Eligibility Criteria, Standards and Guidelines

for Local Judicially Managed Accountability and Recovery Courts

Director, North Carolina Administrative Office of the Courts
State Judicially Managed Accountability and Recovery Courts Advisory Committee

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Introduction

Pursuant to G.S. 7A-795 and -797, the Director of the North Carolina Administrative Office of the Courts (NCAOC), in conjunction with the State Judicially Managed Accountability and Recovery Court Advisory Committee, has developed the following "criteria for eligibility, minimum standards, and other procedural and substantive guidelines" for the operation of local judicially managed accountability and recovery courts (JMARCs).

All local JMARCs in North Carolina are required to operate consistently with the adopted standards and guidelines set forth herein, regardless of funding source. *See* G.S. 7A-793 (as amended by S.L. 2025-54, Sec. 2.(a) through 2.(d)).

1. Establishing a Local JMARC and Local JMARC Committee

A local JMARC is established with the consent of either the chief district court judge or the senior resident superior court judge. *See* G.S. 7A-793.

Types of JMARCs include Adult Treatment Court, Family Treatment Court, Youth Treatment Court, DWI Treatment Court, Veterans Treatment Court, and Mental Health Court. *See* G.S. 7A-791, -792. These types of courts are described in further detail on the Judicial Branch website: https://www.nccourts.gov/courts/recovery-courts. All JMARC types focus on root causes of conduct in target population groups who are involved in the court system and whose underlying substance use or mental health condition increase the likelihood of repeat future court involvement.

Each judicial district choosing to establish a local JMARC is required to form a local JMARC committee, which is responsible for developing local guidelines and procedures for the operation and evaluation of the local JMARC, not inconsistent with the eligibility criteria, minimum standards and guidelines stated herein. *See* G.S. 7A-796. Local guidelines and procedures should be re-evaluated annually to improve efficiency and effectiveness, as well as for compatibility with legal requirements and State-promulgated guidance.

Local JMARC committee members are appointed by the senior resident superior court judge or the chief district court judge with the concurrence of the district attorney. The local JMARC committee members selected shall provide appropriate representation for the type(s) of JMARC(s) in the district and are chosen from among the following (*see* G.S. 7A-796):

- A superior court judge
- A district court judge
- A district attorney or assistant district attorney
- A public defender, assistant public defender, member of private criminal defense bar, or member of the private bar who represents respondents in Department of Social Services juvenile matters

- An attorney representing County Department of Social Services, Director or Director's designee of the Child Welfare Services Division of County Department of Social Services, or representative of the Guardian Ad Litem from the district
- A clerk of superior court
- The chief juvenile court counselor for the district
- A probation officer
- The sheriff or sheriff's designee
- A local law enforcement officer
- A local school administrative unit representative
- A local community college representative or other adjacent secondary educational institution with a school of social work representative
- A treatment provider representative
- An area Local Management Entity / Managed Care Organization representative
- A US Department of Veterans Affairs (VA) representative
- Any local recovery court coordinator
- Any other person selected by the local JMARC committee

A JMARC Core Court Team consists of the required officials and persons for conducting JMARC proceedings. Team members for a JMARC will vary depending upon JMARC type and available local resources, but will generally include a judge, legal representation for all parties involved (*e.g.*, prosecutor and defense counsel for Adult JMARCs), a coordinator, a treatment provider representative, and a probation officer (as applicable), among other personnel necessary to accomplish the JMARC mission.

2. JMARC Goals & Operating Principles

The goals of local JMARCs (as applicable based on JMARC type) are enumerated in G.S. 7A-792:

a. To reduce alcoholism and other substance abuse and dependencies among adult and juvenile offenders and defendants and among respondents in juvenile petitions for abuse, neglect, or both.
b. To reduce criminal and delinquent recidivism and the incidence of child abuse and neglect.
c. To reduce the alcohol-related and other substance-related court workload.
d. To reduce the mental, behavioral, or medical health-related court workload.
e. To increase the personal, familial, and societal accountability of adult and juvenile offenders and defendants and respondents in juvenile petitions for abuse, neglect, or both.
f. To promote effective interaction, collaboration, coordination, and use of resources among criminal and juvenile justice personnel, child protective services personnel, and community agencies.

Successful recovery courts adhere to the following principles:

1. ***Integration:*** Treatment services and case processing.
2. ***Non-adversarial approach:*** Cooperation between counsel to promote public safety while protecting participants' due process rights.
3. ***Identification:*** Eligible participants are identified early.
4. ***Treatment:*** Access is provided to a variety of treatment and rehabilitation services.
5. ***Monitoring:*** Frequent alcohol and drug testing.
6. ***Strategy:*** A coordinated strategy governs responses to participants' compliance.
7. ***Judicial Interaction:*** Ongoing judicial interaction with each participant is essential.
8. ***Evaluation:*** Program goals and effectiveness are measured.
9. ***Education:*** Ongoing interdisciplinary education for the team.
10. ***Partnerships:*** Forging partnerships among public agencies and community organizations generates local support.

3. Criteria for Local JMARC Participant Eligibility

JMARCs use eligibility and exclusion criteria based on empirical evidence indicating which individuals can be served safely and effectively within the local community. Candidates are evaluated for admission using valid screening and assessment tools and procedures administered by qualified persons.

State JMARC laws do not confer "a right or an expectation of a right to treatment or recovery management for a defendant or offender within the criminal or juvenile justice system or a respondent in a juvenile petition for abuse, neglect, or both." *See* G.S. 7A-799. Additionally, courts have consistently held there is no fundamental right to participate in recovery courts.

However, eligibility to participate in a JMARC is an exercise of government discretion that is subject to the Equal Protection Clause of the Fourteenth Amendment to the United States Constitution. JMARC policies and practices may not discriminate against individuals based on certain classifications, including race, national origin, religion, alienage, gender, or indigency.

A person with a disability who qualifies for Americans with Disabilities Act (ADA) protection shall not by reason of such disability be excluded from participation in a JMARC if reasonable accommodation(s) can be made to facilitate the participant's completion of JMARC. Accommodations which would significantly impact and undermine the JMARC program's structure are not required.

4. JMARC Standards

Local JMARCs shall comply with the following standards, as well as all other applicable State and federal laws even if not specifically referenced here.

- JMARCs shall **comply with all requirements of Chapter 7A, Article 62** of the General Statutes.

- JMARCs shall **submit evaluation reports to NCAOC as requested** pursuant to G.S. 7A-801 in support of NCAOC's mandatory monitoring and reporting requirements. Data required for the annual JMARC Legislative Report can be found in Appendix A for required data. Local JMARC evaluation reports must not include personally identifying or otherwise confidential information regarding participants.

