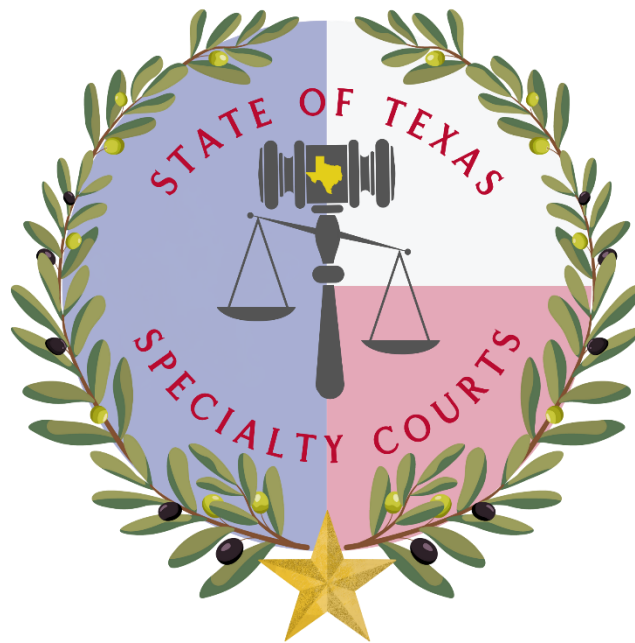




OFFICE OF COURT
ADMINISTRATION

**TEXAS SPECIALTY COURTS
STANDARDS
FOR
BEST PRACTICES
AND
DATA COLLECTION**

ADOPTED BY TEXAS JUDICIAL COUNCIL SEPTEMBER 18, 2026

TABLE OF CONTENTS

BACKGROUND	I
PURPOSE	II
ACKNOWLEDGEMENTS.....	IV
TEXAS SPECIALTY COURTS STANDARDS <i>FOR BEST PRACTICES</i>	1
Target Population	1
Roles and Responsibilities of the Judge	1
Incentives, Sanctions, and Service Adjustments.....	2
Substance Use, Mental Health, and Trauma Treatment and Recovery Management	3
Complementary Services and Recovery Capital	4
Drug and Alcohol testing.....	4
Multidisciplinary Team	5
Community Supervision	6
Program Monitoring, Evaluation, and Improvement	6
TEXAS SPECIALTY COURTS STANDARDS <i>FOR DATA COLLECTION</i>	8
Pre-Enrollment Collection:.....	8
To be collected at Referral.....	8
To be collected at Legal Eligibility Screening:.....	8
To be collected at Clinical Assessment:	8
To be collected at Risk Assessment:	8
To be collected at Staffing/Eligibility Decision:	9
Post-Enrollment Collection:	9
To be collected at Enrollment:	9
To be collected regarding Treatment progression:	9
To be collected regarding MAT utilization:	9
To be collected regarding Phase progression:.....	10
To be collected regarding Monitoring (not all collection points will be applicable to every type of specialty court):	10
To be collected regarding Case Management or Supervision:.....	10
To be collected regarding Court Reviews/Hearings:	10
To be collected at Graduation:.....	10
Specialty Court Separation.....	11
Post-Separation Collection:	11
DICTIONARY.....	12

BACKGROUND

[Specialty courts](#), sometimes referred to as problem solving courts, treatment courts, accountability courts, drug courts, or recovery courts, offer an alternative approach to case resolution for those with substance use and/or mental health disorders. Whether the cases are criminal or civil, these courts provide a non-adversarial environment in which participants are offered individualized treatment in conjunction with structured judicial involvement, enhanced supervision, and ancillary services to address their specific needs. Substantial research done at the national level has proven the effectiveness of the specialty court model when evidenced based interventions are used and best practice standards are followed. This research led to the establishment and promulgation of best practice standards by professional associations and practitioners at the national, state, and local levels. In 2013, All Rise (formerly the National Association of Drug Court Professionals) released Volume I of the Adult Drug Court Best Practice Standards, followed by Volume II in 2015. Both volumes were revised in 2018. Guidelines for Juvenile Drug Treatment Courts were released by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) in 2016, and the Center for Children and Family Futures (CCFF) released the Family Treatment Court Best Practices Standards in 2019. Subsequently, and most notably, All Rise published the most recent iteration of the [Adult Treatment Court Best Practice Standards](#) in 2025. After extensive research, the standards were deemed generally applicable to all models of adult treatment courts, including mental health courts, veterans' treatment courts, drug courts, DWI courts, reentry drug courts, co-occurring courts, and family treatment courts. When type-specific deviations are recommended for standards, those are noted.

The [Texas Government Code](#) identifies seven (7) specific types of specialty courts: [drug courts](#) (adult and juvenile), [family drug courts](#), [veterans treatment courts](#), [mental health courts](#), [commercially and sexually exploited persons courts](#), [public safety employees treatment courts](#), and [juvenile family drug courts](#). In 2019, the 86th Legislature transferred responsibility for registration, the provision of technical assistance, and general oversight of specialty courts to the Texas Office of Court Administration (OCA). The Criminal Justice Division of the Office of the Governor continues to provide ancillary funding and grants to further the work of specialty courts. As such, the OCA is tasked with ensuring that specialty courts in Texas are compliant with programmatic best practices as recommended by the Specialty Courts Advisory Council (SCAC) and adopted by the Texas Judicial Council (TJC). In 2016 the TJC adopted Volumes I and II of All Rise's Adult Drug Court Best Practice Standards to be utilized by specialty courts in Texas; however, no Texas specific standards have been developed.

