be clean for more than 90 days.

SUMMARY AND RECOMMENDATIONS FOR KC #5

Overall, New Mexico's problem-solving courts are following best practices within Key Component #5. Many of New Mexico's programs reported random drug testing, and some included testing on weekends and holidays. Courts also reported that staff are trained in tested methods. However, almost half of programs also reported the use of indirect observation methods, such as mirrors, during testing. These programs need to ensure that all testing is directly observed in order to ensure tampering has not occurred. (See Standard VII in Volume II of the Best Practice Standards for more detail on the importance of direct observation for drug testing).

Most of New Mexico's programs reported that they received drug test results within 2 days or less. Research has shown that obtaining drug testing results within 48 hours of submission is associated with significantly higher graduation rates and lower recidivism (Carey et al., 2008, 2012). Courts not receiving test results back within 2 days may not be meeting this standard due to the need to mail in their tests, and some courts also have to wait an extra day or so to mail the tests because they cannot afford to ship daily. Efforts should be made to obtain swifter testing methods, as drug testing with a shorter turnaround time allows quicker responses to substance use, which is much more effective for behavior change than long periods between participant behavior and court response.

In addition, almost all of New Mexico's problem-solving courts reported testing at least twice per week. Research shows that drug courts that test at least 2 times per week have better outcomes (Carey et al., 2008). Marlowe (2008) suggests that the frequency of drug testing be the last requirement to be reduced as participants advance through program phases. As other requirements such as treatment sessions and court appearances are decreased, checking for drug use becomes increasingly important, to determine if the participant is doing well with more independence and less supervision. New Mexico's problem-solving courts are commended for following this best practice.

Finally, while many of New Mexico's programs require at least 90 days clean before graduation, only a third required greater than 90 days. Research in multiple drug courts showed those that required greater than 90 days abstinent (measured by continued negative drug tests) before graduation had more than 1 and a half times greater reductions in recidivism than programs that required less time clean or that had no minimum required time clean before graduation (Carey et al., 2012). An earlier study, also in multiple drug courts, found that greater than 90 days clean resulted in substantially greater cost savings (Carey et al., 2008). The longer participants were required to be abstinent before graduation, the bigger the reductions in recidivism for up to 2 years after program participation. Programs that required 6 months abstinent before graduation had 40% greater reductions in recidivism than programs that required 90 days (Carey et al., 2012). It is recommended that programs not yet

requiring greater than 90 days abstinent should incorporate this practice into their graduation requirements.

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

The focus of this component is on how the drug court team supports each participant and addresses his or her individual needs, as well as how the team works together to determine an effective, coordinated, response. Drug courts have established a system of rewards and sanctions (including the “ultimate” reward, graduation) that determine the program’s response to acts of both non-compliance and compliance with program requirements. This system may be informal and implemented on a case-by-case basis, or this may be a formal system applied evenly to all clients, or a combination of both. The key staff involved in decisions about the appropriate response to participant behavior varies across courts. Drug court team members may meet and decide on responses, or the judge may decide on the response in court. Drug court participants may (or may not) be informed of the details of this system of rewards and sanctions so their ability to anticipate a response from their team may vary significantly across programs.

The drug court judge is legally and ethically required to make the final decision regarding sanctions or rewards, based on expert and informed input from the drug court team, including information gained from case management. All drug courts surveyed in an American University study reported that they had established guidelines for their sanctions and rewards policies, and nearly two thirds (64%) reported that their guidelines were written (Cooper, 2000).

The Multisite Adult Drug Court Evaluation (MADCE) found significantly better outcomes for drug courts that had a written schedule of predictable sanctions that was shared with participants and staff members (Zweig, Lindquist, Downey, Roman, & Rossman, 2012). Another study found 72% greater cost savings for drug courts that shared their sanctioning regimen with all team members (Carey et al., 2008, 2012).

The MADCE results also suggest that drug courts should remind participants frequently about what is expected of them in the program and the likely consequences of success or failure (Zweig et al., 2012). Another study showed that when staff members in drug courts consistently reminded participants about their responsibilities in treatment and the consequences that would ensue from graduation or termination they had higher program retention rates (Young & Belenko, 2002).

It is important to avoid having the sanctions and incentives guidelines be overly structured. Two studies reported significantly better outcomes when the drug court team reserved discretion to modify scheduled consequences in light of the context in which the participant behavior occurred (Carey et al., 2012; Zweig et al., 2012).

Drug courts working with addicted offenders should adjust participants’ treatment requirements in response to positive drug tests during the early phases of the program rather than imposing sanctions. Participants might, for example, require medication, residential treatment, or motivational-enhancement therapy to improve their commitment to abstinence (Chandler, Fletcher, & Volkow, 2009) and to develop the skills needed to comply with program abstinence requirements.



Drug courts achieve significantly better outcomes when they focus more on providing incentives for positive behaviors than they do on sanctioning negative behavior. Incentives teach participants what positive behaviors they should continue to perform, while sanctions teach only what behaviors participants should stop doing. In the MADCE, significantly better outcomes were achieved by drug courts that offered higher and more consistent levels of praise and positive incentives from the judge (Zweig et al., 2012).

Drug courts have significantly better outcomes when they use jail sanctions sparingly (Carey et al., 2008; Hepburn & Harvey, 2007). Research indicates that jail sanctions produce diminishing, or even negative, returns after approximately 3 to 6 days (Carey et al., 2012; Hawken & Kleiman, 2009). Also, studies show better outcomes in drug courts that exert leverage over their participants, meaning the participants can avoid a serious sentence or disposition if they complete the program successfully (Carey et al., 2012; Cissner et al., 2013; Goldkamp, White, & Robinson, 2001; Longshore et al., 2001; Mitchell, Wilson, Eggers, & MacKenzie, 2012).

Finally, drug courts that responded to infractions immediately, particularly by requiring participants to attend the next scheduled court session, had twice the cost savings of programs with longer response times; and programs that required participants to pay fees and have a job or be in school at the time of graduation had significant cost savings compared to programs that did not (Carey et al., 2012).

New Mexico Results

Best Practice

Program has incentives for graduation.

Drug Court Standard IV, section L, discusses the possible rewards for participating in drug court. Specifically, there should be an incentive for successfully completing a program, such as a reduced sentence or dismissed or reduced charges.

The vast majority (96%) of New Mexico's problem-solving courts are offering some incentive for successful completion of the program.

Best Practice

Sanctions are imposed immediately after non-compliant behavior (e.g., drug court will impose sanctions in advance of a client's regularly scheduled court hearing).

Drug court programs following this practice had 100% higher cost savings than programs that waited to impose sanctions (Carey et al., 2012).

The majority (all but one program) of New Mexico's problem-solving courts report that sanctions are imposed immediately after non-compliant behavior; for example, the court will bring participants in before their regularly scheduled court session to impose sanctions if needed.

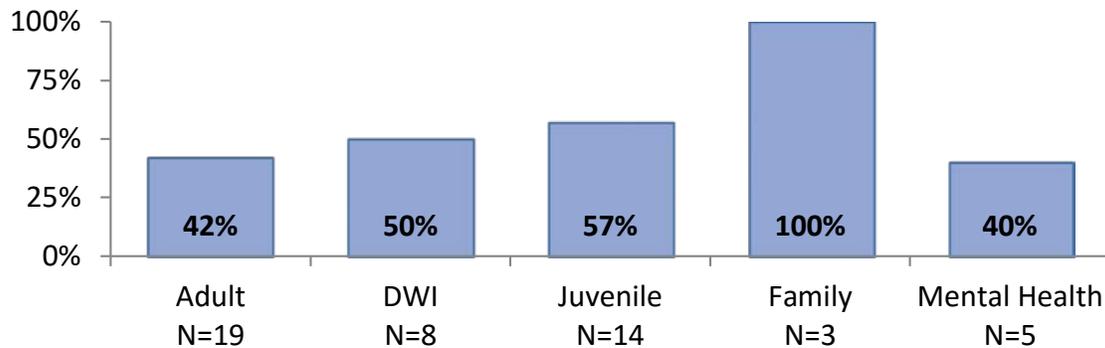
Best Practice

Drug court team members are given a copy of the guidelines for incentives and sanctions, which include a wide variety of sanctions.

Drug court programs that had written guidelines for sanctions and provided these guidelines to the team had 55% greater reductions in recidivism and 72% higher cost savings than programs that did not (Carey et al., 2012). Drug Court Standard IV, which describes in detail responses to participant behavior, also specifies in section E that sanctions should be graduated.

Figure 18 demonstrates the results for New Mexico’s problem-solving courts on whether the team members are given a written copy of the incentives and sanctions guidelines.

Figure 18. Percentage of New Mexico’s Problem-Solving Courts Where Members Are Given a Written Copy of the Incentives and Sanctions Guidelines



As displayed in Figure 18, approximately half of New Mexico’s courts reported that team members are given a written copy of the incentives and sanction guidelines. Interestingly, almost two thirds of programs provide team members with incentive guidelines *or* sanction guidelines, but only half provided both. It is important that both incentives and sanctions be used systematically and thoughtfully for the most effective impact on participant behavior. Having detailed written guidelines about responses to participant behavior does not mean that programs have to adhere to a rigid set of rules or that programs are unable to account for extenuating circumstances. Instead, they provide a map to aid in the process of deciding what type of response is needed (incentive, sanction, treatment response) as well as a systematic approach to graduated sanctions.

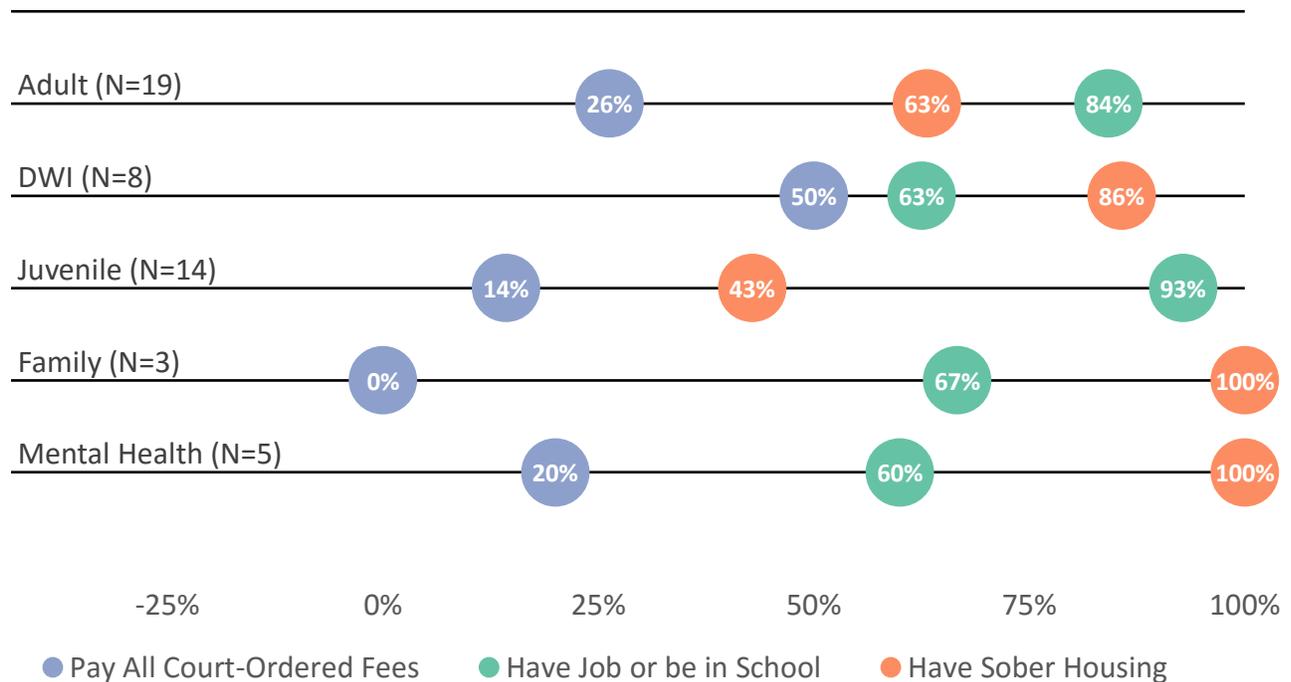
All of New Mexico’s problem-solving courts reported that in addition to jail, they had a wide variety of less severe sanctions available, such as written essays, sit sanctions, and/or community service.