- JMARCs shall **comply with all applicable statutes governing the relevant proceeding which confers jurisdiction** over the participant in question (*i.e.*, criminal proceeding; juvenile undisciplined/delinquency proceeding; or juvenile abuse, neglect and dependency proceeding). Some of these provisions are addressed in the guidelines under parts 5b to 5d below.

- JMARCs shall **afford participants due process** commensurate with the liberty interest at stake when imposing sanctions or terminating enrollment in the JMARC.

- JMARC team members are **subject to the relevant laws and codes of conduct/ethics governing their respective professions** throughout *all* JMARC-related proceedings. For example, attorneys and treatment providers must maintain the confidentiality of client or patient communications unless an exception applies, and JMARCs may not require disclosure of otherwise confidential or privileged information.

- JMARCs shall **comply with all applicable State and federal laws related to the confidentiality, use and disclosure of health care and substance use disorder treatment information and records**.

    - Local JMARCs **shall utilize release of information (ROI) forms** designed to effectuate information and record sharing among JMARC team members. All executed ROIs must be based on the **knowing and voluntary consent** of each participant. Each person or entity who will receive the confidential information/records in question must be specifically identified on the required ROI(s) before being allowed access.
        - **Model ROI forms** are included in Appendix B.

    - ROIs should be sufficiently broad to **cover anticipated use and sharing** of protected information among JMARC team members to facilitate the JMARC's core functions.[1] However, local JMARCs must adopt guidelines and practices directed toward **minimizing the sharing of records and information**, *even when subject to release*, and to ensure that information/records are transmitted and stored in a secure manner to prevent unauthorized disclosure. Notwithstanding the scope of any applicable ROI, **records themselves should not be transmitted between or among JMARC team members**

[1] It may be necessary for a participant to execute more than one ROI in connection with JMARC proceedings, such as when a substance use disorder treatment provider requires the release form be specific to substance use records or a new participant attends a team meeting.

whenever it is sufficient merely to convey the information contained therein for JMARC purposes.

- **Each JMARC team member** must make **all reasonable efforts to secure and safeguard** any confidential records or information received pursuant to an ROI. Protected information shared among team members in staffing meetings or status hearings must be pursuant to a participant's consent and must not be disclosed outside those contexts.

- In addition to any other State or federal confidentiality laws, some of which are discussed specific to JMARC types in other sections below, **local JMARC guidelines must specifically account for the following laws**:

  - **North Carolina Confidentiality Laws**
    - Mental Health, Developmental Disabilities, and Substance Abuse Act of 1985 (*See* G.S. 122C-52 to-56)
    - Commitment Proceedings (*See* G.S. 122C-207)
    - Reportable Diseases and Conditions (*See* G.S. 130A-143; 10A NCAC 41A .0101)
    - Social Services Confidentiality (*See* G.S. 108A-80)

  - **Federal Confidentiality Laws**
    - Health Insurance Portability and Accountability Act of 1996 ("HIPAA")[2]
    - 42 U.S.C. § 290dd-2 (Confidentiality of Substance Abuse Records) & Title 42 Code of Federal Regulations Part 2 (frequently cited as "Part 2" or "42 CFR Part 2")

- Specific to **42 CFR Part 2**, JMARCs are prohibited from disclosing, without proper consent, any substance use disorder patient records containing patient-identifying information pertaining to a candidate screened for JMARC eligibility, a current JMARC participant, or a former JMARC participant. "Records" is broadly defined to include "any information, whether recorded or not, created by, received, or acquired by a Part 2 program." Part 2 applies to federally assisted programs that provide substance use disorder services, as well as to "lawful recipients," including the court itself and its partner agencies and team members.

[2] The Health Insurance Portability and Accountability Act of 1996 ("HIPAA") does not apply to the courts because the courts are not "covered entities" or "business associates" as defined by HIPAA. However, HIPAA will apply to certain JMARC team members, including providers of assessment and treatment services.

5. Other Procedural and Substantive Guidelines

The guidelines stated in section 5a apply to all types of treatment courts except as indicated. Sections 5b, 5c and 5d set forth supplemental guidelines for specific JMARC types (Adult, Youth, and Family).

a. General Guidelines for JMARCs (All Types)

These general guidelines for all JMARC types are not intended to be all-inclusive of the practices necessary for the fair and effective implementation of accountability and recovery courts. Local JMARC committee and team members must continuously track changes in the law and evolutions in best practices for accountability and recovery courts and should regularly seek out continuing education/training opportunities.

Memoranda of Understanding

Local JMARC teams are encouraged to execute a memorandum of understanding (MOU) between and among committee members that outlines anticipated roles, responsibilities, and expectations of all parties. A model MOU is included in Appendix C.

Staffing Meetings

JMARC team members hold regular staffing meetings to discuss possible responses to participants' compliance and noncompliance, but no final decisions are made until the formal status hearing in court where JMARC participants are present and able to respond. Staffing meetings are not open to the public or to participants.

JMARC Status Hearings

JMARCs conduct regular hearings to review the progress of JMARC participants and to afford due process to parties with respect to contested matters. These hearings are generally held on the record and open to the public. JMARC status hearings do not take the place of any other proceeding required by statute, such as in abuse, neglect, and dependency cases.

Ex Parte Communications

Notwithstanding the generally non-adversarial nature of most JMARC proceedings, *ex parte* communications are not permitted.

Financial Obligations

"Each defendant, offender, or respondent in a juvenile petition for abuse, neglect, or both, who receives treatment under a local judicially managed accountability and recovery court shall contribute to the cost of that treatment based upon guidelines developed by the local judicially managed accountability and recovery court committee." G.S. 7A-800. Local JMARC guidelines for cost contribution should take into account a participant's ability to pay, and JMARC participants cannot be incarcerated based upon a failure to pay the costs of treatment (*e.g.*, through sanctions, probation revocation or contempt proceedings), unless the presiding judge finds that the participant has the ability to pay and has willfully refused to pay following an order to pay.

Drug Testing

JMARC participants referred on the basis of substance use submit to frequent and random drug testing to ensure that the use of prohibited substances is detected quickly.

Treatment Services

JMARC participants should receive the treatment level of care and programming indicated in their clinical assessment.

Incentives, Sanctions, and Service Adjustments

Incentives (*e.g.*, verbal praise, reduction in supervision level) and sanctions (*e.g.*, writing assignments, community service) are indispensable tools for a successful JMARC program. Both should be applied consistently according to objective criteria that are clearly communicated to participants before entering the program.