Texas has over 200 registered specialty courts, which means they have provided a local order or proclamation establishing the court, documentation of operating procedures, and the proper registration form. Ongoing criminal justice reform has significantly expanded the use of specialty courts, which has led academics and practitioners alike to focus increasing attention on the effectiveness and value of specialty courts. Although there is anecdotal evidence that these programs work to turn lives around from a lifestyle of drug-using criminal behavior, statewide data to support that assertion is lacking.

Specialty court professionals from across the state, from all court types, and from all mandatory roles were instrumental in developing this guide. Also consulted in its development were subject matter experts from other states, national organizations, and stakeholders from various state agencies and entities. It is with utmost respect and appreciation of the work done by those professionals that the OCA has gleaned and refined terminology and concepts to better suit nuances and common language used in Texas specialty courts.

PURPOSE

The intent of this document is two-fold:

1. To provide evidence-based standards by which **specialty courts** in Texas shall operate and be measured.

Because research supports the effectiveness of specialty courts when best practice standards are followed, it is important that state-specific expectations are documented to protect both the **participants** and the value of these programs. The Texas Specialty Courts Standards for Best Practices are based on the Adult Treatment Court Best Practice Standards (All Rise), the Family Treatment Court Best Practice Standards (CCFF), and the Juvenile Drug Court Guidelines (OJJDP), and incorporates deviations that are appropriate in subsets of each specific court type. For example, mental health treatment courts prioritize different needs than a traditional drug treatment court and, as a result, may not implement all standards in the same ways. The standards are identified as **fundamental practices** and *commended practices*.

The **fundamental practice** designation is intended to identify a mandatory minimum practice required to obtain and retain accredited status¹ with the OCA. These are delineated with **bold** typeface and utilize the word “shall” in the language. **Fundamental practices** are clearly identified by research as necessary to achieve successful outcomes. Any program not in compliance with a **fundamental practice** is required to request an exemption² which must include an explanation for the inability to implement said practice and efforts made to remedy the non-compliance.

The *commended practice* designation is intended to identify those practices that research shows to improve outcomes but are not so critical to successful outcomes that they are mandatory. These are delineated with *italic* type face and utilize the words “should” or “may.” *Commended practices* serve to elevate the standards of excellence and operational effectiveness among specialty courts in Texas.

To ensure access to justice and procedural fairness, specialty court program eligibility should be based solely on the documented eligibility criteria, without regard for sociodemographic or sociocultural identity, subjective impressions of motivation or readiness, or prior involvement with child or family services. Teams should regularly review practices (including but not limited to admissions; service delivery; delivery of incentives, sanctions, and service adjustments; and imposition of fees) to identify and correct disparities in program access. Additionally, treatment and services delivered by the Court team should be proven effective for the different communities represented in the program.

¹ An accreditation process will be outlined in an accreditation manual and implemented at a later date.

² Exemption requests will be detailed in the accreditation manual.

2. To establish [definitions](#) for and methods of data collection and reporting.

Historically, programs have only been required to report data to their funding agencies. Those requirements are not standardized, do not have consistent definitions, and are not readily available to the OCA. Standardized and systematic performance outcome data collection is not only a nationally recognized best practice standard, but also critical to participant and program success, in that it allows each program to make data driven adjustments. Additionally, it informs policy, resource allocation, and funding decisions at the state level. The Texas Specialty Courts Standards for Data Collection provide clear and unambiguous definitions for commonly used terms and metrics in Texas specialty courts, operational standards with specific deviations for different court types, and specifically outlined data collection and reporting requirements and recommendations.

Reporting of data to the OCA is required by [Chapter 121 of the Government Code](#). Specifically, a specialty court program is required to report any information requested by the Texas Judicial Council regarding the performance of the program. Historically, only programs that received grant funding, either from the OOG or other agencies, were required to programmatic data. This has led to a patchwork of inconsistent and unverifiable data points for a limited subset of the courts across the state. This document will outline the Texas Specialty Court Standards for Data Collection in clear and unambiguous terms, reflecting national recognized best practice standards and supporting program and participant success.

Consistent with the Standards for Best Practices, the Standards for Data Collection denote **fundamental (required)** and *commended (supplementary)* data collection and reporting. The data collected will be compiled for annual program reporting to the legislature and governor and will be used to verify fidelity to best practice standards. Each court is responsible for ensuring that required data is collected and either entered into the designated case management system³ or via a direct reporting method, in an accurate and timely manner. A specialty court program's accreditation status and level are contingent upon compliance with these requirements⁴.

³ Details about the case management system will be distributed following procurement and implementation.

⁴ This will be part of the accreditation process and will be outlined in the accreditation manual once implemented.

ACKNOWLEDGEMENTS

The following document was created by compiling national standards researched, developed, and published by All Rise, Center for Children and Family Futures, and the Office of Juvenile Justice and Delinquency Prevention, along with state-specific standards utilized in Georgia, Florida, Colorado, Oklahoma, Nebraska, Oregon, Virginia, and Washington. Within Texas, agency partners were consulted and invited to participate in the working groups established to draft the standards. Thanks to the Texas Veteran's Commission, the Judicial Commission on Mental Health, the Specialty Courts Advisory Council of the Office of the Governor, and the Specialty Courts Resource Center. Specifically, OCA would like to thank the following professionals for their individual contributions to the work groups and as peer reviewers:

