

## Calendar

- **DC Coordinators Mtg.**  
August 8, 2011  
11:30 am - 2:30 pm  
Webinar
- **DCAC Mtg.**  
July 29, 2011  
12:00 - 2:00 pm  
Webinar
- **NMADCP Board Mtg.**  
August 22, 2011  
Telephonic  
12:00 - 2:00 pm
- **Court Officer Basic Training**  
September 12-16, 2011  
New Mexico Corrections Dept.

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## NMADCP Training in Albuquerque on May 24

In Albuquerque on May 24, the New Mexico Association of Drug Court Professionals (NMADCP) and the Administrative Office of the Courts (AOC) co-hosted a one-day training with the help of trainers from the National Drug Court Institute (NDCI) and the facilities of New Mexico State University (NMSU). The training, held at the Albuquerque campus of NMSU and broadcast live to the NMSU Las Cruces campus, was attended by 120 drug court professionals from around the state, including judges, treatment providers, program coordinators, probation officers, and others. The training covered the following topics:

- The Latest Research on Drug Courts
- Sanctions and Incentives
- High Risk / High Need Drug Court Clients
- Designer Drugs
- Trauma / PTSD Treatment and Addictions



Dr. Doug Marlowe speaking at NMADCP training session

- **Community Mapping**

Although there was a wealth of information provided throughout the six presentations, the material presented by Dr. Doug Marlowe (Chief of Science, Law, and Policy for the National Association of Drug Court Professionals) provided the clearest call to action for drug court programs. Dr. Marlowe detailed findings from the latest drug court research and made clear, in no uncertain terms, that fidelity to the drug court model and implementation of best practices are essential to program and participant success.

For example:

1. Programs must employ a risk/needs assessment tool in screening referrals for intake into the program, and they should only accept those who evaluate as High Risk / High Need. In other words, drug courts work best

with those who show the highest risk of repeat criminal behavior and who have the highest need of substance treatment.

2. Drug testing must be random and performed just as frequently (at least twice a week) on a new participant as on one who is about to graduate. In other words, even though programs often relax requirements for participants as they progress through the program, in recognition of their sobriety and compliance, drug testing should never be relaxed on a participant while in the program.
3. Participants should appear before the drug court judge for a status hearing at least every two weeks in the first phase of the program, and probably no less than once a month in the final program phase.
4. Drug courts require a team approach, and that includes the treatment provider attending drug court hearings, and prosecution and defense counsel attending all drug court staffings.

There are over 2500 drug court programs nationwide, and the vast majority of them are successful in reducing substance abuse and recidivism of their program participants. Dr. Marlowe made clear in his presentations that programs must continue to adhere to the 10 Key Components and implement research-based best practices, such as those listed above, or they risk becoming ineffective or actually harming their participants.

DVD recordings of the training are available for \$25.  
Email [aoccxr@nmcourts.gov](mailto:aoccxr@nmcourts.gov) for an order form.



**Adult Drug Courts**

**1st Judicial District**  
Judge Michael Vigil

**2nd Judicial District**  
Judge Albert "Pat" Murdoch  
Judge Jacqueline Flores

**3rd Judicial District**  
Judge Manuel I Arrieta

**4th Judicial District**  
Judge Abigail Aragon

**6th Judicial District**  
Judge JC Robinson  
Judge Henry Quintero  
Judge Daniel Viramontes

**7th Judicial District**  
Judge Matthew Reynolds  
Judge Kevin Sweazea

**8th Judicial District**  
Judge Sam Sanchez  
Judge John Paternoster

**9th Judicial District**  
Judge Teddy Hartley

**11th Judicial District**  
Judge John Dean, Jr.  
Judge Thomas Hynes

**12th Judicial District**  
Judge James Counts

**13th Judicial District**  
Judge George Eichwald  
Judge William Sanchez

**DWI/ Drug Courts****Bernalillo County  
Metropolitan Court**

Judge Julie Altwies  
Judge Cristina Jaramillo  
Judge Judith Nakamura

**Dona Ana Magistrate**  
Judge Oscar Frieze

**Eddy Magistrate**  
Judge Richard Vandyk

**San Miguel Magistrate**  
Judge Philip J. Romero

**Santa Fe Magistrate**  
Judge David Segura

**Torrance Magistrate**  
Judge L. Steve Jones

**Valencia Magistrate**  
Judge Daniel Hawkes

**Travels**

Recent court visits to programs in Farmington/Aztec, Silver City, and Raton show that problem-solving courts continue to provide their unique services to participants and their communities even in the face of significant budget cuts to courts and programs statewide.