Sanctions are applied in response to non-compliance (failure to *engage in* treatment), whereas non-responsiveness (failure to *benefit from* treatment) is addressed through service adjustments, such as level of supervision, treatment adjustments, and learning assignments. Decisions with respect to treatment adjustments must be made by a clinician or based upon clinical recommendations from a qualified professional.

Completion/Graduation

The local JMARC committee sets the requirements to complete and/or graduate from a JMARC program, such as length of time in the program and other prerequisites. In Family Treatment Courts, juvenile permanency and time to permanency should be considered in developing local guidelines and procedures. Graduation requirements are communicated in advance to ensure each participant can make an informed enrollment decision.

Termination Criteria and Process

The local JMARC committee shall establish criteria for termination from a JMARC program and require that the JMARC communicate these criteria to participants in writing before entry into the program. Termination does not necessarily require a willful deviation from program requirements and may be based on matters outside a participant's control when they operate to prevent the participant from completion.

b. Supplemental Guidelines for Adult JMARCs

These supplemental guidelines apply specifically to Adult JMARCs, inclusive of Adult (Drug) Treatment Courts, DWI Treatment Courts, Veterans Treatment Courts, and Mental Health Courts.

Referral to JMARCs for a criminal defendant is ordinarily facilitated pursuant to court order placing a defendant on probation in conjunction with a deferred prosecution under G.S. 15A-1341(a2) or conditional discharge under G.S. 15A-1341(a5), or as a special condition of probation imposed under G.S. 15A-1343(b1)(2b). There is no statutory mechanism for pre-plea referrals of criminal defendants to a

JMARC except when imposed by the court as a condition of probation upon deferred prosecution under G.S. 15A-1341(a2).

c. Supplemental Guidelines for Youth Treatment Courts

Youth Treatment Court (YTC) participation for delinquent juveniles may be facilitated post-adjudication consistent with the juvenile court's statutory disposition authority pursuant to Article 25 of Chapter 7B of the General Statutes. YTCs for delinquent juveniles are governed by confidentiality provisions in Chapter 7B of the General Statutes in addition to confidentiality rules generally applicable to JMARCs. *See* G.S. 7B-3000, -3001, -3100.

There is no statutory authority for pre-adjudication referral of juveniles to YTCs.

Juveniles referred to JMARC through a criminal proceeding (*i.e.*, where the juvenile is being tried as an adult) are subject to the same process as adult criminal defendants and ordinarily enrolled in an Adult JMARC.

d. Supplemental Guidelines for Family Treatment Courts

Respondents within the jurisdiction of the court in juvenile abuse, neglect, and dependency proceedings may participate in a Family Treatment Court (FTC). Local FTC committees may consider the availability of Safe Babies Court as an alternative forum, where applicable, when developing FTC referral criteria. *See* G.S. 7B-535 to -536.

FTC processes (including staff meetings and status hearings) do not negate or take the place of hearing requirements or other statutory requirements under Chapter 7B for juvenile abuse, neglect, and dependency and termination of parental rights actions. FTCs are governed by confidentiality provisions in Chapter 7B of the General Statutes in addition to confidentiality laws generally applicable to JMARCs. *See* G.S. 7B-2901, -3100.

Because FTCs operate in connection with a civil proceeding, detention should be a sanction of last resort.

APPENDIX A: JMARC REQUIRED DATA AND REPORTING PERIODS

Quantitative Data (reported quarterly)

- Number referred
- Number who participated in intake
- Number offered admission

Enrolled Participants

- Race, gender, and ethnicity of enrolled participants
- Number of participants with a felony charge
- Number of participants whose highest charge is a misdemeanor
- Number of participants who had a DWI charge
- Number of participants with an abuse/neglect/dependency petition
- Number of participants with a mental health disorder
- Number of participants who are veterans

Significant Events

- Number of participants who received Medication for Alcohol Use Disorder (MAUD) or Medication for Opioid Use Disorder (MOUD)
- Number of participants who overdosed and survived
- Number of participants who overdosed and died

Discharged Participants

- Number of participants who exited the program completing all recovery court requirements (excluding financial obligations)
- Race, gender, and ethnicity of all participants who successfully completed
- Number of participants who exited the program, without completing all recovery court requirements

Of those who did not complete all recovery court requirements, enter the number that exited because

- Court or criminal involvement (technical violation, arrest, conviction, revocation, incarceration)
- A lack of engagement (no-shows and nonresponsive)
- Absconding
- Relocation or case transfer
- Death, serious illness, or other neutral discharge
- Reunification is no longer the plan (Family Treatment Courts)
- Participant affirmatively/voluntarily withdrew

Regardless of discharge type, enter the number of participants who

- Ever served jail as a sanction while participating in the recovery court.
- Completed at least one episode of treatment (e.g., inpatient, intensive outpatient, trauma, family, or other focused outpatient, etc.).
- Obtained employment while participating in recovery court.
- Were employed at the time they exited recovery court.

- Resided in stable housing at the time they exited recovery court.
- Completed a significant educational achievement (e.g., high-school diploma or equivalent, post-secondary education, vocational license, Associates degree, peer certification, etc.).
- Completed an evidence-based parenting class
- Successfully completed their child welfare case
    - Number of children reunified
- How many children were impacted by parental participation in court?

Annual Qualitative Survey

- In what county do you hold recovery court hearings?
- Which counties can refer a case to your recovery court?
- Is your recovery court managed at the Superior or District Court level?
- What year was your recovery court implemented?
- How long has the court been operating (select from a set of ranges)?
- Does the recovery court have a Local JMARC Advisory/Steering Committee?
- How does your recovery court collect and manage participant level data?
- How does your recovery court collect and manage program-level data?
- Share a story about how your recovery court improved outcomes for a participant, family system, or community stakeholders.
- If a participant was pregnant, became pregnant, and/or delivered while in your recovery court, what kinds of pregnancy services did they receive and what was the outcome of the birth event?
- What challenges affected the recovery court operations?
- Training received
- Technical assistance received
- Technical assistance needed
- Did you make any changes to practice because of training or technical assistance?
- Has a recidivism study been completed on your recovery court?
- Has a cost-benefit study been completed on your recovery court?
- Have any other studies been completed on your recovery court?
- How is your court funded? funding source(s) and period
- What screening and assessment tools does your recovery court use?
- What kinds of charges does your recovery court serve?
- At what stage in the criminal proceedings are participants admitted to the adult (criminal, veterans, mental health, and DWI) recovery court?
- At what stage of the proceeding does the family recovery court admit participants?
- Does the recovery court serve participants other than “high-risk/high-need”?
- Does the recovery court serve participants in separate tracks?
- What are the top four drugs of misuse reported by your participants?