Jarvis Anderson	Dawn Huddleston	Shay Rustam
Dr. Matthew Bills	Heather Kierzek	Hon. Selena Solis
William Blundell	Faustino Lopez	Shelia Shaw
Hon. Brent Carr	Amy Lowrey	Michael Smith
Mary Covington	Hon. Aurora Martinez Jones	Hon. Angela Tucker
Kevin Edwards	Rosie Medina	Julie Turnbull
Marsha Edwards	Andy Perkins	Dr. Jacqueline van Wormer
Amanda Garcia	Noreen Plumage	Tammy Westcott
Geraldine Gonzalez	Hon. Elizabeth N. Rainey	Meghan Wheeler
Amber Gregory	Charles R. Robinson	Courtney Young

Please contact the OCA Specialty Courts Program Manager with questions or requests for technical assistance:

Erin Morgan
Erin.Morgan2@txcourts.gov
512.771.0114

TEXAS SPECIALTY COURTS STANDARDS FOR BEST PRACTICES

❖ TARGET POPULATION

- **Specialty court** eligibility, as well as exclusionary, criteria shall be objectively defined, evidence based, written, and communicated widely to potential referral sources.
- Program eligibility criteria shall be agreed upon by all members of the Court team and should be reviewed regularly to account for updated research or resource availability.
- **Both validated clinical and risk assessments shall be completed by trained staff to determine a participant's eligibility.** Specialty courts should serve *high-risk* and *high-need* individuals, as determined by *validated assessment tools*. Should it become necessary for a specialty court to serve participants of different risk and need levels, they should be separated into different tracks whenever possible.
 - Family treatment courts should target families that require the intensity of services, increased support and monitoring, and routine judicial oversight necessary for them to comply with their child welfare case plans and complete appropriate treatment, in order to safely reunify or preserve and provide a safe, stable, and permanent placement for their children.
 - Juvenile treatment courts should target youth 14 years old and older with substance use disorder and moderate to high risk of reoffending.
- Early identification of potential participants and diversion into a specialty court should be prioritized, as it is crucial for improved outcomes. When possible, programs should collaborate with defense attorneys, law enforcement, local mental health authorities, probation departments, and other community partners to identify those who may be appropriate for a specialty court program.

❖ ROLES AND RESPONSIBILITIES OF THE JUDGE

- **The specialty court judge shall be educated on current law and research on best practices for treatment courts as well as how to incorporate professional recommendations from other team members when making decisions.**
- The judge should attend training conferences annually on judicial best practices for treatment courts and those specific to the type of treatment court over which they preside.
- Whenever possible, the specialty court judge should remain assigned to a program voluntarily and for at least two (2) years.
- **The judge shall attend *pre-court staffing* and ensure that all team members contribute recommendations for participants. The judge is solely responsible for determining and issuing incentives, sanctions, and service adjustments; although, consideration should be given to the professional expertise and consensus of team members when making those determinations. Treatment specific adjustments shall be determined by a qualified clinician.**
- When feasible, the judge should hold court review hearings at which specialty court participants are required to appear no less than every two (2) weeks during the first two (2) phases of the program.
- During *court review hearings*, the judge shall interact with the participants with the goal of developing a collaborative and supportive alliance, while holding participants accountable for compliance with court orders and program requirements. Research has shown that interactions of at least three (3) minutes are necessary to achieve this goal.

- If the absence of the specialty court judge is unavoidable, a substitute judge shall be carefully informed of best practices and participant progress to avoid inconsistent messaging and inadvertent deviation from program policies.

❖ INCENTIVES, SANCTIONS, AND SERVICE ADJUSTMENTS

- Specialty courts shall develop and utilize a system of graduated incentives and sanctions to address participant behavior.
- Adjustments to treatment or supervision services shall be recommended by the clinical or case management team, respectively, in response to issues related to the need being addressed.
- Incentives and sanctions shall be applied objectively, shall be based on individual participant's proximal, distal, and managed goals, and shall be determined and delivered solely by the judge based on input from the team. The participant shall be offered the opportunity to be heard on matters concerning sanctions and service adjustments.
 - In family treatment courts, decisions about child safety interventions shall be made by representatives of DFPS and the dependency court with consideration from team members who have relevant information or expertise. Time with children shall never be used as a sanction or incentive.
- Specialty courts shall have written policies and procedures for the use of incentives, sanctions, and service adjustments, as well as the behaviors that elicit them. This information shall be clearly identified in a handbook that is given to the participant in advance of admission.
- *Whenever possible, behavior necessitating a response from the court should be addressed immediately. Effectiveness decreases as the time between the action and the response increases. Certainty and celerity are crucial for effective behavior modification.*
- The rationale for a response (or departure from a typical response) shall be clearly communicated to all program participants and observers, as well as the affected participant. Any deviation from an expected response should occur only after careful consideration of extenuating factors and identifying compelling reasons for departing from standard practice.
- Decisions regarding behavior responses shall account for a participant's trauma history.
- *Ideally, incentives should outnumber sanctions 4:1.*
- *Jail sanctions should be limited in scope and usage. As a general guideline, jail sanctions should only be levied after low and moderate sanctions have failed to deter repeated violations of proximal goals, risks to public safety, and risks to the specialty court program's integrity and viability. In cases where resources are limited, jail should be used as a last resort where possible, without infringing or disrupting treatment attendance and productive activities (such as employment and household responsibilities). Factors to consider when determining a jail sanction should include treatment interruption, exposure to high-risk individuals and stressors, work and family responsibilities, and medication management.*
 - Juvenile treatment courts shall consider risk to the public, the safety of the home environment, the potential of the youth to be a danger to self and others, and absconding status when determining if detention is appropriate.