Best Practice
In order to graduate, participants must meet specific requirements in addition to time in the program.

There are many requirements that drug courts impose to ensure participants will be successful after graduation. Some of these conditions have been shown to lead to greater reductions in recidivism and higher cost savings. For example, programs requiring participants be employed or in school before graduation had 83% higher cost savings than programs without these graduation requirements (Carey et al., 2012). Drug courts requiring sober housing before graduation had 48% higher cost savings than programs that did not require sober housing (Carey et al., 2012) and courts requiring participants to pay program related fees prior to graduation saw more than twice the cost savings than programs that did not require fee payment (Carey et al., 2012).

Figure 19 illustrates how many of New Mexico’s problem-solving courts are meeting these graduation requirements.

Figure 19. Percentage of New Mexico’s Problem-Solving Courts with Graduation Requirements Identified as Best Practices



Results on the implementation of these graduation requirements in New Mexico’s drug courts are mixed. Most programs are requiring participants to have a job or be in school (80%) and have sober housing (67%). It is not surprising that juvenile courts were least likely to require sober housing as many juveniles might live as dependents with adults who use legal substances such as alcohol. It also makes sense that mental health courts are not requiring participants to have a job or be in school as participants may have serious mental health issues that prohibit employment. All programs, however, should review their policy around court-ordered fee payment. Only one quarter of programs require full payment prior to graduation. This finding might be related to the high cost some offenders encounter in

regards to restitution and the amount of time required to pay fees in their entirety outside of any program fees. For programs not requiring payment, a review of costs incurred by participants might illuminate whether this requirement may be feasible in the future or not. Regardless, aiding participants in finding jobs and sober housing is certainly related to assisting participants in successfully paying all fines and fees, before or after graduation, and should be commended.

Best Practice

The typical length of jail sanctions is less than 6 days.

Although jail sanctions of 6 days or less had the most positive impact on participant recidivism, when the number of days is split into sanctions of less than 2 weeks compared to 2 weeks or more, drug courts sanctioning participants with fewer days in jail (less than 2 consecutive weeks) had 59% greater reductions in recidivism and 45% higher cost savings (Carey et al., 2012).

Figure 20 displays the rates of New Mexico’s problem-solving courts that report that jail sanctions are typically 6 days or less.

Figure 20. Percentage of New Mexico’s Problem-Solving Courts Where Jail Sanctions Are Typically 6 Days or Less

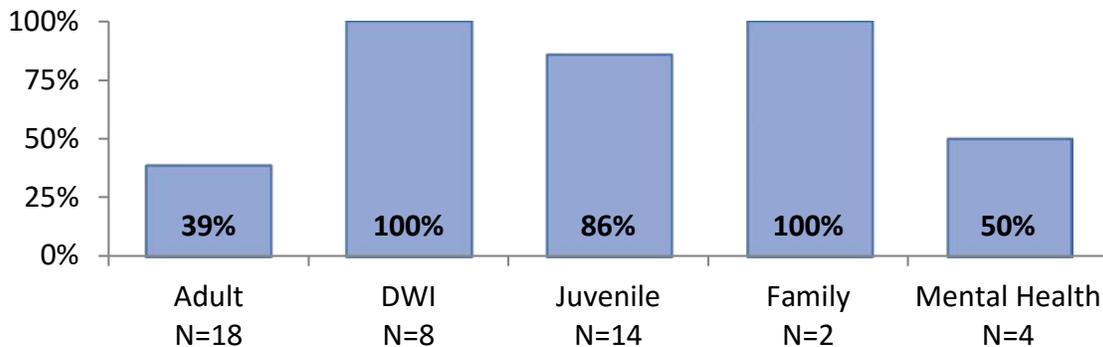


Figure 20 shows that while most programs (an average of 67% across program types) are using shorter jail sanctions, many adult programs are also using longer jail sanctions. Many of the programs not meeting this practice indicated that while they rarely used sanctions longer than 2 weeks, they regularly used 1- and 2-week jail sanctions. Programs consistently using this many jail days at one time should review how quickly graduated sanctions reach this duration and whether sanctioning and treatment response policies are using jail time in lieu of alternative responses that might be more appropriate for participants, especially earlier in the recovery process.

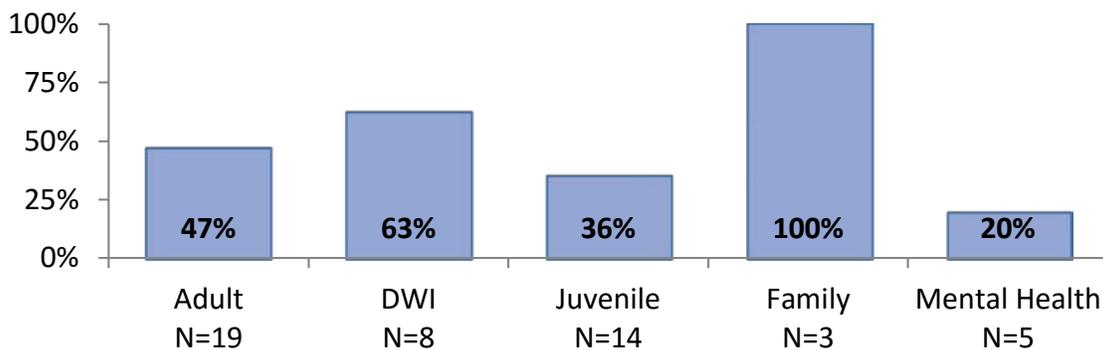
Best Practice

A new arrest for possession does not prompt termination.

Drug courts that terminate participants after a new arrest for possession had significantly higher recidivism and lower cost savings compared to programs that did not terminate after a new arrest for possession (Carey et al., 2012).

Figure 21 displays the percentage of New Mexico’s problem-solving courts that continue to keep participants after a new arrest for possession.

Figure 21. Percentage of New Mexico’s Problem-Solving Courts Where a New Arrest for Possession Would Not Prompt Termination



While roughly half of programs are retaining participants, even after a new arrest for possession, many programs (specifically mental health and juvenile) are terminating these participants. If new arrests are non-violent and only indicate further substance use by problem-solving court participants, participants will clearly benefit from the continued structure of the program to aid them in their recovery process, particularly compared to the traditional court system, which has already proven to be ineffective in reducing recidivism in this population.

SUMMARY AND RECOMMENDATIONS FOR KC #6

Overall, New Mexico’s problem-solving courts are following best practices within Key Component #6. The majority of New Mexico’s problem-solving courts indicated that there was at least some incentive to participate, such as a reduced sentence, less or no jail time, or dismissed charges. All of New Mexico’s problem-solving courts reported that they had a range of sanctions, most of which are immediately imposed after non-compliant behavior (e.g., before the next scheduled court session). Sanctions that are more strongly tied to clear infractions will have the greatest impact. Responses to non-compliant behavior should sometimes happen before the next scheduled drug court session, especially if it is a particularly egregious infraction, or if the next scheduled court appearance for that participants is more than one week away. Research has demonstrated that for sanctions and rewards to be most beneficial, they need to closely follow the behavior that they are intended to change or reinforce.

The majority of the problem-solving courts reported that they had written guidelines for incentives or sanction options but were not always providing both to team members. For those programs that do not have these guidelines or do not provide them to team members, we recommend that they create and

write up guidelines on the use of sanctions and rewards and give a printed copy to each team member. Drug courts that have written guidelines for sanctions and rewards and that provide these guidelines to the team have double the graduation rate and three times the cost savings compared to drug courts that do not have written guidelines (Carey et al., 2008; Carey & Waller, 2011). These guidelines should be considered a starting point for a team discussion of rewards and sanctions during staffing rather than hard and fast rules. Guidelines assist the team in maintaining consistency across participants so that, when appropriate, similar behaviors result in similar sanctions. Reward and sanctions guidelines also serve as a reminder of the various reward and sanction options available to the team so that the team does not fall into habits of using the same type of sanctions (e.g., contempt or jail) so frequently that they become ineffective.

The majority of New Mexico's courts require participants have a job or be in school and have a sober living environment before graduating from the program. It is important that participants engage in a stable and pro-social environment and activities to maintain positive behavior change, even if disabilities, or other issues, prevent participants from working in a formal job, or going to school. Research has demonstrated that sober housing and other sober living activities that can replace former negative behaviors help sustain continued abstinence. Programs that required sober housing before graduation had 48% greater cost savings than programs that did not and programs that required participants to have a job or be in school before graduation had 83% greater cost savings. One area where most courts are not excelling is requiring participants to pay all court ordered fines and fees prior to graduation. Programs requiring fines and fees to be paid saw twice the cost savings of programs that did not. Half of the problem-solving courts reported having fees as part of the program. Program fees do not have to be cost prohibitive and can be beneficial in creating a financial contract for participants. Programs not requiring fees as part of the program should assess whether the addition of a fee could not only benefit the program financially, but could improve participant success. We recommend that courts not currently requiring this of participants review the feasibility of this requirement and seek to implement it where appropriate.

Most programs are not utilizing sanctions that require more than 6 consecutive days in jail, with the exception of adult drug courts, 60% of which reported that they do have longer jail sanctions. Drug courts are more effective and cost-effective when they use jail or detention sparingly. The optimal length of a jail sanction appears to be 2 to 3 days. As described above, the best practices study found that drug courts that tended to apply jail sanctions of longer than 1 week in duration were associated with significantly *increased* recidivism and higher costs (Carey et al., 2012). That same study found drug courts that tended to apply jail sanctions of less than 2 weeks' duration reduced crime approximately two and a half times more than those imposing longer jail sanctions (Carey et al., 2012). Moreover, because jail is an expensive resource, drug courts that tended to impose jail sanctions of longer than 2 weeks had 45% lower cost savings. Because jail sanctions involve the loss of a fundamental liberty interest, drug courts must provide adequate procedural due process protections to ensure participants receive a fair hearing on the matter.