APPENDIX B: MODEL CONSENT TO RELEASE INFORMATION FORMS

1. Consent to Release Information (Adult)
2. Consent to Release Information (Juvenile)

[NAME OF RECOVERY COURT]

CONSENT FOR RELEASE OF INFORMATION (ADULT)

Adult Participant's Full Name: _____ DOB: _____

I authorize the following parties (collectively referred to as "Team Members"):

1. [Name of recovery court, including name of county] ("Recovery Court")
2. [Name of county] District Attorney's Office
3. [Name of private defense counsel] or [Name of County] Public Defender's Office
4. Division of Community Supervision, N.C. Department of Adult Correction
5. [Name of treatment agency]
6. [Name of law enforcement agency]

To communicate with and disclose to one another the following information in written and/or verbal form:

CONFIDENTIAL INFORMATION TO BE SHARED (a checked box indicates acknowledgement)

☐ My personal identifying information.
☐ My treatment information, including assessments, attendance, progress and compliance reports, treatment plans, and discharge summaries.
☐ My drug and alcohol screening, testing, confirmation results, and payment information.
☐ My health information, including substance use, mental health and developmental disabilities information.
☐ My reportable communicable disease information, including HIV, sexually transmitted infections, hepatitis, and tuberculosis.
☐ My health plan or health benefits information.
☐ My electronic monitoring information, including compliance and payment information.
☐ Other (specify, if any): _____

Note: I authorize all of the foregoing information to be shared unless I indicate here, by number, one or more categories of information not to be shared:

_____

_____

PURPOSE AND USE OF DISCLOSURE

The purposes for the disclosures authorized by this Consent for Release of Information ("Consent") are:

1. To monitor my participation in the Recovery Court program and my compliance.
2. To make dispositional recommendations to the court.
3. To assess my need for substance use, mental health, or developmental disability services and treatment.
4. To arrange for, manage, and coordinate substance use, mental health, and developmental disabilities services and treatment for me.

5. To assist in developing and implementing a person-centered plan, service plan, or treatment plan for me.
6. To monitor payment for services and explore options for financial assistance if determined necessary.
7. To improve service and treatment outcomes for participants involved in the Recovery Court program**.**
8. Other (please specify): _____

NOTICE OF VOLUNTARINESS

I understand that I have the legal right to refuse to sign this authorization form. If I choose not to sign this form or attempt to revoke this Consent prior to the expiration of this Consent, I understand that such action is grounds for immediate termination from the Recovery Court program. I understand that healthcare providers and health plans cannot deny or refuse to provide treatment, payment for treatment, enrollment in a health plan, or eligibility for health plan benefits because of my refusal to sign.

REDISCLOSURE AND CONFIDENTIALITY

My healthcare information is protected by a federal law, the Health Insurance Portability and Accountability Act of 1996, otherwise known as "HIPAA" (45 C.F.R. Parts 160 and 164). I understand that once my health care information is disclosed pursuant to this signed authorization, the HIPAA privacy law may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing the information to others.

Additionally, substance use treatment information has greater protection. I understand that any alcohol and/or other drug treatment records and information are protected by federal law (42 C.F.R. Part 2). I also understand that any mental health, developmental disabilities, and substance use disorder treatment records and information are protected by state law (G.S. 122C). I understand that if I authorize the disclosure of information protected by these two laws to the Team Members that these two laws continue to protect my information, and the Team Members who receive this information may not redisclose it to anyone else except as permitted or required by these laws or this Consent.

CONSENT EXPIRATION

The date, event, or condition upon which consent expires must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.

This Consent shall expire upon my discharge from the Recovery Court program.

REVOCATION

I understand that I may revoke this Consent, orally or in writing, at any time except to the extent that action has been taken in reliance on it. I also understand that if I attempt to revoke this Consent prior to the expiration of this Consent, such action is grounds for immediate termination from the Recovery Court program. I understand that healthcare providers and health plans cannot deny or refuse to provide treatment, payment for treatment, enrollment in a health plan, or eligibility for health plan benefits based on my revocation of this Consent.

CONFIDENTIALITY RIGHTS

Federal law protects the confidentiality of substance use disorder treatment records under 42 C.F.R .§§ 2.1 through 2.67; and 290dd-2. This means that:

1. Treatment information is ordinarily kept confidential.

2. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the Recovery Court program or that confidential information may be revealed. I specifically consent to a potential disclosure to third persons.
3. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the Recovery Court Team Members at a staffing meeting. I understand that if a non-team member is invited to participate in a staffing meeting they must receive my consent prior to observation.
4. Notwithstanding this confidentiality requirement, covered information may be released under specified circumstances and may include communication with administration and qualified service organizations working with the Recovery Court program, outside auditors, central registries, and researchers.
5. The restrictions on disclosure and use in the regulations in 42 CFR Part 2 do not apply to:
    a. Communication with law enforcement agencies or officials regarding a crime committed on program premises or against program personnel.
    b. The reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, the restrictions continue to apply to the original substance use disorder patient records maintained by the Part 2 program, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.
    c. Court orders signed pursuant to 42 CFR Part 2 for release of specific information.
    d. Disclosure to medical personnel if there is a determination that a medical emergency exists, *i.e.*, there is a situation that poses an immediate threat to the health of any individual and requires immediate medical intervention. Information disclosed to the medical personnel who are treating such a medical emergency may be redisclosed by such personnel for treatment purposes as needed.
    e. Reporting an immediate threat to the health or safety of an individual or the public to law enforcement if patient-identifying information is not disclosed.

(Signature page follows.)

I acknowledge that I have been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights, and I am signing this Consent voluntarily.

I authorize the disclosure of my protected health information for the purpose of research, evaluation, and quality improvement studies designed to contribute to generalizable knowledge. I understand that my protected personal information is confidential and protected from re-release. I understand that I may revoke this authorization in writing at any time, except to the extent that action has already been taken in reliance on it. I understand that my agreement is voluntary and that my participation in the recovery court will not be conditioned on my agreement.