- **Specialty courts shall not deny admission, impose sanctions, or discharge participants unsuccessfully for the use of prescription medication when prescribed by a medical professional who has been fully informed of the participant's history of substance use and their participation in a treatment court program. This includes but is not limited to MAT, psychiatric medication, and medication for other diagnosed medical conditions such as pain or insomnia. When such medications are prescribed, a release of information should be executed allowing the prescriber to communicate with the treatment team.**
- **The specialty court shall have a defined phase structure with clear, realistic goals and objectives that must be achieved prior to advancement from each phase. Phase advancement should be distinct from treatment progression and dosage.**
- **The court team shall develop written phase protocols that clearly identify the focus of each phase.**
- *Unsuccessful discharge from the specialty court should occur only if the participant poses a serious and imminent risk to public safety that cannot be mitigated by treatment court efforts, if the participant chooses to withdraw despite the team's best efforts to encourage continued participation, or if the participant is unwilling to engage in treatment after every reasonable accommodation has been attempted.*
 - *In a program targeting pre-plea or pre-indictment cases, the offense specific statute of limitations should be considered when determining the appropriate time for an unsuccessful discharge.*
 - *In cases where participants are unsuccessfully discharged from a family treatment court, and the dependency court judge is different than the FTC judge, the discharge decision should be communicated to the dependency court in the manner established in advance between the courts.*
 - *In juvenile treatment courts, termination should be carefully deliberated and only occur after exhausting all available resources to gain compliance.*

❖ **SUBSTANCE USE, MENTAL HEALTH, AND TRAUMA TREATMENT AND RECOVERY MANAGEMENT**

- **Specialty court participants shall receive evidence-based treatment for substance use, mental health, trauma, or co-occurring disorders based on validated clinical assessment performed by qualified treatment professionals.**
- **Treatment providers are considered core members of the specialty court team and shall attend pre-court staff meetings and court hearings. The judge shall ensure that the treatment professionals' recommendations are considered when making decisions about service adjustments and participant progress.**
 - *When a program utilizes services from a broad network of providers, making it impractical for each to participate in staffing, it is appropriate to designate a liaison to represent the provider network during staff meetings and court hearings*
- **The specialty court shall offer a continuum of care sufficient to meet the needs of the participants, including but not limited to inpatient and outpatient treatment, medication management, and recovery housing services. For example:**
 - *Family treatment courts should make every effort to offer family-centered substance use treatment and ensure access to residential treatment that allows for robust family visitation and quality parenting time or for children to remain with the parent while receiving services.*

- *Juvenile treatment courts should make every effort to offer treatment services that address all risk and need areas identified in addition to substance use. These may include trauma, mental health, family dynamics, education, and criminal thinking.*
- *The level and modality of treatment should be based on assessed needs and not linked to phase advancement in the specialty court.*
- *Treatment should include at least one individual session with a treatment professional weekly during the first phase of the court program. Groups should have no more than 16 participants and strive to have no more than 12; team members should be mindful of trauma history and cultural experiences when placing participants in groups if feasible.*
- *Efforts should be made throughout the program to connect participants with recovery support services and recovery networks in their community to improve the likelihood of sustained behavior change.*

❖ **COMPLEMENTARY SERVICES AND RECOVERY CAPITAL**

- **In recognizing the importance of wrap-around services, the specialty court shall assess a participant's skills, resources, and other recovery capital to coordinate complementary services that may improve long-term outcomes. For example:**
 - *Employment, housing, transportation, technical training, education, parenting, childcare, or public assistance.*
- *Team members should collaborate with available community resources to address needs in areas such as health-risk prevention, housing, family dynamics, vocational/educational/life skills development, medical and dental care, and prosocial network and activity expansion.*
 - *Juvenile treatment court teams should intentionally involve parents or guardians throughout the court process whenever possible. Reasonable efforts should be made to remove barriers to full engagement when they exist.*

❖ **DRUG AND ALCOHOL TESTING**

- **The specialty court shall perform testing for drugs and alcohol frequently enough to ensure substance use is detected quickly and reliably.**
- *Testing should occur at least twice weekly, should be random and unpredictable, and should occur seven days a week until the participant achieves early remission and is engaged in recovery management activities. Frequency may be decreased once those benchmarks are achieved.*
 - *For juvenile treatment courts, research suggests that drug testing should occur twice weekly initially and then weekly during the program's latter phases.*
- **Testing shall be monitored by staff trained to detect tampering and attempted fraudulent submissions and shall be monitored for adulteration and dilution.**
- **A clear chain of custody for specimens shall be established and followed.**
- *Procedures should be established to ensure that results of testing are available to the team within 48 hours of collection, so that incentives, sanctions, and service adjustments can be applied timely.*
- **Specialty court teams shall be mindful of trauma history and unique community histories of participants when performing drug testing.**

- A required period of *abstinence* prior to graduating the program should be determined by the team and clearly communicated to participants.