Finally, half of New Mexico problem-solving courts are terminating participants after a new arrest for possession, a practice that was most often reported in juvenile and mental health courts. Drug courts

that retain participants after a new arrest for possession had 50% greater reductions in recidivism and almost twice as much cost savings as programs who terminate after a new arrest for possession (Carey et al., 2012). Given that the participants in drug courts are there because they have serious problems with drug abuse, an arrest for a new drug charge should not be surprising, or be an indication that the program is not working for that participant. New Mexico problem-solving courts should review their policies around termination and change as needed to allow participants to remain in the program after new possession arrests. Drug courts have been proven to be effective in improving participants lives and reducing recidivism. Terminating participants who get caught using and placing them back in the traditional court system will not improve those offenders lives, or protect public safety.

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

Key Component #7 is focused on the judge's role in drug court. The judge has an important function for drug court in monitoring client progress and using the court's authority to promote positive outcomes. While this component encourages ongoing interaction, courts must still decide more specifically how to structure the judge's role. Courts need to determine the appropriate amount of courtroom interaction between the participant and the judge, including the frequency of status review hearings, as well as how involved the judge is with the participant's case. Outside of the court sessions, depending on the program, the judge may or may not be involved in team discussions, progress reports, and policy making. One of the key roles of the drug court judge is to provide the authority to ensure that appropriate treatment recommendations from trained treatment providers are followed.

Drug court judges have a professional obligation to remain abreast of legal, ethical, and constitutional requirements related to drug court practices (Meyer, 2011; Meyer & Tauber, 2011). Further, outcomes are significantly better when the drug court judge attends regular training, including annual conferences on evidence-based practices in substance abuse and mental health treatment and community supervision (Carey et al., 2008, 2012; Shaffer, 2011).

National research (Carey et al., 2005, 2008, 2011) demonstrated that, on average, participants have the most positive outcomes if they attend approximately one court appearance every 2 weeks in the first phase of their involvement in the program. Marlowe, Festinger, Lee, Dugosh, and Benasutti (2006) also demonstrated that biweekly court sessions were more effective for high-risk offenders, whereas less frequent sessions (e.g., monthly) were as effective for lower-risk offenders. Similarly, a meta-analysis involving 92 adult drug courts (Mitchell et al., 2012) and another study of nearly 70 drug courts (Carey et al., 2012) found significantly better outcomes for drug courts that scheduled status hearings every 2 weeks during the first phase of the program.

In addition, programs in which the judge remained on the bench for at least 2 years had the most positive participant outcomes. It is recommended that drug courts either avoid fixed terms, or require judges with fixed terms to serve 2 years or more, and that courts with fixed terms consider having judges rotate through the drug court more than once, as experience and longevity are correlated with more positive participant outcomes and cost savings (Carey et al., 2005, 2012; Finigan, Carey, & Cox, 2007). There is evidence that drug court judges are significantly less effective at reducing recidivism during their first year on the drug court bench than during ensuing years (Finigan et al., 2007). Most

likely this is because judges, like most professionals, require time and experience to learn how to perform their jobs effectively.

Studies have also found that outcomes were significantly better in drug courts where the judges regularly attended staffing meetings (Carey et al., 2008, 2012). Observational studies have shown that when judges do not attend staffing meetings before court, they are less likely to be adequately informed or prepared when they interact with the participants during court hearings (Baker, 2013; Portillo, Rudes, Viglione, & Nelson, 2013).

According to NADCP's Best Practice Standards (2013), "Studies have consistently found that Drug Court participants perceived the quality of their interactions with the judge to be among the most influential factors for success in the program (Farole & Cissner, 2007; Goldkamp, White, & Robinson, 2002; Jones & Kemp, 2013; National Institute of Justice, 2006; Satel, 1998; Saum et al., 2002; Turner, Greenwood, Fain, & Deschenes, 1999). The MADCE study found that significantly greater reductions in crime and substance use were produced by judges who were rated by independent observers as being more respectful, fair, attentive, enthusiastic, consistent and caring in their interactions with the participants in court (Zweig et al., 2012)."

In a study of nearly 70 adult drug courts, outcomes were significantly better when the judges spent an average of at least 3 minutes interacting with the participants during court sessions (Carey et al., 2008, 2012). Interactions of less than 3 minutes may not allow the judge the necessary time to understand each participant's perspective, discuss with the participant the importance of compliance with treatment, explain the reason for a sanction about to be applied, or communicate that the participant's efforts are recognized and valued by staff.

New Mexico Results

Best Practice

Drug court participants have status review sessions (court appearances) every 2 weeks in the first phase and monthly in the last phase.

Drug courts with participant status review hearings every 2 weeks in the first phase had 48% greater reductions in recidivism compared to programs that had hearings less often (Carey et al., 2012).

The vast majority of New Mexico's problem-solving courts (96%) reported that participants have status review sessions at least once every 2 weeks in the first phase of the program. Only two of the five mental health courts did not meet this practice. In addition to first phase court appearances, most New Mexico problem-solving courts also required at least monthly court appearances during the last phase (84% overall). DWI and family courts all require at least monthly court sessions, while four out of five adult, juvenile, and mental health courts reported this frequency.



Best Practice

Drug court judges spend an average of 3 minutes or greater per participant during the status review hearings.

Programs with judges who spent an average of at least 3 minutes with each participant had 153% greater reductions in recidivism and 36% greater cost savings than programs with judges who spent less time (Carey et al., 2012).

The majority of New Mexico’s problem-solving courts reported that the judge spends an average of 3 minutes or greater per participant during status review hearings (94%). Only a few adult and DWI courts reported shorter times.

Best Practice

The judge was assigned to drug court on a voluntary basis and his or her term is indefinite.

Programs with indefinite terms for judges show 35% greater reductions in recidivism (Carey et al., 2012). Almost all of New Mexico’s problem-solving courts reported that judges were assigned indefinitely. In addition, programs where judges were assigned voluntarily tended to have greater reductions in recidivism (Carey et al., 2012).

Four fifths of New Mexico problem-solving courts have voluntarily assigned judges, including all family and mental health courts. While most adult, DWI, and juvenile programs also reported voluntary positions, adult programs had the highest proportion of mandatory positions (26%).

SUMMARY AND RECOMMENDATIONS FOR KC #7

New Mexico’s problem-solving courts are excelling in this area, with most following all the best practices that fall within this component. Most programs reported having court sessions at least once every 2 weeks in the first phase, though mental health courts were less likely to report this practice. Some programs had participants attend court weekly. Although weekly court appearance is not poor practice, research has found that it is not necessary to have participants come in that frequently unless they are extremely unstable and need the additional structure of meeting with the judge. Research shows that court sessions once every 2 weeks have the best outcomes (Carey et al., 2012; Marlowe et al., 2006). The frequency of court hearings may be steadily reduced after the case has stabilized and the participant has attained an initial period of sustained abstinence and compliance with treatment. Status hearings are ordinarily held no less frequently than every 4 weeks until participants have begun their continuing-care (aftercare) plan, which will extend beyond graduation or commencement from the drug court. The majority of New Mexico problem-solving courts are also maintaining monthly court sessions during the last phase.

Most of New Mexico’s programs reported that the judge’s term was indefinite. It is best for the judge to preside over the drug court program for no less than 2 consecutive years, to ensure continuity of the program and adequate experience with drug court policies and procedures. Almost all New Mexico problem-solving courts also assign judges voluntarily. It is important to be careful in assigning judicial officers to drug court who have no interest in, or otherwise do not choose to be a part of the program. Drug court is a specialized program requiring extensive training and a deep understanding of addiction,

behavior modification, and drug testing, among many other key topic areas. A lack of interest or willingness to participate in these areas could lead to a much slower learning process and poor courtroom and staffing practices, resulting in low program success rates and increased participant recidivism.

Finally, most of New Mexico's problem-solving courts reported that the judge spent at least 3 minutes per participant during each court session. Spending at least 3 minutes per participant helps to ensure that the judge spends sufficient time with each participant in court to adequately review the relevant information and to justify the participant's investment of time and energy coming to court. The judge should also allow each participant a reasonable opportunity to present his or her perspective concerning factual controversies and the imposition of sanctions, incentives, and therapeutic consequences. Judges can also use this time having participants who are doing well explain to other participants how they successfully met the program requirements so that other participants can learn and emulate similar positive behaviors.

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

This component encourages drug court programs to monitor their progress towards their goals and evaluate the effectiveness of their practices. The purpose is to demonstrate program outcomes to funding agencies and policymakers as well as to themselves and their participants. Further, regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Programs that collect data and are also able to document success can use that information to gain additional funding and community support. Monitoring and evaluation require the collection of thorough and accurate records. It is best when drug courts record important information electronically. Ideally, courts will partner with an independent evaluator to help assess their progress. Lastly, it is important to determine how receptive programs are to modifying their procedures in response to feedback.

Like most complex service organizations, drug courts have a tendency to drift; that is, the quality of their services may decline appreciably over time (Van Wormer, 2010). The best way for a drug court to guard against this drift is to monitor its operations, compare its performance to established benchmarks, and seek to align itself continually with best practices (NADCP, Best Practice Standards, Volume II, 2015). Drug courts can ensure they are following the model by performing self-monitoring of whether they are engaged in best practices and having an outside evaluator assess the programs' process, provide feedback, and then make adjustments as needed to meet best practices.

Carey et al. (2008) and Carey et al. (2012) found that programs with evaluation processes in place had better outcomes. Four types of evaluation processes were found to save the program money with a positive effect on outcome costs: 1) maintaining electronic records that are critical to participant case management and to an evaluation, 2) the use of program statistics by the program to make modifications in drug court operations, 3) the use of program evaluation results to make modification to drug court operations, and 4) the participation of the drug court in more than one evaluation by an independent evaluator. Two of these practices (the use of self-review of program data and outside

evaluation results to modify program practices) were particularly strongly related to reduced recidivism and increased cost savings.

New Mexico Results

Best Practice
The results of program evaluations have led to modifications in drug court operations.

Utilizing the feedback from outside evaluations to modify program practices is linked to 85% greater reductions in recidivism and 100% greater increases in cost savings (Carey et al., 2012).

Figure 22 demonstrates the results for New Mexico’s problem-solving courts on whether the results of program evaluations have led to modifications in drug court operations.