Yes _____ No _____

SIGNATURE CONSENTING TO RELEASE OF INFORMATION

_____ _____

Signature of Adult Participant Date

_____

[NAME OF RECOVERY COURT]

CONSENT FOR RELEASE OF INFORMATION (JUVENILE)

Juvenile Participant's Full Name: _____ DOB: _____

Parent, Guardian, or Custodian's Full Name: _____

I authorize the following parties (collectively referred to as "Team Members"):

1. [Name of recovery court, including name of county] ("Recovery Court")
2. [Name of county] District Attorney's Office
3. [Name of private defense counsel] or [Name of County] Public Defender's Office
4. Division of Community Supervision, N.C. Department of Adult Correction
5. [Name of treatment agency]
6. [Name of law enforcement agency]

To communicate with and disclose to one another the following information in written and/or verbal form:

CONFIDENTIAL INFORMATION TO BE SHARED (a checked box indicates acknowledgement)

☐ My personal identifying information.
☐ My treatment information, including assessments, attendance, progress and compliance reports, treatment plans, and discharge summaries.
☐ My drug and alcohol screening, testing, confirmation results, and payment information.
☐ My health information, including substance use, mental health and developmental disabilities information.
☐ My reportable communicable disease information, including HIV, sexually transmitted infections, hepatitis, and tuberculosis.
☐ My health plan or health benefits information.
☐ My electronic monitoring information, including compliance and payment information.
☐ Other (specify, if any): _____

Note: I authorize all of the foregoing information to be shared unless I indicate here, by number, one or more categories of information not to be shared:

_____

_____

PURPOSE AND USE OF DISCLOSURE

The purposes for the disclosures authorized by this Consent for Release of Information ("Consent") are:

1. To monitor my participation in the Recovery Court program and my compliance.
2. To make dispositional recommendations to the court.

3. To assess my need for substance use, mental health, or developmental disability services and treatment.
4. To arrange for, manage, and coordinate substance use, mental health, and developmental disabilities services and treatment for me.
5. To assist in developing and implementing a person-centered plan, service plan, or treatment plan for me.
6. To monitor payment for services and explore options for financial assistance if determined necessary.
7. To improve service and treatment outcomes for participants involved in the Recovery Court program**.**
8. Other (please specify): _____

NOTICE OF VOLUNTARINESS

I understand that I have the legal right to refuse to sign this authorization form. If I choose not to sign this form or attempt to revoke this Consent prior to the expiration of this Consent, I understand that such action is grounds for immediate termination from the Recovery Court program. I understand that healthcare providers and health plans cannot deny or refuse to provide treatment, payment for treatment, enrollment in a health plan, or eligibility for health plan benefits because of my refusal to sign.

REDISCLOSURE AND CONFIDENTIALITY

My healthcare information is protected by a federal law, the Health Insurance Portability and Accountability Act of 1996, otherwise known as "HIPAA" (45 C.F.R. Parts 160 and 164). I understand that once my health care information is disclosed pursuant to this signed authorization, the HIPAA privacy law may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing the information to others.

Additionally, substance use treatment information has greater protection. I understand that any alcohol and/or other drug treatment records and information are protected by federal law (42 C.F.R. Part 2). I also understand that any mental health, developmental disabilities, and substance use disorder treatment records and information are protected by state law (G.S. 122C). I understand that if I authorize the disclosure of information protected by these two laws to the Team Members that these two laws continue to protect my information, and the Team Members who receive this information may not redisclose it to anyone else except as permitted or required by these laws or this Consent.

CONSENT EXPIRATION

The date, event, or condition upon which consent expires must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.

This Consent shall expire upon my discharge from the Recovery Court program.

REVOCATION

I understand that I may revoke this Consent, orally or in writing, at any time except to the extent that action has been taken in reliance on it. I also understand that if I attempt to revoke this Consent prior to the expiration of this Consent, such action is grounds for immediate termination from the Recovery Court program. I understand that healthcare providers and health plans cannot deny or refuse to provide treatment, payment for treatment, enrollment in a health plan, or eligibility for health plan benefits based on my revocation of this Consent.

CONFIDENTIALITY RIGHTS

Federal law protects the confidentiality of substance use disorder treatment records under 42 C.F.R .§§ 2.1 through 2.67; and 290dd-2. This means that:

1. Treatment information is ordinarily kept confidential.
2. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the Recovery Court program or that confidential information may be revealed. I specifically consent to a potential disclosure to third persons.
3. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the Recovery Court Team Members at a staffing meeting. I understand that if a non-team member is invited to participate in a staffing meeting they must receive my consent prior to observation.
4. Notwithstanding this confidentiality requirement, covered information may be released under specified circumstances and may include communication with administration and qualified service organizations working with the Recovery Court program, outside auditors, central registries, and researchers.
5. The restrictions on disclosure and use in the regulations in 42 CFR part 2 do not apply to:
    f. Communication with law enforcement agencies or officials regarding a crime committed on program premises or against program personnel.
    g. The reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, the restrictions continue to apply to the original substance use disorder patient records maintained by the Part 2 program, including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.
    h. Court orders signed pursuant to 42 CFR part 2 for release of specific information.
    i. Disclosure to medical personnel if there is a determination that a medical emergency exists, *i.e.*, there is a situation that poses an immediate threat to the health of any individual and requires immediate medical intervention. Information disclosed to the medical personnel who are treating such a medical emergency may be redisclosed by such personnel for treatment purposes as needed.
    j. Reporting an immediate threat to the health or safety of an individual or the public to law enforcement if patient-identifying information is not disclosed.

(Signature page follows.)

I acknowledge that I have been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights, and I am signing this Consent voluntarily.

SIGNATURES CONSENTING TO RELEASE OF INFORMATION

_____ _____

Signature of Juvenile Participant Date

Printed Name of Juvenile Participant

Signature of Parent/Custodian/Guardian Date

Printed Name of Parent/Custodian/Guardian

Describe authority to act on behalf of the juvenile participant (check a box or offer other explanation):

____I am the juvenile's parent ___I am the juvenile's legal custodian ___I am the juvenile's guardian

Other: _____

Witnessed By:

Signature of Witness

Printed Name of Witness

APPENDIX C: MODEL MEMORANDUM OF UNDERSTANDING FOR LOCAL JMARC TEAMS

NC Judicially Managed Accountability and Recovery Court
Local Memorandum of Agreement
Between:

Judicially Managed Accountability and Recovery Court, Judicial District XX (JMARC)
JMARC Judge, Judicial District
JMARC Coordinator
JMARC Case Manager
Division of Community Supervision, Judicial District XX, (DCS)
Local Management Entity (LME/MCO)
Treatment Provider Agency; (Agency)
District Attorney's Office, Judicial District XX
Public Defender's Office or Defense Attorney, Judicial District XX
Law Enforcement Agency, City/County XX
Public Health Department, County XX
Local County Department of Social Services (Family Treatment Courts)
Local Guardian ad Litem (Family Treatment Courts)

Other potential parties to the local MOA

- County Criminal Justice Partnership Program, (CJPP)
- TASC
- Veterans Services
- Veterans Administration
- Juvenile Court Counselor's Office, Judicial District XX

School Representative (Youth Treatment Courts)
This memorandum, entered into on this the _____day of _____, 20__is an agreement in principle concerning the anticipated roles, responsibilities, and expectations of the parties noted above.