❖ MULTIDISCIPLINARY TEAM

- **The effectiveness of specialty courts is predicated on input from a collaborative, non-adversarial team of professionals that brings diverse expertise, resources, and legal authority together to achieve mutually agreed upon goals. As such, specialty court teams shall consist of representatives from the following disciplines at a minimum: judge or judicial officer, coordinator and/or program manager, probation officer and/or case manager, treatment provider, stakeholder attorneys (usually an attorney representing the State and a defense attorney), and law enforcement.**
 - A specialty court may utilize peer mentors or peer recovery support specialists
 - Veterans' treatment courts should also include a veteran peer mentor, a Veterans Service Officer, and a Veterans Justice Outreach Specialist if possible.
 - Family treatment courts should include the parents' and child's attorneys, CASA, or guardian ad litem if appropriate.
 - Juvenile drug treatment courts should include a school representative and/or a community liaison if available.
 - Mental health courts may include a mental health navigator.
- Each specialty court should establish a *steering committee* which is tasked with identifying the program's mission and vision, executing *Charters* or *Memoranda of Understanding (MOUs)*, securing community resources and personnel, developing policies and procedures, and garnering *stakeholder* support for continuing specialty court initiatives. The steering committee should consist of leadership from all agencies with which the court partners.
- Each specialty court should establish an *advisory group* consisting of community resource partners and interested stakeholders to assist with outreach and provide advice and resources to the court team.
- **The specialty court shall execute an MOU between all participating agencies outlining roles and responsibilities, as well as confidentiality mandates, for all team members.**
- **Mandatory team members shall attend pre-court staffing as well as scheduled court reviews, as well as participate in discussion about and make recommendations for participants in the program.**
 - Pre-court staffing should occur immediately preceding a scheduled court review (or as close in time as is possible) wherein each participant scheduled to appear is discussed by the group.
 - **The group shall sufficiently brief the judge on progress and compliance and make recommendations for incentives, sanctions, or service adjustments.**
 - One team member should be designated to prepare and disseminate staffing reports in advance of the meeting.
 - The judge should clearly summarize any substantive issues that were presented in staffing and deliver the determined incentives, sanctions, or service adjustments during the scheduled court review.
 - **It is important that the rest of the participant group witness the interaction of each participant with the judge, as it serves to reinforce goals, expectations, and program rules.**

- *All additional team members should attend scheduled court reviews; however, it is not appropriate for peer mentors or peer recovery support specialists to attend staffing so as to preserve the relationship with the participant. An exception would be a peer support specialist who does not work with a specific participant but shares the voice of lived experience with the team in staffing.*
- **Team members shall regularly communicate using a secure method any salient information pertaining to participant progress or treatment concerns.**
- **All team members shall receive training on best practices and ongoing advances in the fields of substance use, mental health, behavior modification, supervision, data collection practices, or any other area pertaining to their role on the team.**
- **All team members remain bound by their respective codes of professional ethics as well as any legal constraints such as HIPAA or 42 C.F.R. Part 2.**

❖ COMMUNITY SUPERVISION

- **Specialty courts that include community supervision or probation shall ensure that officers receive specialized training in core correctional practices and trauma-informed supervision, as well as the fundamental principles of treatment.**
- **The specialty court shall not impose an arbitrary restriction on the number of participants served; however, it shall continually monitor operations to ensure best practices are maintained in the event of increased participation. Should supervision, case manager, or clinician caseloads exceed the prescribed capacity, resources shall be reevaluated, and additional staff considered.**
 - *Courts should strive to maintain caseloads of fewer than 30 active cases to ensure effective supervision and optimal outcomes. Caseloads should not exceed 50 cases requiring supervision at any time.*
 - *Juvenile treatment courts and mental health courts should maintain caseloads of no more than 15 participants requiring active supervision.*
- **The officer shall develop a case plan to address criminogenic, responsivity, maintenance, and recovery management needs in collaboration with the participant.**
- *Whenever possible, standard conditions of probation should only be imposed when necessary to meet a participant's assessed treatment and supervision needs. When statutorily required, the specialty court should enforce them in line with the program's established phase structure.*
- *The officer should meet with participants, either in the office or in the field, at least weekly until they have achieved **psychosocial stability**.*

❖ PROGRAM MONITORING, EVALUATION, AND IMPROVEMENT⁵

- **The specialty court shall continually monitor its adherence to best practice standards, evaluate outcomes, and implement improvement modifications to policies and procedures, by ensuring that relevant data, policies, and procedures are reviewed annually, and all relevant program data is tracked and reported to local and statewide stakeholders.**

⁵ The following requirements and recommendations will be outlined in an accreditation manual that will be available prior to implementation of the accreditation process.

- **Regardless of funding source, the specialty court shall report required data to the Office of Court Administration (OCA) as outlined in the Data Collection Standards. Failure to do so will result in suspension of accreditation.**
- **Completion of a best practices assessment appropriate for the designated court type is required every three (3) years on a rotating basis. Each Court shall make efforts to remedy any deficiencies identified prior to the next review cycle and report on progress to OCA annually in the interim.**
- **The specialty court shall enter OCA required data in the designated case management system (CMS)⁶. The CMS may be utilized by the program for program case management at their discretion; however, the minimally required information **MUST** be entered into the CMS for retrieval by OCA as outlined in the Data Collection Standards.**
- *Team members and other service providers should receive a clear explanation as to the importance of accurate data collection and be trained specifically in how to record reliable and timely monitoring and outcome information, including treatment sessions, drug tests, and technical violations.*
- *The specialty court should enlist the services of an independent, competently trained evaluator to analyze programs no less than once every five (5) years.*

⁶ This will be effective following the procurement process and implementation of a statewide case management system.

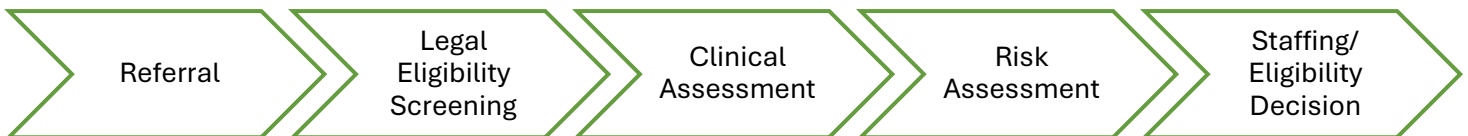
TEXAS SPECIALTY COURTS STANDARDS FOR DATA COLLECTION

Although the process may vary somewhat across jurisdictions, the following chart is meant to broadly illustrate the stages of a participant's progression through a specialty court. Despite individual court differences, this progression identifies general benchmarks that must be met throughout program completion. The Data Collection Standards will outline the data points that specialty courts are required to collect at each benchmark.