recent graduate (pictured above in between the presiding judge of the treatment court program, the Honorable Karen Townsend, and the program's coordinator, Chuck Greenfeld). She was warmly congratulated by her many community friends at the psychosocial group gathering, and then later that day again in the court, where the judge, treatment team, program participants, and family and friends all gathered to tell her how proud they were of her success.

The 8<sup>th</sup> Judicial District's Adult Drug Court in Raton also had a graduation recently, with two program participants graduating from Judge Paternoster's program. The graduation ceremony in the courtroom again made clear that the graduates had friends both in and outside the program, friends who would be available with advice and help whenever needed.

The 6<sup>th</sup> Judicial District recently brought together participants from both its Lordsburg and Silver City Adult Drug Court programs for a full-day of presentations and discussion of addictions and "how they affect each of us even if we aren't the one who is using." The seminar was held on the campus of Western New Mexico University in Silver City, and included a presentation by Dr. Neal Bowen, Mental Health Director of Hidalgo Medical Services. Dr. Bowen's presentation was on the "Health Impact of Adverse Childhood Experiences." The presentation just prior to Dr. Bowen's had focused on drug courts as 'behavior modification programs.' Dr. Bowen agreed with that but indicated that a better understanding of each participant's possible Adverse Childhood Experiences (ACE) could provide important insight into some of the core issues underlying each participant's problematic behavior.

The ACE study, as it's called, is a joint project of the Center for Disease Control and Prevention (CDC) and Kaiser Permanente, a California-based Health Maintenance Organization (HMO). The study is based on 17,000 HMO members who underwent a comprehensive physical examination and chose to provide detailed information about their childhood experience of abuse, neglect, and family dysfunction. The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

The ACE Study used a simple scoring method to determine the extent of each study participant's exposure to childhood trauma. Participants were asked if while growing up they experienced any of the following conditions in the household prior to age 18:

1. Recurrent physical abuse
2. Recurrent emotional abuse
3. Contact sexual abuse
4. An alcohol and/or drug abuser in the household
5. An incarcerated household member
6. Someone who is chronically depressed, mentally ill, institutionalized, or suicidal
7. Mother is treated violently
8. One or no parents
9. Emotional or physical neglect

**Travels (continued)**

Exposure to one category of ACE, qualifies as one point. When the points are added up, the ACE Score is achieved. An ACE Score of 0 (zero) would mean that the person reported no exposure to any of the categories of trauma listed as ACEs above. An ACE Score of 9 would mean that the person reported exposure to all of the categories of trauma listed above.

Childhood abuse, neglect, and exposure to other traumatic stressors are common. Almost two-thirds of the study participants reported at least one ACE, and more than one of five reported three or more ACE. As the ACE score increases, the risk of short- and long-term outcomes of these childhood exposures increases in a strong and graded fashion. Such outcomes include a multitude of health and social problems, from the predictable like substance abuse to the unexpected like increased risk of emphysema, heart disease, and early death.

Developing strategies to help prevent adverse childhood experiences is an obvious conclusion from the study, but researchers are also seeking a better understanding of the connections between those experiences and adoption of health-risk behaviors, as aids to treatment of the behaviors once established in the adult.

For more information on the ACE study, click on the link: <http://www.cdc.gov/ace/index.htm>

**Creatinine Levels in Drug Testing**

The National Drug Court Institute recently hosted a webinar entitled “Effective Use of Urine Creatinine Measurements in Abstinence Monitoring,” which was presented by Paul L. Cary of the Toxicology Laboratory of the University of Missouri. Mr. Cary began his presentation by explaining that dilution is the most common form of tampering with a drug test, bar none. In other words, people will (1) either drink a large amount of liquid in a short time before they are drug tested, or (2) they will add liquid to a urine sample after the drug test, both with the intent of diluting the sample, so their drug use will go undetected.