Figure 22. Percentage of New Mexico’s Problem-Solving Courts that Report Making Modifications in Operations Based upon Evaluation Results

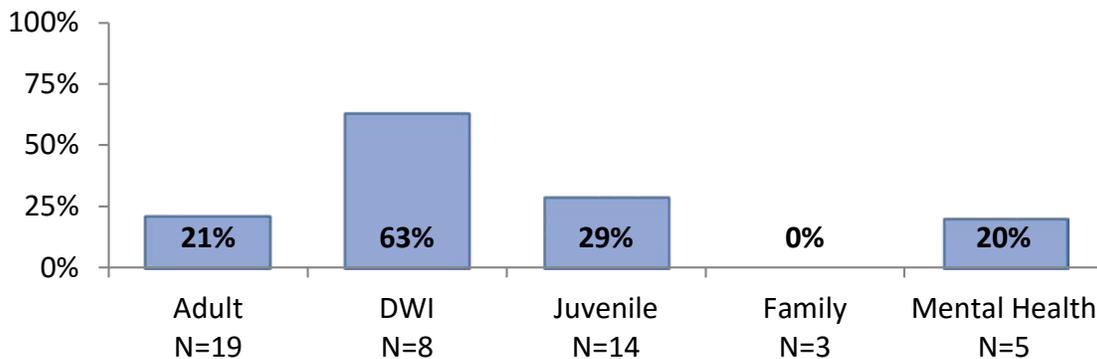


Figure 22 shows that most of New Mexico’s problem-solving courts have not made program modifications based on evaluation. In many cases, this is due to the programs never having had an evaluation. Almost 30% of all programs reported never having had an outside evaluation. Of the 34 programs that did report having an evaluation, only 29% reported making modifications based on the results of the evaluation. Programs need to be reviewing their own data, bringing in evaluators, using the evaluations they receive, and identifying areas where improvement may be beneficial and feasible.

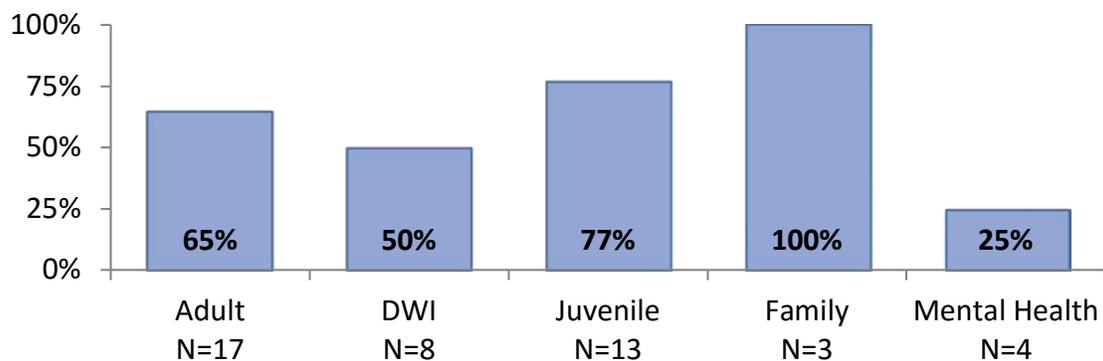
Best Practice

Self-review of program data and/or regular reporting of program statistics have led to modifications in drug court operations.

Drug court programs that regularly monitor their own data and modify their program practices as a result show 105% greater reductions in recidivism and 131% greater increases in cost savings (Carey et al., 2012).

Figure 23 illustrates the results for New Mexico's problem-solving courts on whether the review of data and/or regular reporting of program statistics have led to modifications in drug court operations.

Figure 23. Percentage of New Mexico's Problem-Solving Courts that Have Made Modifications in Operations Based upon Self-Review of Program Data



The online assessment results indicate that while the majority of New Mexico's problem-solving courts are collecting electronic data (92%), just over half (64%) of those collecting the data are regularly monitoring and using their data to improve program operations. Family and juvenile courts were most likely to report this best practice, while only half of DWI courts and a quarter of the mental health courts that collect electronic data reported using it for improvements. As New Mexico provides an electronic data system for problem-solving courts to track participant information, the programs not currently tracking this information electronically should be able to begin this practice easily. In doing so, these programs are taking the first step towards ongoing data monitoring and improvement. Programs not reviewing their data should explore ways to better review and utilize the data they are already collecting.

SUMMARY AND RECOMMENDATIONS FOR KC #8

The State of New Mexico should be commended for investing in a statewide assessment of its problem-solving court programs. Best practices demonstrate how the use of assessment and evaluation to improve programs can have a significant and substantial effect on program outcomes. Drug court programs that have had evaluations and used the results to guide program improvement have had double the reductions in recidivism and more than twice the cost savings (Carey et al., 2012).

Overall, there are mixed results for New Mexico's problem-solving courts regarding outside evaluation as well as self-review of program data being used to make program improvements. We recommend that programs that have not had an outside evaluation performed on their program seek funding for this purpose due to the substantial improvements this activity can have on participant outcomes. Drug court

programs can monitor their progress toward their goals and evaluate the effectiveness of their practices by reviewing their own data as well as by having outside evaluators perform independent evaluation. Regular monitoring and evaluation provides programs with the feedback needed to make adjustments in program practices that will increase effectiveness. Review of program data assists drug courts in establishing program accountability to funding agencies and policymakers, as well as to themselves and their participants. Further, programs that collect data and are able to document success can use that information to gain additional funding and community support. With the availability of the statewide case management system, problem-solving courts in New Mexico should all be taking advantage of this system to review program statistics and adjust their practices as needed. We recommend that the state look into funding for a statewide outcome and cost evaluation, which should be quite feasible given that the majority of programs are collecting their data electronically.

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

This component encourages ongoing professional development and training of drug court staff. Team members need to be updated on new procedures and maintain a high level of professionalism. Drug courts must decide who receives this training and how often. This task can be a challenge during implementation as well as for courts with a long track record. Drug courts are encouraged to continue organizational learning and share lessons learned with new hires.

As stated eloquently in NADCP's Best Practice Standard on Multidisciplinary Teams (Volume II, 2015), Drug Courts represent a fundamentally new way of treating persons charged with drug-related offenses (Roper & Lessenger, 2007). Specialized knowledge and skills are required to implement these multifaceted programs effectively (Carey et al., 2012; Shaffer, 2006; Van Wormer, 2010). To be successful in their new roles, staff members require at least a journeyman's knowledge of best practices in a wide range of areas, including substance abuse and mental health treatment, complementary treatment and social services, behavior modification, community supervision, and drug and alcohol testing. Staff must also learn to perform their duties in a multidisciplinary environment, consistent with constitutional due process and the ethical mandates of their respective professions. These skills and knowledge sets are not taught in traditional law school, graduate school, or in most continuing education programs (Berman & Feinblatt, 2005; Holland, 2010). Ongoing specialized training and supervision are needed for staff to achieve the goals of Drug Court and conduct themselves in an ethical, professional, and effective manner.

Research on the use of evidence-based and promising practices in the criminal justice field has consistently shown that in order to operate effective programs as intended, practitioners must receive the necessary resources to make the program work, receive ongoing training and technical assistance, and be committed to the quality assurance process (Barnoski, 2004; Latessa & Lowenkamp, 2006). Andrews and Bonta (2010) maintain that correctional and court programs must concentrate on effectively building and maintaining the skill set of the employees (in the case of drug courts—team members) who work with offenders. Training and support allow teams to focus on translating drug court

best practice findings into daily operations and build natural integrity into the model (Bourgon, Bonta, Rugge, Scott, & Yessine, 2010).

Carey et al. (2008) and Carey et al. (2012) found that drug court programs requiring all new hires to complete formal training or orientation and requiring all drug court team members be provided with regular training were associated with higher graduation rates and greater cost savings due to lower recidivism.

New Mexico Results

Best Practice
All new hires to the drug court complete a formal training or orientation.

Drug courts that trained team members on the drug court model soon after they join the drug court team had 54% greater reductions in recidivism than programs that did not (Carey et al., 2012).

Figure 24 shows the results from New Mexico’s problem-solving courts on whether all new hires to the drug court complete a formal training or orientation.

Figure 24. Percentage of New Mexico’s Problem-Solving Courts that Require New Staff to Be Trained on the Drug Court Model Before or Soon After Starting Work

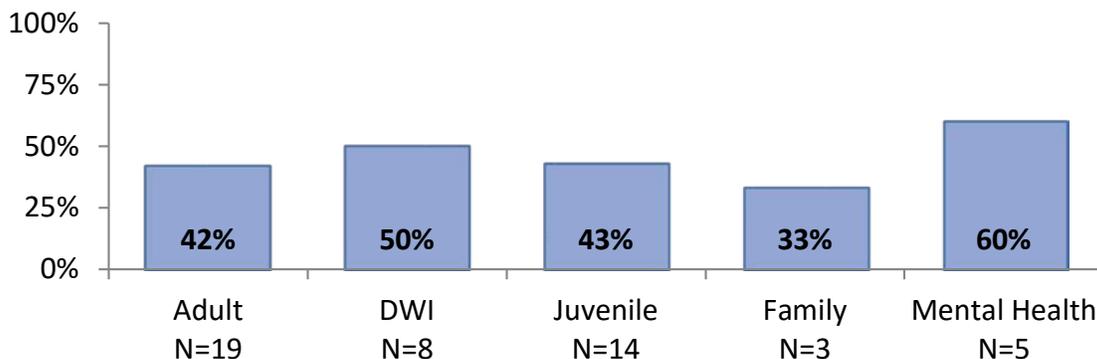


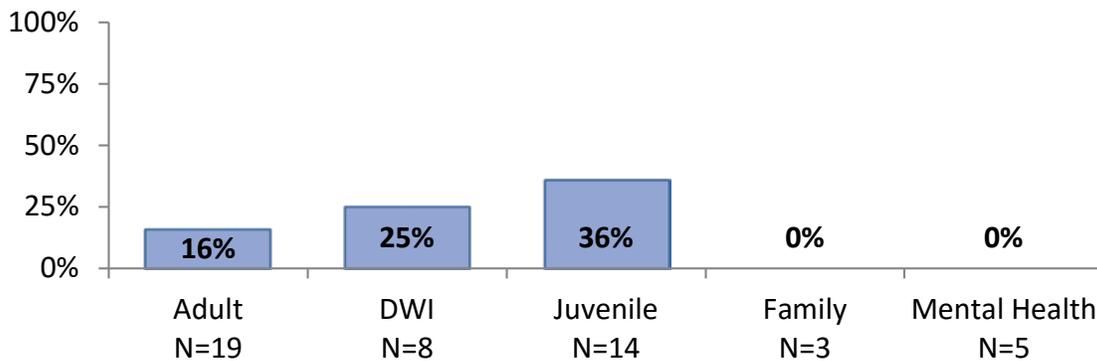
Figure 24 shows similar results for New Mexico’s different problem-solving courts. Over half of all programs (55%) are not providing training or orientation to team members prior to or soon after hiring. Mental health courts reported the highest results, with three of the five programs training new team members in a timely manner.

Best Practice

All members of the drug court are trained in the drug court model.

In addition to early orientation and training for new team members, programs were also asked whether all team members were trained in the drug court model, regardless of how close to this training occurred to hiring. Figure 25 shows only one in five programs reported that all team members were trained in the drug court model.

Figure 25. Percentage of New Mexico’s Problem-Solving Courts Where All Team Members Are Trained in the Drug Court Model



An examination of the assessment data for each team member by role revealed that, while the majority of team members in most programs did receive formal training (specifically the judge, coordinator, and treatment representative), the key team members least likely to be trained were attorneys, especially prosecuting attorneys. There were also a fair number of probation officers, law enforcement representatives, court clerks, bailiffs, and additional community members who were considered a part of the drug court team but had not received training.