PRE-ENROLLMENT COLLECTION:

To further breakdown the pre-enrollment process, the chart below highlights some specific intercepts during which data should be collected. Again, the process may not be identical for all court types; however, it should serve as a guide for data entry during the screening and intake process.



To be collected at Referral:

- **State Identification Number (SID)**
- **Referring Charge information (including offense, level, case status, cause number)**
- **Arrest Date (or date of DFPS complaint or juvenile complaint/filing)**
- **Referral Source**
- **Referral Date (date the program received application and began assessment process)**
- **Demographic Data including: Name, DOB, Race, Ethnicity, Gender, housing status and address, military service history, marital status, SSN, primary language.**

To be collected at Legal Eligibility Screening:

- **Review date**
- **Eligibility decision date**
- **Reason for ineligibility if applicable**

To be collected at Clinical Assessment:

- **Date of assessment**
- **Assessment tool(s) used and who completed it (SUD, MH, Trauma, etc.)**
- **Diagnosis/Diagnostic Impression**
- **Substance Use Disorder level (if applicable)**
- *Number of previous overdoses and date of last overdose*

To be collected at Risk Assessment:

- **Date of assessment**
- **Assessment tool used and who completed it**
- **Risk level determination**

To be collected at Staffing/Eligibility Decision:

- **Staffing date**
- **Eligibility determination date**
- **Eligibility decision (yes or no)**
- **Eligibility denial date (if applicable)**
- **Eligibility denial reason (if applicable)**
- **If determined eligible, and applicant did not enter the program, reason for not entering (attorney not responsive, applicant refused, case dismissed, applicant failed to report for assessment(s), etc.)**

POST-ENROLLMENT COLLECTION:

While each court type has different modalities and target populations, all specialty courts should center around treatment, monitoring, case management, and judicial interaction. Considering those commonalities, the following chart highlights areas of post-enrollment program participation that should be captured for each participant in order to demonstrate the court's effectiveness.



To be collected at Enrollment:

- **Entry date**
- **Employment status at entry**
- **Income level at entry**
- **Education level at entry**
- **Housing status at entry**
- *Incarcerated at entry/in the community at entry*
- *Access to Transportation*
- **Risk assessment score at entry**
- **Family status (custody, reunification, protection orders, etc.)**
- *Any other demographic information pertinent to program participation*

To be collected regarding Treatment progression:

- **Diagnosis level**
- **Treatment type and start date**
- **Treatment session date, attendance, duration, type**
- **Treatment type and discharge date**
- **Treatment discharge reason**
- **Treatment response to behavior**

To be collected regarding MAT utilization:

- *Medication-assisted treatment start and end dates*
- *Medication prescribed*
- *Medical Session Date and Type*

To be collected regarding Phase progression:

- **Phase entry date**
- **Phase exit date**

To be collected regarding Monitoring (not all collection points will be applicable to every type of specialty court):

- **Drug test date**
- **Drug test type (urine, saliva, patch, breath, blood, hair, etc)**
- **Drug testing method (screening stick/cup, GCMS/lab testing)**
- **Drug test substances**
- **Drug test results and date**
- **Primary, Secondary, and/or Tertiary Drug(s) of Choice**
- **Alcohol monitoring device start and end dates**
- *Electronic monitoring start and end dates*
- *Hospital—Emergency Room visits (Dates)*
- *Hospital—psychiatric hospitalizations (Dates)*
- *Overdose instances (Dates)*
- *Narcan distribution/training (Dates)*
- **Community service (hours) completed, date, and agency**
- **Family status changes (custody, reunification, protection orders, etc)**

To be collected regarding Case Management or Supervision:

- **Date and type of case management or supervision contact (this could include but is not limited to: office visits, field visits, collateral contacts with schools or other referral sources)**
- **Supervision response to behavior**

To be collected regarding Court Reviews/Hearings:

- **Court review date**
- **Incentives provided**
- **Sanctions issued**
- **Service adjustments made**

To be collected at Graduation:

- **Graduation date**
- **Employment status at graduation**
- *Income level at graduation*
- **Education level at graduation**
- **Housing status at graduation**
- *Access to Transportation*
- **Risk assessment score at graduation**
- **Family status (custody, reunification, protection orders, etc.)**

SPECIALTY COURT SEPARATION

Recognizing that in some instances and for various reasons participants may separate from a specialty court program without graduating or successfully completing the program, the following separation categories have been created to capture these terminations:

Neutral Discharge due to limitations on legal case	Assessed need for higher level of care	Transferred to a different Specialty Court program	Terminated for continued non-compliance of program rules	Voluntary withdrawal (including relocation)
Subsequent arrest or conviction	Absconded	Revocation of bond or probation	Deported or Extradited	Death (regardless of circumstance)

At the time a participant separates from a specialty court, the following data should be collected:

- **Separation date**
- **Separation reason⁷**
- **Employment status at separation**
- *Income level at separation*
- **Education level at separation**
- **Housing status at separation**
- *Incarcerated at separation/in the community at separation*
- *Access to Transportation*
- **Risk assessment score at separation**
- *Family status at separation (custody, reunification, protection orders, etc.)*

POST-SEPARATION COLLECTION:

The success or effectiveness of a specialty court program can be determined by a number of metrics at the local level; however, for the purposes of collectively reporting the impact that these programs have on public safety, resource management, and family reunification statewide, the focus will be on recidivism as defined on [page 14](#) of this document.