All signatories agree to the following:

a. Adhere to the Local Judicially Managed Accountability and Recovery Court Act and the NC JMARC Standards promulgated by the NC Administrative Office of the Courts.

b. Adhere to all federal and state confidentiality laws including 42 CFR, Health Insurance Portability and Accountability Act (HIPAA) (when applicable), and other appropriate laws.

c. Contribute, as requested, to the development of the JMARC participant's common case plan within 30 days of admission to JMARC, and support implementation and revisions to the plan.

d. Attend JMARC pre-court staffing, as requested, to determine treatment progress, update individual JMARC participant case plans, and make joint decisions concerning compliance and subsequent incentives, sanctions, or service adjustments.

e. Attend case review hearings as requested.

f. Ensure the equitable application of JMARC policies and procedures.

g. Whenever possible, participate in relevant training opportunities.

h. Commit to the belief that individuals can and do successfully recover from substance use and mental health disorders and live healthy, productive lives.

i. Contribute to the education of peers and colleagues about the efficacy of the recovery court model.

j. Endorse the mission and goals or the JMARC (herein referred to as recovery court) to reduce the negative effects of untreated substance use and mental health disorders; reduce criminal recidivism and the long-term impact of substance-related offenses on both communities and justice system stakeholders; promote individual, familial, and societal accountability among individuals with substance use, mental health, or co-occurring disorder; and strengthen collaboration and coordination of resources among criminal justice, treatment, recovery support systems, and other community agencies. Recovery court's seek to support sustainable individual recovery, familial, and community wellbeing through the effective and efficient collaboration and cooperation of the system stakeholders named in this Agreement.

Presiding Superior or District Court Judge agrees to the following:

a. Preside over recovery court sessions at least twice per month.

b. Participate in and ensure all recovery court cases are staffed prior to recovery court sessions.

c. Promote non-adversarial and power-sharing relationships between team members.

d. During court sessions, motivate participants towards success while holding them accountable for their actions.

e. Monitor the recovery court participant's progress in relation to his/her case plan and address compliance by delivering incentives, sanctions, or service adjustments to support long-term recovery and rehabilitation.

f. Serve as the final arbiter when the team is unable to reach consensus.

g. Whenever possible, serve as the recovery court judge for a minimum of two years; identify and support the training of a back-up recovery court judge.

h. Participate in and contribute to agenda items for the Local JMARC Committee.

JMARC Coordinator agrees to the following:

a. Oversee day-to-day recovery court operations.

b. Assist in providing general oversight of the recovery court to include meeting attendance, grant reporting, and administration of the budget (including management of contracts when needed),

program support, funding solicitation and community outreach. The responsibilities exist for the term of this Agreement and as funding permits.

c. Ensure the treatment court policies and procedures are followed and updated annually or as needed.

d. Ensure all confidentiality documents are signed and kept on file while also ensuring team members follow confidentiality regulations.

e. Coordinate with treatment services, counseling, and auxiliary programs to facilitate recovery court participant access to a continuum of high-quality, evidence-based treatment and other supportive interventions.

f. Maintain accurate records, generate required reports, and submit data to the NC AOC as requested.

g. Facilitate treatment team and community partner communication.

h. Coordinate meetings of the Local JMARC Committee and provide data reports to support a process of continuous quality improvement and to problem-solve challenges identified by the recovery court team.

i. Ensure that the recovery court team and Local JMARC Committee engage in an annual review of the recovery court policies and procedures, resource and other treatment needs, and other identified agenda items to produce a report of the recovery court's strengths, needs, and opportunities.

j. Assist with organizing events, and meetings to support the operation and enhancement of the recovery court.

k. Assist in providing or seeking training for the recovery court team and ensure all new team members are orientated to the recovery court before participating in their first staffing.

l. Assist in identifying court-involved individuals who may be eligible for the recovery court and work with the district attorney's office, defense counsel, and/or the Division of Community Supervision, to recommend referral to recovery court.

m. Complete the tasks of a JMARC case manager when no additional staff are available.

JMARC Case Manager agrees to the following:

a. Identify court-involved individuals who meet the recovery court target population and work with the District Attorney's office, Office of the Public Defender and/or assigned defense counsel, and Division of Community Supervision/Division of Social Services/Division of Juvenile Justice and Delinquency Prevention (if applicable) to recommend referral to the recovery court.

b. Facilitate referral to the recovery court, conduct the eligibility screening, and share the results with appropriate recovery court team members.

c. Ensure all appropriate release of information (ROI) and confidentiality forms are explained to the potential recovery court participant and obtain their signature to facilitate screening for the recovery court and referral for clinical assessment.

d. Conduct the intake interview, provide a copy of the Participant Handbook, and explain the expectations of the recovery court.

e. Actively engage with the recovery court participant, treatment provider, assigned probation officer, and/or the DSS social worker to jointly develop and manage the comprehensive case plan to reduce redundant, unnecessary, and conflicting case plan tasks.

f. Make referrals to treatment providers and other service providers as needed to support case plan engagement and completion.

g. Coordinate collection and compilation of a status report from all team members to use at team meetings and court reviews.

h. Maintain accurate records and generate required reports to support effective participant case management and program improvement.

Department of Adult Correction/Division of Community Supervision (or Department of Public Safety/Division of Juvenile Justice and Delinquency Prevention for YTC) agrees to the following:

a. Serve as the lead agency responsible for the probationer in the community and related case management.

b. Assist in identifying defendants who meet eligibility criteria for participation in the recovery court and make a referral to the JMARC Coordinator.

c. Provide copies of all court judgments and orders, violation reports, and crime reports to recovery court team members.

d. Share all drug screen results with partner agencies within 48 hours of known results.

e. Protect the rights of victims of probationers in the recovery court.

f. Arrest without recovery court team discussion when public safety is at risk.

g. Make referrals to TASC, if appropriate, for assessment for inpatient treatment as soon as possible but no later than 48 hours after the court orders the assessment.

h. Designate a District Manager to participate in the Local JMARC Committee.