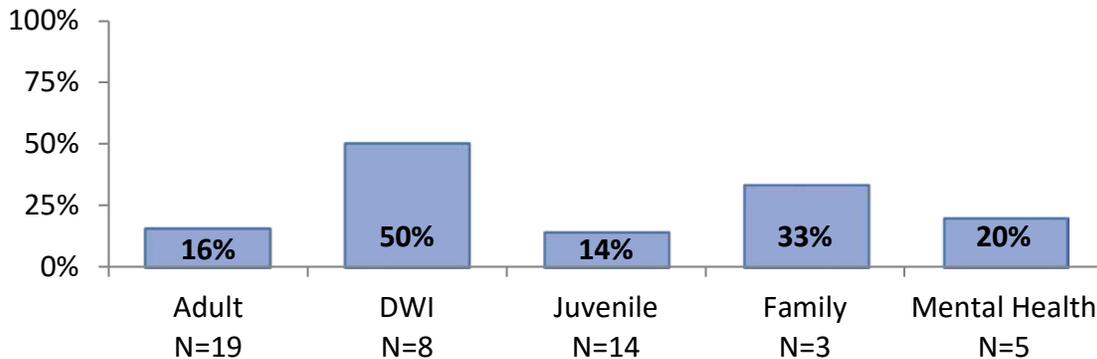
Best Practice

Drug court staff members receive ongoing cultural competency training.

The entirety of Drug Court Standard VIII, section F, is about training of team members. The importance of cultural competency training specifically also references Standard II regarding historically disadvantaged groups. In order to identify and equitably serve different populations, regular cultural competency training for all team members should be an integral part of ongoing training.

Figure 26 indicates that most of New Mexico’s problem-solving courts (78%) are not providing ongoing training to team members around cultural competency.

Figure 26. Percentage of New Mexico’s Problem-Solving Courts Where Team Members receive Ongoing Cultural Competency Training



DWI courts were most likely to report training in this area while only a handful of other programs reported any training in cultural sensitivity or competence. Cultural competency training is especially important for programs to help identify possible barriers for historically disadvantaged groups to participation and successful completion of treatment programs. All team members and partner agencies can benefit from increasing knowledge around the populations they serve.

SUMMARY AND RECOMMENDATIONS FOR KC #9

Overall, New Mexico’s problem-solving courts could benefit from increased investment in timely and regular training for all team members of problem-solving courts, particularly the attorneys on the team. It is important that the entire operational team attends formal training prior to launching the program when possible, as this training can help to ensure strong program implementation, and fully trained and engaged team members are more likely to be focused on following best practices as well as maintaining fidelity to the program model. Research on the use of evidence-based and promising practices in the criminal justice field has consistently shown that in order to operate effective programs as intended, practitioners must receive the necessary resources to make the program work, receive on-going training and technical assistance, and be committed to the quality assurance process (Barnoski, 2004; Lowenkamp et al., 2005). Andrews and Bonta (2010) maintain that correctional and court programs must concentrate on effectively building and *maintaining* the skill set of the employees (in the case of drug courts – team members) that work with offenders. For programs that have been around for a long time, it is still important to receive ongoing training, as more information is presented in the field as new research is conducted and additional best practices emerge.

New Mexico should explore in-state training options, including cultural competency learning opportunities, such as regional trainings that require lower travel costs. Further, if not already in place, offering continuing legal education (CLE) credits, as these trainings could encourage more attorneys to attend. In addition, there are online training resources available at little or no cost at www.ndcrc.org and www.drugcourtonline.org.

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

This component encourages drug courts to develop partnerships with other criminal justice and service agencies. For these collaborations to be true “partnerships,” regular meetings and collaborations with these partners should occur. If successful, the drug court will benefit from the expertise that resides in all of the partner agencies and participants will enjoy greater access to a variety of services. Drug courts must still determine what partners are available and decide with whom to partner and how formal to make these partnerships. Other important factors to weigh include who will be considered part of the main drug court team, who will provide input primarily through policymaking, and what types of services will be available to clients through these partnerships.

Responses to American University’s National Drug Court Survey (Cooper, 2000) show that most drug courts are working closely with community groups to provide support services for their drug court participants. Examples of community resources with which drug courts are connected include self-help groups such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), medical providers, local education systems, employment services, faith communities, and Chambers of Commerce.

In addition, Carey et al. (2005) found that programs that had true formal partnerships with community agencies that provide services to drug court participants had better outcomes than drug courts that did not have these partnerships.

Data from other drug court studies by NPC Research (Carey et al., 2012) illustrate that drug court programs with an advisory committee that includes members of the community have higher cost savings than programs without one.

New Mexico Results

Best Practice

The drug court has an advisory committee that includes community members and meets at least twice per year.

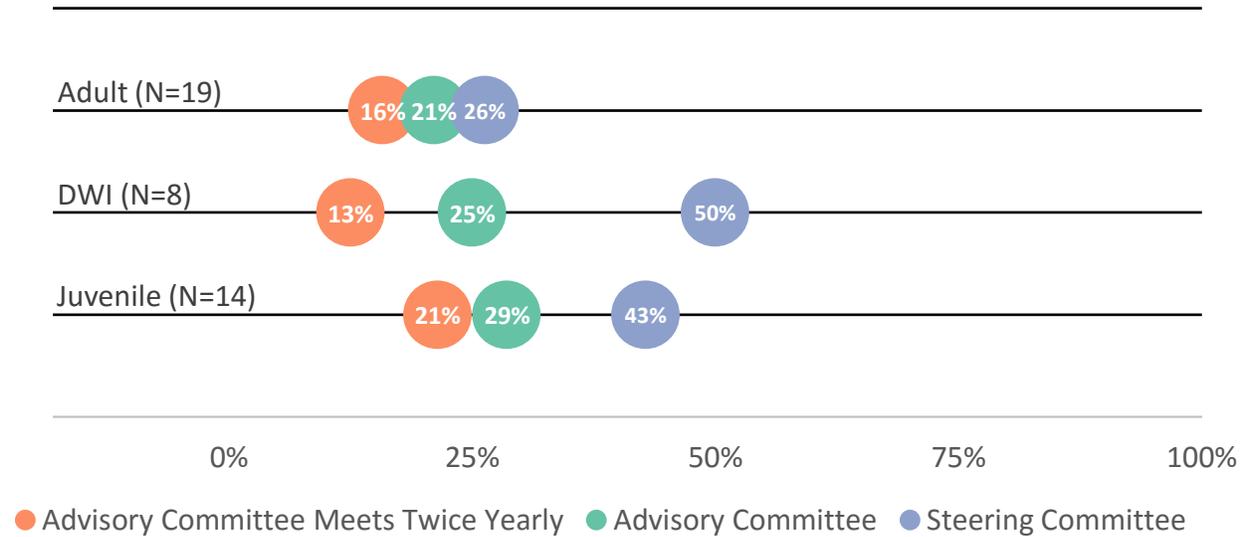
The drug court has a steering committee.

Drug court programs with an advisory committee that included community members had 56% higher cost savings than drug court without an advisory committee. In addition to having an advisory committee, meeting regularly, at least biannually, is important. While advisory committees can help drug court programs find additional resources and create more community connections, programs also benefit from having a program steering committee, whose role is to step back from day to day operations and guarantee that the program’s policies and procedures are as best aligned as possible to the Drug Court Standards and individual best practices.

Figure 27 displays the results for New Mexico’s problem-solving courts on whether the teams have an advisory committee that includes community members, whether that committee meets at least twice per year, and whether the program has a steering committee. None of New Mexico’s mental health

courts and only one of the family courts reported following these practices. As such, only adult, DWI, and juvenile programs are displayed below.

Figure 27. Percentage of New Mexico’s Problem-Solving Courts that Have an Advisory Committee and/or a Steering Committee



Unfortunately, as Figure 27 clearly shows, the majority of programs (84%) report that they do not have advisory committee that meets at least twice yearly. In many cases, this is because the program does not have an advisory committee at all. Only 22% of all of New Mexico’s problem-solving courts reported having an established advisory committee. Advisory committees that seek to forge relationships with agencies in the community aid in providing needed services to participants, create community buy-in for programs, and can help secure needed funding. All of New Mexico’s problem-solving courts could benefit from creating local advisory committees where community members participate.

Slightly more programs reported having a steering committee (33%). DWI courts were most likely to have a steering committee. Steering committees create an opportunity outside of regular staffing meetings to discuss program policies and procedures. Rather than handling policy issues ad hoc during a regular meeting, setting aside quarterly or biannually held steering committee meetings allows programs to thoughtfully discuss and strategize modifications and improvements to the program and to invite people who have decision-making authority if they are not already on the team (such as agency leadership). In addition, setting aside this time can be an excellent way to incorporate regular training, review of program data, and work on developing written materials for the program to document how it is effectively meeting Drug Court Standards and best practices.



SUMMARY AND RECOMMENDATIONS KC #10

The majority of New Mexico's programs did not have an advisory committee or a steering committee. We recommend that all problem-solving courts institute an advisory committee for the purposes of sustainability. The advisory committee should consider meeting quarterly, or twice per year, to discuss sustainability and community connections. Participant needs, at a general level, should also be discussed (individual confidentiality stipulations should be observed at this meeting). It is recommended that the programs invite representatives from community agencies that work regularly with problem-solving court participants to the advisory committee, as well as representatives of the business community, faith community, nonprofits, and other interested groups. The inclusion of community members in this group could result in expanded understanding of—and community support for—these programs, as well as additional services, facilities, and sustainable funding.

Programs should also implement a steering committee that meets regularly to discuss program policies and procedures. Team members will benefit from having a time set aside to discuss the program, how it is structured, and what is and is not working, rather than discussing problems as they arise during regularly scheduled staffing meetings.

New Mexico Problem-Solving Courts Process Assessment Summary

Taken as a whole, New Mexico's problem-solving courts are following the 10 Key Components of Drug Courts. In particular, the majority of these programs are performing best practices within these key components, including having essential representatives from collaborating agencies, particularly attorneys, on the problem-solving court teams, having measures in place to ensure due process while protecting public safety, providing a range of services to meet participant needs, monitoring participant progress through appropriate drug testing, and having strong judicial leadership. Finally, all programs have participated in the current best practices assessment (from an outside evaluator), which has been shown to have significant impacts on improving program outcomes. Most programs include non-drug charges, have participant handbooks, work with a single treatment provider (per program), incorporate evidence-based treatment models (such as cognitive-behavioral approaches) and licensed treatment providers, utilize a statewide case management system, last a minimum of 12 months, have incentives for program completion, conduct status reviews every 2 weeks in the first program phase, and provide an average of at least 3 minutes per participant per session of interaction with the judge.