Each specialty court shall determine whether a participant has been rearrested (or had a subsequent DFPS or juvenile complaint/filing) at 1-, 3-, and 5-years post-separation. When reporting this information, the following details shall be included:

- **Date of entry**
- **Date of separation**
- **Reason for separation**
- **Date of rearrest/new complaint**
- **Rearrest offense/complaint category**
 - **Offense/complaint against person, property offense/complaint, drug offense/complaint, alcohol offense/complaint, DFPS complaint**
- **Rearrest offense level**
 - **Felony, Misdemeanor, Civil**

⁷ In the event of separation due to non-compliance in a juvenile treatment court, it should be specified whether the non-compliance was on the part of the juvenile participant or the parents/guardians.

TEXAS SPECIALTY COURTS STANDARDS

DICTIONARY

42 CFR Part 2

Also known as the Confidentiality of Substance Use Disorder Patient Records, [42 CFR Part 2](#) is the federal law protecting substance use treatment records from disclosure without the patient's consent.

Abstinence

In the context of specialty courts, abstinence is defined as refraining from the use of any substance prohibited by program rules, or any behavior being addressed by treatment in a specialty courts.

Advisory Group

A specialty court advisory group's focus is to educate the community about the goals and impact of the program and should consist of a broad range of community partners with a vested interest in the mission of the program. The group should meet regularly and invite members of the recovery community, public interest organizations, funding entities, local business leaders, school leaders, and service organizations. Advisory group meetings should occur at least quarterly.

BeST Assessment

The BeST Assessment is an automated online assessment tool developed by [NPC Research](#). It is only appropriate for adult treatment court types, and it is required biannually for funding by the Office of the Governor. The tool requires a program to answer basic, objective questions in order to gather information about practices and procedures which are then translated into measures of the court's fidelity to best practice standards.

Charter

A Treatment Court Charter is a formal foundational document that outlines the mission, guiding principles, structure, and operational framework of a treatment court program. It serves as an agreement among core team members and partner agencies, establishing their shared commitment to the goals, policies, and collaborative practices of the treatment court. The charter typically includes Program Mission and Vision; Target Population and Eligibility Criteria; Roles and Responsibilities of Team Members; Governance and Decision-Making Processes; Confidentiality and Information Sharing Protocols; Performance Goals and Accountability Measures. The charter acts as a governance tool, promoting transparency, consistency, and interagency cooperation. It is often reviewed and updated periodically to reflect program growth, policy changes, or shifts in community needs.

Co-Occurring Disorders

Co-occurring disorders are defined as the co-existence of at least one mental health disorder and one substance use disorder but may also include multiple diagnoses of behavioral health and other chronic diseases.

Court Review Hearing

Court reviews are scheduled hearings presided over by the specialty court judge. These hearings should occur frequently and regularly to address both positive and negative behavior.

Early Remission

Early remission is achieved after at least 90 days without clinical symptoms that may interfere with participants' ability to attend sessions, benefit from the interventions, and avoid substance use. Such symptoms may include withdrawal, persistent substance cravings, anhedonia, cognitive impairment, and acute mental health symptoms like depression or anxiety.

Goals - Distal

Treatment court conditions that participants are not yet capable of achieving or can only comply for short periods of time. They are relative to skills developed through treatment and evolve as participants progress through phases. An example of a distal goal for many newly admitted participants (but not necessarily all of them) would be abstinence from substances, as they have not gained the tools from treatment to achieve sustained sobriety.

Goals - Managed

Treatment court conditions that participants have met and sustained for a significant period of time. They are relative to internalized skills and evolve as participants progress through phases. An example of a managed goal for a participant might be attendance once it is demonstrated by consistently reporting as required without absences.

Goals - Proximal

Treatment court conditions that participants can meet in the short term and sustain for a reasonable period of time. They are relative to skills developed through treatment and evolve as participants progress through phases. An example of a proximal goal for many newly admitted participants (but not necessarily all of them) would be showing up for treatment and submitting valid specimens for drug testing.

High-Need

High-need is defined as individuals having moderate to severe substance use disorder, serious or persistent mental health disorder, or other significant treatment or social service needs. This determination shall be made by a trained clinician administering a valid assessment tool.

High-Risk

High-risk is defined as individuals who are at a significant risk for committing a new crime **or** failing to complete less intensive dispositions. This determination shall be made by a trained professional using a validated risk assessment tool.

HIPAA

An abbreviation for Health Insurance Portability and Accountability Act, [HIPAA](#) is the federal law protecting health information from disclosure without the patient's consent. This includes mental health treatment records.

Incentive

A reward delivered by the judge to acknowledge all beneficial activities or demonstrated pro-social behaviors that take the place of harmful behavior and promote long-term recovery. Incentives should be delivered as soon as reasonable possible after the accomplishment being rewarded.

MAT

An abbreviation for Medication for Addiction Treatment, MAT involves a qualified medical practitioner prescribing medication proven to assist participants with overdose risk, cravings, and withdrawal symptoms of opioid and alcohol use, while simultaneously increasing the effectiveness of substance use treatment.

MOU

An abbreviation for Memorandum of Understanding, MOUs are formal documents detailing how two (2) or more parties will work together toward a common goal. In the case of specialty courts, these MOUs should be executed between all agencies involved in administration of the program and should specifically outline the objectives, goals, and roles of each agency on the team.

Participant

A participant is an individual who is eligible for and has been accepted into a specialty court program.

Peer Review

The peer review process refers to the method by which specialty court programs of similar type are paired to complete a facilitated review of program operations and outcomes. The goal is to identify strengths and areas for growth in order to allow collaboration between a program that exceeds in a given area with another that has an improvement need in the same area.