Assigned Probation or Parole Officer agrees to the following:

a. Supervise each participant in the recovery court making every reasonable effort to encourage and enforce probationer adherence to assessment, treatment, and other agency requirements.

b. In accordance with DAC/DCS/DJJDP policy: conduct home visits, random drug screens, set up community service, and engage in regular meetings with the recovery court participant.

a. Actively engage with the recovery court participant, coordinator/case manager, treatment provider, and the DSS social worker (if applicable) to jointly develop and manage the comprehensive case plan to reduce redundant, unnecessary, and conflicting case plan tasks.

c. Prepare a report on each recovery court participant and submit information to the recovery court case manager 24 hours in advance of a team pre-court staffing so that a written report can be completed for the team staffing and the court review. The report will include a summary of recovery court participation and progress on their case plan and court orders including whether the participant is compliant with the recovery court.

d. Discuss and consider partner agency recommendations prior to the initiation of the formal violation process.

The Local Management Entity/Managed Care Organization (LME/MCO) agrees to the following:

a. Participate in the Local JMARC Committee to understand the treatment needs of the local recovery court.

b. Consult with the Local JMARC Committee regarding the potential need for a single treatment provider for non-Medicaid-eligible participants.

c. Ensure an array of treatment and continuing care services is available, including residential treatment services to meet higher levels of need and step-down services that support continued recovery.

d. Ensure all treatment services comply with applicable Federal and State rules, regulations, and laws and are provided by properly licensed facilities.

e. Provide care management services to any recovery court participant who is eligible and chooses to opt-in.

Treatment Provider agrees to the following:

a. Ensure all applicable release of information (ROI) forms are explained to the recovery court participant and request that the participant sign the ROI to provide the diagnosis, recommended treatment interventions, and level of care to the recovery court team members. Explain confidentiality and the circumstances under which the provider is required by law to break confidentiality.

b. Provide a Business Associate Agreement for each team member to sign.

c. Conduct a clinical assessment of the referred recovery court participant using valid and reliable assessment tools.

d. Share the results of the clinical assessment including diagnosis, recommended treatment interventions, and level of care with the recovery court team within 48 hours of the completion of the assessment.

e. Provide services to recovery court participants using manualized, evidence-based, and culturally-appropriate interventions that meet the individual's assessed level of care and other treatment needs.

f. Provide clinical case management, relapse prevention and continuing care, and develop a continuing care plan with participants.

g. Actively engage with the recovery court participant, coordinator/case manager, assigned probation officer, and/or the DSS social worker to jointly develop and manage the comprehensive case plan to reduce redundant, unnecessary, and conflicting case plan tasks.

h. Conduct drug screens on the recovery court participant to support clinical decision-making including identification of non-medical drug use and determine therapeutic levels of prescribed medications.

i. Submit treatment attendance and engagement information, including the presence or absence of key markers of stable recovery, to the recovery court coordinator 24 hours in advance of a pre-court staffing so that a written report can be completed for the team staffing and the court review.

j. Ensure that either the treatment provider, or a supervisor with access to all treatment provider notes, will participate in the recovery court pre-court staffing and provide clinical insights into the incentives, sanctions, and service adjustments appropriate to support clinical stability.

k. Ensure all staff are licensed and qualified to deliver the services provided.

District Attorney's Office agrees to the following:

a. The elected District Attorney will participate in the Local JMARC Committee to support the planning, implementation, and operation of all JMARC operating within the judicial district.

b. Identify and convey to the defendant, their assigned defense counsel, and other stakeholders the legal incentives for successful completion of recovery court.

c. District attorney staff will identify and conduct legal screening of defendants for participation in recovery court.

d. District attorney staff may help resolve other pending legal cases that affect participant's legal status or eligibility.

e. Assign a dedicated assistant district attorney to actively participate in the recovery court team including participation in pre-court staffing and recovery court hearings.

f. The dedicated assistant district attorney will advocate for effective incentives, sanctions, and service adjustments to support stable recovery for all recovery court participants and operate in a non-adversarial manner during the court review hearing.

g. Agree a positive drug test or open court admission of drug possession will not result in filing of additional charges.

h. Ensure that the following special conditions of probation are included in the court judgment when applicable.
    i. Sentence to the Intermediate Punishment, Recovery Court
    ii. Submit at all reasonable times to warrantless searches to include cell phones, computers, and other electronic devices.
    iii. Not use, possess, or control any illegal drug or controlled substance.
    iv. Supply breath, urine, and/or blood sample for analysis.
    v. Participate in evaluations, counseling, treatment, or education programs recommended as a result of the evaluation and comply with all other therapeutic requirements of those programs until discharged or for as long as these are recommended.

i. Protect the rights of the victims of recovery court participants.

Public Defender/Defense Attorney/Parent Attorney agrees to the following:

a. The elected Public Defender (if applicable) will participate in the Local JMARC Committee to support the planning, implementation, and operation of all JMARC operating within the judicial district.

b. Identify court-involved individuals who may qualify for and benefit from participation in the recovery court, discuss the potential advantages of participation and completion, and refer the individual to the recover court coordinator for screening.

c. Explain the purpose of the recovery court and advise the defendant/parent respondent on the expectations and consequences for completion and non-completion of the recovery court program. Provide legal counsel to potential recovery court participants when signing the Recovery Court Participation Agreement.

d. Assign a dedicated defense/parent attorney to actively participate in the recovery court team including participation in pre-court staffing and recovery court hearings.

e. The dedicated defense/parent attorney will advocate for effective incentives, sanctions, and service adjustments to support stable recovery for all recovery court participants and operate in a non-adversarial manner during the court review hearing.

f. Advocate for the rights and best outcomes of the recovery court participant.

g. Support the recovery court participant to achieve stable recovery and the individual's long-range rehabilitative goals including encouraging the honest disclosure of substance use and struggles with adhering to their case plan and recovery court expectations.

Local Law Enforcement Agency agrees to the following:

a. Participate in the Local JMARC Committee to support the planning, implementation, and operation of all JMARC operating within the judicial district.

b. Identify a staff member who agrees to support the intent of the recovery court and engage with the recovery court team to support the recovery of participants, their families, and the community.

County Health Department agrees to the following:

a. Participate in the Local JMARC Committee to support the planning, implementation, and operation of all JMARCs operating within the judicial district.

b. Identify a staff member who agrees to support the intent of the recovery court and engage with the recovery court team to support the recovery of participants, their families, and the community.