Areas with opportunities for enhancement for all types of problem-solving courts involve:

- Having a Memorandum of Understanding in place that includes team member roles and information to be shared (Key Component #1)
- Including law enforcement on program teams (Key Component #1)
- Decreasing the amount of time between arrest and program entry (Key Component #3)
- Providing participants with a full continuum of care (Key Component #4)
- Exploring opportunities and funding to provide health and dental care (Key Component #4)
- Providing participants with child care, if needed, and exploring opportunities to connect children of participants with services (in the community or directly from the program (Key Component #4)
- Providing participants with or partnering with an agency or physicians in the community that provide medically assisted treatment (Key Component #4)
- Monitoring individual supervision caseloads (Key Component #4)
- Ensuring that drug testing is directly observed (Key Component #5)
- Ensuring guidelines for both incentives and sanctions are written and provided to the team (Key Component #6)
- Including graduation requirements for payment of court ordered fines and fees when feasible for participants to pay (Key Component #6)
- Avoiding the termination of participants who incur a new arrest for possession (Key Component #6)
- Using self-monitoring and outside evaluation of program data and statistics to improve program practices (Key Component #8)
- Increasing training on the drug court model and cultural competency for all team members (Key Component #9)



- Implementing an advisory committee that includes community members as well as a steering committee to discuss policies and procedures (Key Component #10)

Overall, New Mexico's problem-solving courts are following the majority of best practices as described in the research literature. Many of the best practices that are not being followed are challenges that are common in drug courts across the United States and can be addressed through further assessment (including team self-assessment), technical assistance, training opportunities, and good communication across team members and their associated agencies.

Appendix A contains lists of all the best practices results across each of the court types assessed in New Mexico, including adult, juvenile, DWI, family and mental health courts.

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APPENDIX A: BEST PRACTICE SUMMARY REPORTS

Best Practices Table: All New Mexico Adult Drug Courts Summary, March 2016

<p><u>Overview:</u></p> <ul style="list-style-type: none"> • Programs began operation between 1995 and 2015. • Methamphetamine (53%) is the most commonly reported drug of choice among programs. • Programs reported capacities that range from 15 to 140, with an average capacity of 31 participants. • Most programs reported accepting only high-risk participants. • Most programs reported accepting both high- and low-need participants.
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Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.	Percentage of Programs Performing this Practice
1.1 Program has a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)	47%
a. MOU specifies team member roles	42%
b. MOU specifies what information will be shared	47%
1.2 Program has a written policy and procedure manual	100%
1.3 All key team members attend staffing (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	79%
1.4 All key team members attend court sessions/status review hearings (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	74%
1.5 Law enforcement (e.g., police, sheriff) is a member of the drug court team	68%
1.6 Law enforcement attends drug court team meetings (staffings)	58%
1.7 Law enforcement attends court sessions (status review hearings)	63%
1.8 Treatment communicates with court via email	89%
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights	
2.1 A prosecuting attorney attends drug court team meetings (staffings)	100%
2.2 A prosecuting attorney attends court sessions (status review hearings)	95%
2.3 The defense attorney attends drug court team meetings (staffings)	95%
2.4 The defense attorney attends court sessions (status review hearings)	95%
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.	
3.1 The time between arrest and program entry is 50 days or less	5%
3.2 Current program caseload/census (number of individuals actively participating at any one time) is less than 125	100%
3.3 The drug court allows other charges in addition to drug charges	100%
3.4 The drug court accepts offenders with serious mental health issues, as long as appropriate treatment is available	74%



3.5	The drug court accepts offenders who are using medications to treat their drug dependence	63%
3.6	Program uses validated, standardized assessment to determine eligibility	58%
3.7	Participants are given a participant handbook upon entering the program	100%
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services		
4.1	The drug court works with two or fewer treatment agencies or has a treatment representative that oversees and coordinates treatment from all agencies	100%
4.2	The drug court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program	84%
4.3	The drug court offers a continuum of care for substance abuse treatment (detoxification, outpatient, intensive outpatient, day treatment, residential)	5%
4.4	Program uses validated, standardized assessment to determine level or type of services needed ⁶	58%
4.5	Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments	100%
4.6	The drug court offers gender specific services	63%
4.7	The drug court offers mental health treatment	95%
4.8	The drug court offers parenting classes	74%
4.9	The drug court offers family/domestic relations counseling	84%
4.10	The drug court offers residential treatment	58%
4.11	The drug court offers health care	47%
4.12	The drug court offers dental care	47%
4.13	The drug court offers anger management classes	89%
4.14	The drug court offers housing assistance	74%
4.15	The drug court offers trauma-related services	63%
4.16	The drug court offers a criminal thinking intervention	58%
4.17	The drug court provides relapse prevention services for all participants	84%
4.18	The drug court provides services to participant's children ⁷	N/A
4.19	The drug court provides child care while participants are in treatment or in court (or participating in other drug court requirements)	0%
4.20	Program provides (or partners with service providers who provide) participants with legally prescribed psychotropic or addiction medication (MAT)	42%
4.21	The minimum length of the drug court program is 12 months or more	89%
4.22	Treatment providers are licensed or certified to deliver substance abuse treatment	100%

⁶ Assessment asks about whether a needs assessment is used to determine level or type of services, but not whether the needs assessment is validated.

⁷ Only family courts were asked this question on the assessment.

4.23	Treatment providers have training and/or experience working with a criminal justice population	100%
4.24	Caseloads for probation/supervision officers do not exceed 30 active participants (up to 50 if mix of low risk and no other caseloads/responsibilities)	42%
4.25	Caseloads for clinicians providing case management and treatment do not exceed 30 active participants (up to 40 if only counseling OR 50 if only case management)	58%
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing		
5.1	Drug testing is random/unpredictable	89%
5.2	Drug testing occurs on weekends/holidays	68%
5.3	Collection of test specimens is witnessed directly by staff	58%
5.4	Staff that collect drug testing specimens are trained in appropriate collection protocols	100%
5.5	Drug test results are back in 2 days or less	83%
5.6	Drug tests are collected at least 2 times per week during the first phase of the program	89%
5.7	Participants are expected to have greater than 90 days clean (negative drug tests) before graduation	33%
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance		
6.1	Program has incentives for graduation, including avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence	95%
6.2	Sanctions are imposed immediately after non-compliant behavior (e.g., drug court will impose sanctions in advance of a client's regularly scheduled court hearing)	95%
6.3	Team members are given a written copy of the incentive and sanction guidelines	42%
6.4	Program has a range of sanction options (including less severe sanctions such as writing assignments and community services and more severe sanctions such as jail time)	100%
6.5	In order to graduate participants must have a job or be in school	84%
6.6	In order to graduate participants must have a sober housing environment	63%
6.7	In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)	26%
6.8	Participants are required to pay court fees	74%
6.9	The drug court reports that the typical length of jail sanctions is 6 days or less	39%
6.10	The drug court retains participants with new possession charges (new possession charges do not automatically prompt termination)	47%
Key Component #7: Ongoing judicial interaction with each participant is essential		



7.1	Participants have status review sessions every 2 weeks, or once per week, in the first phase	100%
7.2	Judge spends an average of 3 minutes or greater per participant during status review hearings	89%
7.3	The judge's term is at least 2 years or indefinite	74%
7.4	The judge was assigned to drug court on a voluntary basis	100%
7.5	In the final phase of drug court, the clients appear before the judge in court at least once per month	79%
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness		
8.1	The results of program evaluations have led to modifications in drug court operations	21%
8.2	Review of program data and/or regular reporting of program statistics has led to modifications in drug court operations	65%
8.3	The drug court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files).	89%
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations		
9.1	All new hires to the drug court complete a formal training or orientation	42%
9.2	All members of the drug court team are provided with training in the drug court model	16%
9.3	Drug court staff members receive ongoing cultural competency training	16%
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness		
10.1	The drug court has an advisory committee that meets twice per year	21%
10.2	The drug court has an advisory committee that includes community members	16%
10.3	The drug court has a steering committee or policy group that meets regularly to review policies and procedures	26%

Best Practices Table: All New Mexico DWI Courts Summary, March 2016

Overview:	
<ul style="list-style-type: none"> • Programs began operation between 1994 and 2013. • Programs reported capacities that range from 10 to 220, with an average capacity of 52 participants. • Most programs reported accepting only high-risk participants. • Most programs reported accepting both high and low need participants. 	
Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.	Percentage of Programs Performing this Practice
1.1 Program has a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)	75%
a. MOU specifies team member roles	63%
b. MOU specifies what information will be shared	75%
1.2 Program has a written policy and procedure manual	88%
1.3 All key team members attend staffing (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	50%
1.4 All key team members attend court sessions/status review hearings (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	50%
1.5 Law enforcement (e.g., police, sheriff) is a member of the drug court team	88%
1.6 Law enforcement attends drug court team meetings (staffings)	88%
1.7 Law enforcement attends court sessions (status review hearings)	88%
1.8 Treatment communicates with court via email	88%
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights	
2.1 A prosecuting attorney attends drug court team meetings (staffings)	100%
2.2 A prosecuting attorney attends court sessions (status review hearings)	100%
2.3 The defense attorney attends drug court team meetings (staffings)	100%
2.4 The defense attorney attends court sessions (status review hearings)	100%
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.	
3.1 The time between arrest and program entry is 50 days or less	13%
3.2 Current program caseload/census (number of individuals actively participating at any one time) is less than 125	88%
3.3 The drug court allows other charges in addition to drug (DWI) charges	0%
3.4 The drug court accepts offenders with serious mental health issues, as long as appropriate treatment is available	63%



3.5	The drug court accepts offenders who are using medications to treat their drug dependence	75%
3.6	Program uses validated, standardized assessment to determine eligibility	100%
3.7	Participants are given a participant handbook upon entering the program	100%
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services		
4.1	The drug court works with two or fewer treatment agencies or has a treatment representative that oversees and coordinates treatment from all agencies	100%
4.2	The drug court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program	75%
4.3	The drug court offers a continuum of care for substance abuse treatment (detoxification, outpatient, intensive outpatient, day treatment, residential)	38%
4.4	Program uses validated, standardized assessment to determine level or type of services needed ⁸	100%
4.5	Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments	100%
4.6	The drug court offers gender specific services	75%
4.7	The drug court offers mental health treatment	100%
4.8	The drug court offers parenting classes	75%
4.9	The drug court offers family/domestic relations counseling	100%
4.10	The drug court offers residential treatment	100%
4.11	The drug court offers health care	50%
4.12	The drug court offers dental care	38%
4.13	The drug court offers anger management classes	100%
4.14	The drug court offers housing assistance	86%
4.15	The drug court offers trauma-related services	88%
4.16	The drug court offers a criminal thinking intervention	75%
4.17	The drug court provides relapse prevention services for all participants	75%
4.18	The drug court provides services to participant's children ⁹	N/A
4.19	The drug court provides child care while participants are in treatment or in court (or participating in other drug court requirements)	0%
4.20	Program provides (or partners with service providers who provide) participants with legally prescribed psychotropic or addiction medication (MAT)	50%
4.21	The minimum length of the drug court program is 12 months or more	100%
4.22	Treatment providers are licensed or certified to deliver substance abuse treatment	100%

⁸ Assessment asks about whether a needs assessment is used to determine level or type of services, but not whether the needs assessment is validated.

⁹ Only family courts were asked this question on the assessment.