Pre-Court Staffing

Commonly referred to as “staffing”, these meetings should take place immediately preceding a scheduled court review hearing or as close to the hearing as is practical. The staffing should be attended by all the mandatory team members and should involve discussion on each participant on that docket. Progress and concerns should be noted by the team, consensus should be reached whenever possible regarding incentive, sanction, and service adjustment recommendations for the judge. The judge shall make the ultimate decision regarding imposition of any incentives or sanctions.

Psychosocial Stability

Psychosocial stability is a protective characteristic that enhances a person's ability to adapt to environmental conditions and mitigates the harmful effects of stress. Participants are psychosocially stable when they have secure housing, can reliably attend treatment court appointments, are no longer experiencing clinical symptoms that may interfere with their ability to attend sessions or benefit from the interventions, and have developed an effective therapeutic or working alliance with at least one treatment court team member.

Recidivism

Recidivism refers to a participant's relapse into criminal behavior often after they receive sanctions or undergo intervention for a previous crime. For purposes of data collection, a precipitating event, a failure, and a time frame must be defined. To that end, the following metrics will be used to capture recidivism rates for Texas specialty courts:

1. Rearrest of a participant for a criminal offense above a Class C misdemeanor (failure)
**In a family or juvenile court this metric will be captured by a subsequent DFPS complaint or a juvenile complaint or filing.*
2. At 1-, 3-, and 5-year anniversaries (time frame)
3. Following separation from the specialty court regardless of whether successful or unsuccessful (precipitating event)

Recovery Capital

Recovery capital refers to internal and external resources needed to achieve and sustain recovery. Examples of recovery capital include, but are not limited to, skills, resources, activities, and communities.

Sanction

A sanction is a punitive measure delivered by the judge to address infractions of proximal goals. Sanctions should only be imposed for concrete and observable behaviors and should be delineated in advance along with the behavior expectations.

Service Adjustments

Service Adjustments are defined as timely modifications to treatment or case plans in response to a participant not meeting distal goals. Adjustments in a participant's treatment plan shall be predicated on recommendations from qualified treatment professionals and may address the areas of prescribed medication regimens, self-care routines, frequency, and modality of treatment (including individual and group therapy), and self-monitoring plans. Supervision, or case plan, adjustments should be based on recommendations from a trained supervision officer or case manager as a result of a valid risk assessment and the participant's response to prior services. Such adjustments should be clearly communicated to the participant as a method to improve service delivery, and not as a punishment.

Specialty Court

The seven types of specialty courts authorized in Texas are specifically defined by their respective statutes: Family Drug Courts, [Chapter 122](#); Adult Drug Courts, [Chapter 123](#); Veterans Treatment Courts, [Chapter 124](#); Mental Health Courts, [Chapter 125](#); Commercially or Sexually Exploited Persons Courts, [Chapter 126](#); Public Safety Employees Treatment Courts, [Chapter 129](#); and Juvenile Family Drug Courts, [Chapter 130](#). While each has specific unique components, specialty courts are generally defined as having the following essential characteristics: the integration of substance use, mental health, or other treatment services in the processing of cases in the judicial system; the use of a non-adversarial approach involving prosecutors and defense attorneys to promote public safety and to protect the due process rights of program participants; early identification and prompt placement of eligible participants in the program; access to a continuum of alcohol, drug, and other related treatment and rehabilitative services; monitoring of abstinence through weekly alcohol and other drug testing; a coordinated strategy to govern program responses to participant's compliance; ongoing judicial interaction with program participants; monitoring and evaluation of program goals and effectiveness; continuing interdisciplinary education to promote effective program planning, implementation, and operations; and development of partnerships with public agencies and community organizations.

Stakeholder

A stakeholder, as it relates to a specialty court, is any individual or entity that has a direct interest in the operations and outcomes of a court program. Stakeholders in this context can include policy makers, funding agencies, community resource partners, elected officials, and advocacy groups.

Steering Committee

A steering committee for a specialty court should be comprised of leadership from all agencies that partner with the program. The committee is tasked with governing the mission and purpose, executing MOUs/Charters, garnering stakeholder support, and supporting implementation or reorganization. The frequency of the meetings of the committee will vary and be determined by the court's stage of development.

Sustained Remission

Sustained remission is achieved when a participant has not had symptoms other than a desire or craving to use a substance for at least 12 months.

Treatment Provider

Treatment provider refers to a team member whose primary role is assessing for or directly delivering treatment services to the specialty court participant. This includes mental health, substance use, or any other evidence-based therapeutic modality used in a specialty court.

Unsuccessful Discharge

Participants are considered unsuccessfully discharged when they separate from a specialty court without completing the program and graduating. Except in the circumstance where a participant voluntarily separates or dies, due process should be afforded prior to unsuccessful discharge.

Validated Assessment Tools

Treatment courts utilize both clinical and risk/needs assessments to determine participant eligibility. Because these programs are designed to target high-risk, high-need individuals, it is essential that the assessment tools employed are evidence-based, reliable, and valid for the specific population being served. Assessment instruments should be capable of identifying a potential participant's criminogenic risks, clinical needs, and readiness for treatment. These tools play a critical role in developing individualized case plans and ensuring that the right participants are matched with appropriate services. There are numerous validated assessment tools available, and many are periodically reviewed and updated to reflect current research and practice standards. As there is no single tool mandated for use across treatment courts, and due to the evolving nature of assessment instruments, specific tools are not listed in this manual. Programs should regularly review the tools they use to ensure they remain current, valid, and appropriate for their target population