Veteran's Justice Outreach (VJO) agrees to the following:

a. Serve as the primary liaison between the Department of Veterans Affairs (VA) and the VTC. The VJO Specialist ensures that eligible participants are connected to appropriate VA services and supports the court in addressing veterans' clinical, rehabilitative, and case coordination needs.
    i. Conduct VA eligibility screenings for referred participants and verify enrollment status in VA healthcare.
    ii. Coordinate with the VSO and the JMARC Coordinator to ensure continuity of care between VA and community-based providers.
    iii. Assist in developing treatment plans that include VA services such as mental health counseling, substance use treatment, PTSD and TBI care, and medication management.
    iv. Provide progress updates to the VTC team on treatment engagement and compliance, consistent with confidentiality regulations.
    v. Support case management efforts by helping participants access housing, employment, medical, and social services through the VA.
    vi. Participate in staffing meetings and court sessions to share relevant updates and advocate for veterans' treatment needs.
    vii. Serve as a subject-matter expert for the VTC team on VA eligibility, benefits, and available clinical resources.

Veteran's Services Officer (VSO) agrees to the following:

a. The VSO provides veteran-specific support to participants by linking them to benefits, services, and resources available through the Department of Veterans Affairs (VA) and community programs. The VSO works collaboratively with the JMARC Coordinator, Probation, and the Veteran Justice

Outreach (VJO) to ensure each participant's service-connected and non-service-connected needs are addressed.

i. Verify veteran status and eligibility for VA benefits and services.
ii. Assist participants with enrollment in VA health care and other benefit programs.
iii. Coordinate with the VA's Veterans Justice Outreach (VJO) specialist to support treatment continuity and access to appropriate care.
iv. Help participants obtain documentation needed for benefits, housing, employment, and education.
v. Advise the VTC team on available veteran-specific resources, benefits, and community supports.
vi. Participate in staffing meetings and provide updates relevant to veteran benefit status, treatment coordination, and identified resource needs.

TASC agrees to the following:

a. Recommend to the JMARC Coordinator, assigned probation officer, and/or presiding judge that appropriate intermediate sanction probationers and community sanction offenders, at risk of revocation, be ordered to participate in the recovery court.

b. Within 10 working days of referral, provide a timely assessment of probationers referred to the recovery court to determine treatment and other support services needs.

c. Provide appropriate care management services including LME/MCO authorization for treatment services; making treatment and support services referrals to appropriate providers and supporting participant choice in treatment; coordinating and monitoring participant progress; adjusting plans; and providing progress reports.

d. Prepare a report on each recovery court participant and submit information to the recovery court case manager 24 hours in advance of a team pre-court staffing so that a written report can be completed for the team staffing and the court review. The report will include a summary of recovery court participation and progress on their case plan and court orders including whether the participant is compliant with the recovery court.

e. Actively engage with the recovery court participant, JMARC coordinator/case manager, and assigned probation officer to jointly develop and manage the comprehensive case plan to reduce redundant, unnecessary, and conflicting case plan tasks.

f. Provide recommendations concerning treatment plan adjustments.

Local County Department of Social Services agrees to the following:

a. Participate in the Local JMARC Committee when a Family Treatment Court (FTC) operates within the judicial district.

b. Ensure potentially eligible respondent parents are referred to the FTC.

c. The assigned DSS case worker will
    i. Develop individualized case plans in collaboration with the parent, setting goals that are realistic, recovery-oriented, and centered on supporting the wellbeing of the parent, child, and family.
    ii. Actively engage with the recovery court participant, coordinator/case manager, assigned probation officer, and/or the DSS social worker to jointly develop and manage the comprehensive case plan to reduce redundant, unnecessary, and conflicting case plan tasks.
    iii. Participate actively and consistently in FTC pre-court staffing and FTC review hearings.
    iv. Communicate promptly with the FTC team members when significant developments occur.
    v. Facilitate and document visitation/parenting time between the parent and child in a manner that prioritizes the child's emotional well-being while supporting the parent's progress.
    vi. Connect parents and children with needed services beyond the treatment program, including housing resources, employment supports, childcare, domestic violence services, and other identified needs.
    vii. Prepare a report on each Family Treatment court participant and submit information to the FTC case manager 24 hours in advance of a team pre-court staffing so that a written report can be completed for the team staffing and the court review.

Guardian ad Litem (GAL) agrees to the following:

a. The GAL supervisor or designee will participate in the Local JMARC Committee when an FTC operates within the judicial district.

b. The GAL supervisor or designee will participate in the FTC pre-court staffing and FTC review hearing to provide the FTC with independent, child-centered recommendations that reflect the child's best interest in cases where the parent/guardian is enrolled in the FTC.

c. If the GAL supervisor is unavailable to participate, a GAL volunteer can participate in the FTC pre-court staffing and FTC review hearing to represent the best interests of the child(ren) in cases where the parent/guardian is enrolled in the FTC. Each GAL volunteer must only participate in the staffing and case review of the family to which they are assigned.

d. Notify the FTC team of any significant concerns about the child's safety, emotional health, or placement stability as soon as they arise.

e. Maintain appropriate confidentiality by ensuring that sensitive information is only shared with authorized individuals.

School Representative agrees to the following:

a. Participate in the Local JMARC Committee when a YTC operates within the judicial district.

b. Attend YTC pre-court staffing and YTC review hearings to provide an educator's perspective that reflects the youth's day-to-day experience in the school environment.

c. Coordinate with school counselors, teachers, and administrators to ensure that each YTC participant receives academic support as needed.

d. Serve as an internal advocate within the school system for the YTC participants.

e. Participate in planning for the youth's aftercare from the perspective of the courts.

Agreement Modifications

Any individual agency wishing to amend and/or modify this Agreement will notify the JMARC coordinator of this issue(s). The coordinator will present the issue(s) to the Local JMARC Committee for the purpose of modifying and/or amending the Agreement. The issues will be decided by consensus (if possible) or by simple majority, if not.

Termination of Agreement

Individual agencies contemplating termination of their participation in this Agreement shall first notify the JMARC coordinator of their concerns. The coordinator shall attempt to resolve the concern to ensure continuation of the recovery court. If the coordinator is unable to resolve the concern, the issue(s) will be presented to the Local JMARC Committee to reach a resolution. If unable to resolve the problem, the individual agency or department can exercise its right to terminate this Agreement by notifying all other agencies in writing a minimum of sixty (60) days prior to such termination.

This the _____day of _____, 20___

Names and signatures of responsible agency and staff member