4.23	Treatment providers have training and/or experience working with a criminal justice population	100%
4.24	Caseloads for probation/supervision officers do not exceed 30 active participants (up to 50 if mix of low risk and no other caseloads/responsibilities)	63%
4.25	Caseloads for clinicians providing case management and treatment do not exceed 30 active participants (up to 40 if only counseling OR 50 if only case management)	50%
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing		
5.1	Drug testing is random/unpredictable	100%
5.2	Drug testing occurs on weekends/holidays	88%
5.3	Collection of test specimens is witnessed directly by staff	50%
5.4	Staff that collect drug testing specimens are trained in appropriate collection protocols	100%
5.5	Drug test results are back in 2 days or less	88%
5.6	Drug tests are collected at least 2 times per week during the first phase of the program	100%
5.7	Participants are expected to have greater than 90 days clean (negative drug tests) before graduation	25%
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance		
6.1	Program has incentives for graduation, including avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence	88%
6.2	Sanctions are imposed immediately after non-compliant behavior (e.g., drug court will impose sanctions in advance of a client's regularly scheduled court hearing)	100%
6.3	Team members are given a written copy of the incentive and sanction guidelines	50%
6.4	Program has a range of sanction options (including less severe sanctions such as writing assignments and community services and more severe sanctions such as jail time)	100%
6.5	In order to graduate participants must have a job or be in school	63%
6.6	In order to graduate participants must have a sober housing environment	86%
6.7	In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)	50%
6.8	Participants are required to pay court fees	75%
6.9	The drug court reports that the typical length of jail sanctions is 6 days or less	100%
6.10	The drug court retains participants with new possession charges (new possession charges do not automatically prompt termination)	63%
Key Component #7: Ongoing judicial interaction with each participant is essential		



7.1	Participants have status review sessions every 2 weeks, or once per week, in the first phase	100%
7.2	Judge spends an average of 3 minutes or greater per participant during status review hearings	88%
7.3	The judge's term is at least 2 years or indefinite	88%
7.4	The judge was assigned to drug court on a voluntary basis	88%
7.5	In the final phase of drug court, the clients appear before the judge in court at least once per month	100%
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness		
8.1	The results of program evaluations have led to modifications in drug court operations	63%
8.2	Review of program data and/or regular reporting of program statistics has led to modifications in drug court operations	50%
8.3	The drug court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files).	100%
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations		
9.1	All new hires to the drug court complete a formal training or orientation	50%
9.2	All members of the drug court team are provided with training in the drug court model	25%
9.3	Drug court staff members receive ongoing cultural competency training	50%
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness		
10.1	The drug court has an advisory committee that meets twice per year	25%
10.2	The drug court has an advisory committee that includes community members	13%
10.3	The drug court has a steering committee or policy group that meets regularly to review policies and procedures	50%

Best Practices Table: All New Mexico Family Drug Courts Summary, March 2016

Overview:	
<ul style="list-style-type: none"> • Programs began operation between 2004 and 2006. • Methamphetamine (66%) is the most commonly reported drug of choice among programs. • Programs reported capacities that range from 20 to 25, with an average capacity of 22 participants. • Most programs reported accepting participants at all levels of risk (66%): high, moderate, and low . • All programs reported accepting both high and low need participants. 	
Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.	Percentage of Programs Performing this Practice
1.1 Program has a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)	33%
a. MOU specifies team member roles	33%
b. MOU specifies what information will be shared	33%
1.2 Program has a written policy and procedure manual	67%
1.3 All key team members attend staffing (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	100%
1.4 All key team members attend court sessions/status review hearings (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	100%
1.5 Law enforcement (e.g., police, sheriff) is a member of the drug court team	33%
1.6 Law enforcement attends drug court team meetings (staffings)	33%
1.7 Law enforcement attends court sessions (status review hearings)	33%
1.8 Treatment communicates with court via email	100%
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights	
2.1 A prosecuting attorney attends drug court team meetings (staffings)	100%
2.2 A prosecuting attorney attends court sessions (status review hearings)	100%
2.3 The defense attorney attends drug court team meetings (staffings)	100%
2.4 The defense attorney attends court sessions (status review hearings)	100%
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.	
3.1 The time between arrest and program entry is 50 days or less	67%
3.2 Current program caseload/census (number of individuals actively participating at any one time) is less than 125	100%
3.3 The drug court allows other charges in addition to drug charges	100%
3.4 The drug court accepts offenders with serious mental health issues, as long as appropriate treatment is available	100%



3.5	The drug court accepts offenders who are using medications to treat their drug dependence	67%
3.6	Program uses validated, standardized assessment to determine eligibility	64%
3.7	Participants are given a participant handbook upon entering the program	100%
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services		
4.1	The drug court works with two or fewer treatment agencies or has a treatment representative that oversees and coordinates treatment from all agencies	100%
4.2	The drug court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program	100%
4.3	The drug court offers a continuum of care for substance abuse treatment (detoxification, outpatient, intensive outpatient, day treatment, residential)	33%
4.4	Program uses validated, standardized assessment to determine level or type of services needed ¹⁰	50%
4.5	Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments	100%
4.6	The drug court offers gender specific services	67%
4.7	The drug court offers mental health treatment	67%
4.8	The drug court offers parenting classes	100%
4.9	The drug court offers family/domestic relations counseling	100%
4.10	The drug court offers residential treatment	33%
4.11	The drug court offers health care	67%
4.12	The drug court offers dental care	67%
4.13	The drug court offers anger management classes	100%
4.14	The drug court offers housing assistance	100%
4.15	The drug court offers trauma-related services	67%
4.16	The drug court offers a criminal thinking intervention	33%
4.17	The drug court provides relapse prevention services for all participants	100%
4.18	The drug court provides services to participant's children	0%
4.19	The drug court provides child care while participants are in treatment or in court (or participating in other drug court requirements)	33%
4.20	Program provides (or partners with service providers who provide) participants with legally prescribed psychotropic or addiction medication (MAT)	33%
4.21	The minimum length of the drug court program is 12 months or more	100%
4.22	Treatment providers are licensed or certified to deliver substance abuse treatment	100%
4.23	Treatment providers have training and/or experience working with a criminal justice population	100%

¹⁰ Assessments ask about whether a needs assessment is used to determine level or type of services, but not whether the needs assessment is validated.

4.24	Caseloads for probation/supervision officers do not exceed 30 active participants (up to 50 if mix of low risk and no other caseloads/responsibilities)	100%
4.25	Caseloads for clinicians providing case management and treatment do not exceed 30 active participants (up to 40 if only counseling OR 50 if only case management)	67%
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing		
5.1	Drug testing is random/unpredictable	100%
5.2	Drug testing occurs on weekends/holidays	67%
5.3	Collection of test specimens is witnessed directly by staff	100%
5.4	Staff that collect drug testing specimens are trained in appropriate collection protocols	100%
5.5	Drug test results are back in 2 days or less	100%
5.6	Drug tests are collected at least 2 times per week during the first phase of the program	100%
5.7	Participants are expected to have greater than 90 days clean (negative drug tests) before graduation	33%
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance		
6.1	Program has incentives for graduation, including avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence	100%
6.2	Sanctions are imposed immediately after non-compliant behavior (e.g., drug court will impose sanctions in advance of a client's regularly scheduled court hearing)	100%
6.3	Team members are given a written copy of the incentive and sanction guidelines	100%
6.4	Program has a range of sanction options (including less severe sanctions such as writing assignments and community services and more severe sanctions such as jail time)	100%
6.5	In order to graduate participants must have a job or be in school	67%
6.6	In order to graduate participants must have a sober housing environment	100%
6.7	In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)	0%
6.8	Participants are required to pay court fees	0%
6.9	The drug court reports that the typical length of jail sanctions is 6 days or less	100%
6.10	The drug court retains participants with new possession charges (new possession charges do not automatically prompt termination)	100%
Key Component #7: Ongoing judicial interaction with each participant is essential		
7.1	Participants have status review sessions every 2 weeks, or once per week, in the first phase	100%



7.2	Judge spends an average of 3 minutes or greater per participant during status review hearings	100%
7.3	The judge's term is as least 2 years or indefinite	100%
7.4	The judge was assigned to drug court on a voluntary basis	100%
7.5	In the final phase of drug court, the clients appear before the judge in court at least once per month	100%
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness		
8.1	The results of program evaluations have led to modifications in drug court operations	0%
8.2	Review of program data and/or regular reporting of program statistics has led to modifications in drug court operations	100%
8.3	The drug court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files).	100%
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations		
9.1	All new hires to the drug court complete a formal training or orientation	33%
9.2	All members of the drug court team are provided with training in the drug court model	0%
9.3	Drug court staff members receive ongoing cultural competency training	33%
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness		
10.1	The drug court has an advisory committee that meets twice per year	33%
10.2	The drug court has an advisory committee that includes community members	33%
10.3	The drug court has a steering committee or policy group that meets regularly to review policies and procedures	33%

Best Practices Table: All New Mexico Juvenile Drug Courts Summary, March 2016

Overview:	
<ul style="list-style-type: none"> • Programs began operation between 1997 and 2014. • Marijuana (93%) is the most commonly reported drug of choice among programs. • Programs reported capacities that range from 5 to 38, with an average capacity of 19 participants. • Programs were most likely to report accepting only high (38%) or high, moderate, and low (38%) risk participants. • Programs were most likely to report accepting both high and low (86%) need participants. 	
Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.	Percentage of Programs Performing this Practice
1.1 Program has a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)	50%
a. MOU specifies team member roles	36%
b. MOU specifies what information will be shared	50%
1.2 Program has a written policy and procedure manual	93%
1.3 All key team members attend staffing (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	86%
1.4 All key team members attend court sessions/status review hearings (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	93%
1.5 Law enforcement (e.g., police, sheriff) is a member of the drug court team	57%
1.6 Law enforcement attends drug court team meetings (staffings)	57%
1.7 Law enforcement attends court sessions (status review hearings)	50%
1.8 Treatment communicates with court via email	86%
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights	
2.1 A prosecuting attorney attends drug court team meetings (staffings)	93%
2.2 A prosecuting attorney attends court sessions (status review hearings)	93%
2.3 The defense attorney attends drug court team meetings (staffings)	100%
2.4 The defense attorney attends court sessions (status review hearings)	100%
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.	
3.1 The time between arrest and program entry is 50 days or less	36%
3.2 Current program caseload/census (number of individuals actively participating at any one time) is less than 125	100%
3.3 The drug court allows other charges in addition to drug charges	100%



3.4	The drug court accepts offenders with serious mental health issues, as long as appropriate treatment is available	79%
3.5	The drug court accepts offenders who are using medications to treat their drug dependence	69%
3.6	Program uses validated, standardized assessment to determine eligibility	67%
3.7	Participants are given a participant handbook upon entering the program	100%
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services		
4.1	The drug court works with two or fewer treatment agencies or has a treatment representative that oversees and coordinates treatment from all agencies	100%
4.2	The drug court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program	79%
4.3	The drug court offers a continuum of care for substance abuse treatment (detoxification, outpatient, intensive outpatient, day treatment, residential)	29%
4.4	Program uses validated, standardized assessment to determine level or type of services needed ¹¹	67%
4.5	Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments	100%
4.6	The drug court offers gender specific services	71%
4.7	The drug court offers mental health treatment	100%
4.8	The drug court offers parenting classes	86%
4.9	The drug court offers family/domestic relations counseling	100%
4.10	The drug court offers residential treatment	86%
4.11	The drug court offers health care	36%
4.12	The drug court offers dental care	36%
4.13	The drug court offers anger management classes	64%
4.14	The drug court offers housing assistance	71%
4.15	The drug court offers trauma-related services	85%
4.16	The drug court offers a criminal thinking intervention	57%
4.17	The drug court provides relapse prevention services for all participants	79%
4.18	The drug court provides services to participant's children ¹²	N/A
4.19	The drug court provides child care while participants are in treatment or in court (or participating in other drug court requirements)	7%
4.20	Program provides (or partners with service providers who provide) participants with legally prescribed psychotropic or addiction medication (MAT)	31%
4.21	The minimum length of the drug court program is 12 months or more	57%

¹¹ Assessments ask about whether a needs assessment is used to determine level or type of services, but not whether the needs assessment is validated.