Creatinine is a by-product of muscle metabolism, and is created and flushed through the system at a fairly constant rate throughout the day (even while we’re asleep, due to involuntary muscle movement). The average level of creatinine in a person’s urine is 130 mg/dL and though some fluctuations are normal, any time a urine sample shows a creatinine level below 20 mg/dL it is a clear sign that the sample has been tampered with through dilution.



Mr. Cary’s overall point is that testing for creatinine has to be a standard part of testing a drug court participant for abstinence. Many onsite UA cups do not test for creatinine and the sample must be sent to a lab for validation. A diluted sample (as shown by an extremely low creatinine level) is a sample that has been tampered with, and the program should sanction the participant for a diluted sample.

Mr. Cary also advises that the program make clear to each participant that it will be testing for dilution and that evidence of tampering (such as an artificially low creatinine level) will result in a sanction. He also advises this be made part of the paperwork/contract the participant signs when starting the program.

For more information, click on the link to access the archive of recent NDCI webinars where you’ll find Mr. Cary’s presentation: <http://www.ndci.org/training/online-trainings-webinars/webinars/webinar-archives>

**Juvenile Drug Courts**

**1st Judicial District**  
Judge Michael Vigil

**2nd Judicial District**  
Judge M. Monica Zamora

**3rd Judicial District**  
Special Master:  
Joyce Montes

**4th Judicial District**  
Judge Matthew Sandoval

**5th Judicial District**  
Judge J. Richard Brown  
Judge Freddie Romero

**6th Judicial District**  
Judge Gary Jeffreys

**8th Judicial District**  
Judge Sam Sanchez  
Special Master:  
Rachel Kolman

**11th Judicial District**  
Judge William Birdsall  
Judge Sandra Price  
Judge Grant Foutz

**12th Judicial District**  
Judge Karen Parsons

**13th Judicial District**  
Judge Louis McDonald  
Judge Camille Olguin  
Judge John Pope

**Family Dependency Drug Courts**

**3rd Judicial District**  
Judge Fernando Macias

**8th Judicial District**  
Judge Sam Sanchez

**13th Judicial District**  
Judge Camille Olguin

**Treatment Courts**

**1st Judicial District**  
Judge Michael Vigil

**2nd Judicial District**  
Judge Neil Candelaria  
Judge Stan Whitaker

**11th Judicial District**  
Judge Karen Townsend

**13th Judicial District**  
Judge John Davis

**Bernalillo County Metropolitan Court**  
Judge Rosie Allred  
Judge Kevin Fitzwater

## SJI Grant Awarded to the AOC

The AOC received a Curriculum Adaptation and Training (CAT) Grant from SJI! The grant will allow the Court Officer Basic Training to be transitioned over to a web-based learning module (called Quid Pro).

This is a one-year grant that will allow the AOC to use existing training footage and develop an innovative, interactive, educational program for County Compliance and Court Probation/Surveillance Officers.



## 21 Effective Leadership Thinking Skills Training

Magistrate DWI Drug Court Program Coordinators attended Imagine 21 Effective Leadership Thinking Skills Training with Joe Dennis. Together the Magistrate Program Coordinators and their supervisors identified areas where

they could work together to improve the program. They then identified Mission, Vision, Core Values and Critical Success Factors for the Magistrate DWI Drug Court Program. Together they are committed to

incorporating the tools they learned to ensure the goals of the team are met and making the Magistrate DWI Drug Court programs a success.

## JUDICIAL DWI LEADERSHIP

### MISSION

*Why We Exist!*

The Judicial DWI Leadership Team mission is to maintain fidelity to the DWI Program requirements through exemplary excellence and attaining sustainability while reducing recidivism and ensuring public safety for New Mexico.

### VISION

*The Future!*

The Judicial DWI Leadership Team fosters accountability through a dynamic and efficient team comprised of individual who are trustworthy, cohesive, and respective as a model DWI Court Program in New Mexico and the nation.

### CORE VALUES

*What is Important!*

Positive Attitude  
Empathy  
Communication  
Integrity  
Trust



ADMINISTRATIVE  
OFFICE  
OF THE  
COURTS

### Problem-Solving Courts Staff

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