¹² Only family courts were asked this question on the assessment.

4.22	Treatment providers are licensed or certified to deliver substance abuse treatment	100%
4.23	Treatment providers have training and/or experience working with a criminal justice population	100%
4.24	Caseloads for probation/supervision officers do not exceed 30 active participants (up to 50 if mix of low risk and no other caseloads/responsibilities)	71%
4.25	Caseloads for clinicians providing case management and treatment do not exceed 30 active participants (up to 40 if only counseling OR 50 if only case management)	100%
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing		
5.1	Drug testing is random/unpredictable	86%
5.2	Drug testing occurs on weekends/holidays	86%
5.3	Collection of test specimens is witnessed directly by staff	50%
5.4	Staff that collect drug testing specimens are trained in appropriate collection protocols	100%
5.5	Drug test results are back in 2 days or less	86%
5.6	Drug tests are collected at least 2 times per week during the first phase of the program	100%
5.7	Participants are expected to have greater than 90 days clean (negative drug tests) before graduation	21%
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance		
6.1	Program has incentives for graduation, including avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence	100%
6.2	Sanctions are imposed immediately after non-compliant behavior (e.g., drug court will impose sanctions in advance of a client's regularly scheduled court hearing)	100%
6.3	Team members are given a written copy of the incentive and sanction guidelines	57%
6.4	Program has a range of sanction options (including less severe sanctions such as writing assignments and community services and more severe sanctions such as jail time)	100%
6.5	In order to graduate participants must have a job or be in school	93%
6.6	In order to graduate participants must have a sober housing environment	43%
6.7	In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)	14%
6.8	Participants are required to pay court fees	14%
6.9	The drug court reports that the typical length of jail sanctions is 6 days or less	86%
6.10	The drug court retains participants with new possession charges (new possession charges do not automatically prompt termination)	36%



Key Component #7: Ongoing judicial interaction with each participant is essential		
7.1	Participants have status review sessions every 2 weeks, or once per week, in the first phase	100%
7.2	Judge spends an average of 3 minutes or greater per participant during status review hearings	100%
7.3	The judge's term is at least 2 years or indefinite	79%
7.4	The judge was assigned to drug court on a voluntary basis	100%
7.5	In the final phase of drug court, the clients appear before the judge in court at least once per month	79%
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness		
8.1	The results of program evaluations have led to modifications in drug court operations	29%
8.2	Review of program data and/or regular reporting of program statistics has led to modifications in drug court operations	77%
8.3	The drug court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files).	93%
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations		
9.1	All new hires to the drug court complete a formal training or orientation	43%
9.2	All members of the drug court team are provided with training in the drug court model	36%
9.3	Drug court staff members receive ongoing cultural competency training	14%
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness		
10.1	The drug court has an advisory committee that meets twice per year	29%
10.2	The drug court has an advisory committee that includes community members	21%
10.3	The drug court has a steering committee or policy group that meets regularly to review policies and procedures	43%

Best Practices Table: All New Mexico Mental Health Courts Summary, March 2016

Overview:

- Programs began operation between 2003 and 2009.
- Alcohol, Methamphetamine, and Heroin (each 40%) were the most commonly reported drugs of choice among programs.
- Addiction disorder (60%) was the most commonly reported mental health diagnosis among programs.
- Programs reported capacities that range from 12 to 150, with an average capacity of 57 participants.
- Most programs reported accepting participants at all levels of risk: high, moderate, and low.
- Most programs reported accepting both high and low need participants.

Key Component #1: Drug courts integrate alcohol and other drug treatment services with justice system case processing.	Percentage of Programs Performing this Practice
1.1 Program has a Memorandum of Understanding (MOU) in place between the drug court team members (and/or the associated agencies)	20%
a. MOU specifies team member roles	20%
b. MOU specifies what information will be shared	20%
1.2 Program has a written policy and procedure manual	60%
1.3 All key team members attend staffing (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	20%
1.4 All key team members attend court sessions/status review hearings (Judge, prosecutor, defense attorney, treatment, program coordinator, and probation)	40%
1.5 Law enforcement (e.g., police, sheriff) is a member of the drug court team	20%
1.6 Law enforcement attends drug court team meetings (staffings)	20%
1.7 Law enforcement attends court sessions (status review hearings)	0%
1.8 Treatment communicates with court via email	80%
Key Component #2: Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' due process rights	
2.1 A prosecuting attorney attends drug court team meetings (staffings)	100%
2.2 A prosecuting attorney attends court sessions (status review hearings)	100%
2.3 The defense attorney attends drug court team meetings (staffings)	100%
2.4 The defense attorney attends court sessions (status review hearings)	80%
Key Component #3: Eligible participants are identified early and promptly placed in the drug court program.	
3.1 The time between arrest and program entry is 50 days or less	0%



3.2	Current program caseload/census (number of individuals actively participating at any one time) is less than 125	100%
3.3	The drug court allows other charges in addition to drug charges	100%
3.4	The drug court accepts offenders with serious mental health issues, as long as appropriate treatment is available	100%
3.5	The drug court accepts offenders who are using medications to treat their drug dependence	100%
3.6	Program uses validated, standardized assessment to determine eligibility	40%
3.7	Participants are given a participant handbook upon entering the program	60%
Key Component #4: Drug courts provide access to a continuum of alcohol, drug and other treatment and rehabilitation services		
4.1	The drug court works with two or fewer treatment agencies or has a treatment representative that oversees and coordinates treatment from all agencies	80%
4.2	The drug court requires participants to meet individually with a treatment provider or clinical case manager weekly in the first phase of the program	60%
4.3	The drug court offers a continuum of care for substance abuse treatment (detoxification, outpatient, intensive outpatient, day treatment, residential)	20%
4.4	Program uses validated, standardized assessment to determine level or type of services needed ¹³	40%
4.5	Treatment providers administer evidence-based, manualized behavioral or cognitive-behavioral treatments	100%
4.6	The drug court offers gender specific services	80%
4.7	The drug court offers mental health treatment	100%
4.8	The drug court offers parenting classes	80%
4.9	The drug court offers family/domestic relations counseling	100%
4.10	The drug court offers residential treatment	60%
4.11	The drug court offers health care	80%
4.12	The drug court offers dental care	80%
4.13	The drug court offers anger management classes	100%
4.14	The drug court offers housing assistance	100%
4.15	The drug court offers trauma-related services	100%
4.16	The drug court offers a criminal thinking intervention	100%
4.17	The drug court provides relapse prevention services for all participants	0%
4.18	The drug court provides services to participant's children ¹⁴	N/A
4.19	The drug court provides child care while participants are in treatment or in court (or participating in other drug court requirements)	0%

¹³ Assessments ask about whether a needs assessment is used to determine level or type of services, but not whether the needs assessment is validated.

¹⁴ Only family courts were asked this question on the assessment.

4.20	Program provides (or partners with service providers who provide) participants with legally prescribed psychotropic or addiction medication (MAT)	80%
4.21	The minimum length of the drug court program is 12 months or more	100%
4.22	Treatment providers are licensed or certified to deliver substance abuse treatment	100%
4.23	Treatment providers have training and/or experience working with a criminal justice population	100%
4.24	Caseloads for probation/supervision officers do not exceed 30 active participants (up to 50 if mix of low risk and no other caseloads/responsibilities)	40%
4.25	Caseloads for clinicians providing case management and treatment do not exceed 30 active participants (up to 40 if only counseling OR 50 if only case management)	100%
Key Component #5: Abstinence is monitored by frequent alcohol and other drug testing		
5.1	Drug testing is random/unpredictable	100%
5.2	Drug testing occurs on weekends/holidays	60%
5.3	Collection of test specimens is witnessed directly by staff	50%
5.4	Staff that collect drug testing specimens are trained in appropriate collection protocols	100%
5.5	Drug test results are back in 2 days or less	100%
5.6	Drug tests are collected at least 2 times per week ¹⁵	40%
5.7	Participants are expected to have greater than 90 days clean (negative drug tests) before graduation	40%
Key Component #6: A coordinated strategy governs drug court responses to participants' compliance		
6.1	Program has incentives for graduation, including avoiding a criminal record, avoiding incarceration, or receiving a substantially reduced sentence	100%
6.2	Sanctions are imposed immediately after non-compliant behavior (e.g., drug court will impose sanctions in advance of a client's regularly scheduled court hearing)	100%
6.3	Team members are given a written copy of the incentive and sanction guidelines	40%
6.4	Program has a range of sanction options (including less severe sanctions such as writing assignments and community services and more severe sanctions such as jail time)	100%
6.5	In order to graduate participants must have a job or be in school	60%
6.6	In order to graduate participants must have a sober housing environment	100%

¹⁵ Assessment asks about frequency of testing during the program's first phase. If this item is marked "Yes", verify that program maintains drug testing frequency for the duration of the program.



6.7	In order to graduate participants must have pay all court-ordered fines and fees (e.g., fines, restitution)	20%
6.8	Participants are required to pay court fees	0%
6.9	The drug court reports that the typical length of jail sanctions is 6 days or less	50%
6.10	The drug court retains participants with new possession charges (new possession charges do not automatically prompt termination)	20%
Key Component #7: Ongoing judicial interaction with each participant is essential		
7.1	Participants have status review sessions every 2 weeks, or once per week, in the first phase	60%
7.2	Judge spends an average of 3 minutes or greater per participant during status review hearings	100%
7.3	The judge's term is as least 2 years or indefinite	100%
7.4	The judge was assigned to drug court on a voluntary basis	100%
7.5	In the final phase of drug court, the clients appear before the judge in court at least once per month	80%
Key Component #8: Monitoring and evaluation measure the achievement of program goals and gauge effectiveness		
8.1	The results of program evaluations have led to modifications in drug court operations	20%
8.2	Review of program data and/or regular reporting of program statistics has led to modifications in drug court operations	25%
8.3	The drug court maintains data that are critical to monitoring and evaluation in an electronic database (rather than paper files).	80%
Key Component #9: Continuing interdisciplinary education promotes effective drug court planning, implementation, and operations		
9.1	All new hires to the drug court complete a formal training or orientation	60%
9.2	All members of the drug court team are provided with training in the drug court model	0%
9.3	Drug court staff members receive ongoing cultural competency training	20%
Key Component #10: Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness		
10.1	The drug court has an advisory committee that meets twice per year	0%
10.2	The drug court has an advisory committee that includes community members	0%
10.3	The drug court has a steering committee or policy group that meets regularly to review policies and procedures	0%