

1 **Band Assembly Bill XX-XX-XX-22**

2  
3 A Bill amending Title 5 of the Mille Lacs Band Statutes (“MLBS”) to establish a Healing-to-  
4 Wellness Court to provide intensive services and more frequent court intervention to facilitate  
5 the reunification of Band families and to prevent the breakup of such families; to promote  
6 positive behavioral health and wellness for participants, their families, and Band communities;  
7 and to reduce recidivism rates of alcohol and controlled substances and promote recovery.  
8

9 Before amending Title 5, “[t]he Band Assembly shall conduct formal public hearings on any bill  
10 which alters, amends or repeals Titles 1, 3, 4 and 5, Chapter 1 of Title 2 and Subchapters 1 to 3  
11 of Chapter 3 of Title 24 of the Mille Lacs Band Statutes.” After a formal public hearing has been  
12 conducted, the proposed bill shall be posted in a conspicuous location for ten (10) calendar days.  
13

14 The Band Assembly conducted a formal public hearing on **DATE, 2021**, during a live-streamed  
15 Band Assembly meeting. Band Assembly did not find it appropriate to conduct in-person  
16 hearings on account of the Band’s ability to conduct the formal public hearing via Zoom and  
17 live-stream. To ensure the opportunity for all districts to provide comment, the Band Assembly  
18 distributed a notice of the formal public hearing, encouraging all Band members and employees  
19 to participate in the hearing on **DATE, 2021**. The Band Assembly also posted the bill throughout  
20 the government center and on the Tribal Register between the dates of **DATE, 2021 and DATE,**  
21 **2021**.  
22  
23

24 **BE IT ENACTED BY THE BAND ASSEMBLY OF THE NON-REMOVABLE MILLE**  
25 **LACS BAND OF OJIBWE:**

26  
27  
28 **Section 1: Enacting Chapter 3 of Title 5 – Judicial Branch.**  
29

30 Title 5 is amended by enacting Chapter 3 – Healing-to-Wellness Court as follows:  
31

32 **CHAPTER 3**

33 **HEALING-TO-WELLNESS COURT**

34  
35  
36  
37 **Section**

- 38 **201. Establishment.**
- 39 **202. Definitions.**
- 40 **203. Structure.**
- 41 **204. Eligibility.**
- 42 **205. Admission.**
- 43 **206. Monitoring.**
- 44 **207. Information.**

- 45 **208. Hearings.**
- 46 **209. Drug and Alcohol Testing.**
- 47 **210. Treatment Services.**
- 48 **211. Complementary Services.**
- 49 **212. Termination.**
- 50 **213. Graduation.**
- 51 **214. Continuing Education.**
- 52 **215. Program Evaluation**

53  
54

55 **§ 201. Establishment.**

56

- 57 (a) **Special Jurisdiction.** The Healing-to-Wellness Court of the Non-Removable Mille  
58 Lacs Band of Ojibwe is established as a court of special jurisdiction to:  
59  
60 (1) provide intensive services and more frequent court intervention to facilitate  
61 the reunification of Band families and to prevent the breakup of such families;  
62  
63 (2) promote positive behavioral health and wellness for participants, their  
64 families, and Band communities; and  
65  
66 (3) reduce recidivism rates of alcohol and controlled substances and promote  
67 recovery.  
68  
69 (b) **Authorities.** The Healing-to-Wellness Court shall exercise its authority in accordance  
70 with this chapter and any rules it adopts pursuant to 5 MLBS § 105. The Healing-to-  
71 Wellness Court is empowered to issue all orders reasonably necessary to ensure the  
72 safety, well-being, and rehabilitation of individuals who come within or consent to its  
73 jurisdiction.  
74

75  
76

76 **§ 202. Definitions.**

77

78 Unless otherwise provided in this section, all words in this chapter shall be construed according  
79 to their ordinary meaning. The following terms are defined for purposes of this chapter:

80

- 81 (a) **“Ancillary Service”** means any type of aid, benefit, evaluation, support, treatment, or  
82 therapy that is provided to a participant by either a government or government-  
83 sanctioned entity that is not provided directly by the treatment court.  
84
- 85 (b) **“Applicant”** means any individual who has applied for admittance into the treatment  
86 court.  
87
- 88 (c) **“Band”** means the Non-Removable Mille Lacs Band of Ojibwe.  
89

- 90 (d) **“Case plan”** means a written document, based on an assessment of the circumstances  
91 necessitating the participant’s involvement with the treatment court, that is designed  
92 to help the participant progress through all four phases and thereby achieve the  
93 purposes of this chapter.  
94
- 95 (e) **“Chemical dependency”** means the adaptation of neurons to repeated drug exposure  
96 resulting in the neurons only functioning normally in the presence of the drug.  
97
- 98 (f) **“Confidentiality”** means the ethical principle that a professional hold secret all  
99 information relating to a client, unless the client gives consent permitting disclosure.  
100
- 101 (g) **“Controlled substance”** means any drug or chemical whose manufacture,  
102 possession, or use is regulated by the U.S. Food and Drug Administration.  
103
- 104 (h) **“Coordinator”** means an individual employed by the treatment court who is  
105 responsible for overseeing an applicant’s entry into the treatment court and  
106 monitoring adherence to the case plan.  
107
- 108 (i) **“Court”** means the Band’s Court of Central Jurisdiction.  
109
- 110 (j) **“Custodian”** means an individual who retains either legal or physical custody of a  
111 minor child or incapacitated person.  
112
- 113 (k) **“Distal goal”** means a long-term goal expected to be achieved by the participant later  
114 in the program, e.g. sobriety.  
115
- 116 (l) **“Drug”** means a medicine or other substance which has a physiological effect when  
117 ingested or otherwise introduced into the body.  
118
- 119 (m) **“Healing-to-Wellness Court”** means the court of special jurisdiction established  
120 pursuant to § 201 of this chapter.  
121
- 122 (n) **“GC/MS”** means gas chromatography/mass spectrometry.  
123
- 124 (o) **“Guardian”** means a person legally appointed by a parent, spouse, or a court of  
125 competent jurisdiction having the duty and authority to provide care and control of a  
126 minor child or incapacitated person.  
127
- 128 (p) **“HIPAA”** means the Health Insurance Portability and Accountability Act of 1996.  
129
- 130 (q) **“Judge”** means either a District Court Judge or Associate Judge appointed pursuant  
131 to 5 MLBS § 7 or a Special Magistrate appointed pursuant to 5 MLBS § 108.  
132
- 133 (r) **“LC/MS”** means liquid chromatography/mass spectrometry.  
134

- 135 (s) **“MAR”** means Medically Assisted Recovery.  
136
- 137 (t) **“Opioid use disorder”** means a problematic pattern of opioid use leading to severe  
138 problems or distress.  
139
- 140 (u) **“Parent”** means a biological or adoptive parent, but does not include individuals  
141 whose parental rights have been terminated or putative fathers whose paternity has  
142 not been acknowledged or established by law.  
143
- 144 (v) **“Participant”** means an individual who is admitted into the treatment court.  
145
- 146 (w) **“Program”** means the Healing-to-Wellness Court.  
147
- 148 (x) **“Progressive sanctions”** means penalties for disobedience that gradually become  
149 more serious as a participant’s noncompliance becomes more severe.  
150
- 151 (y) **“Proximal goal”** means a short-term goal expected to be achieved by the participant  
152 in order to move forward in the recovery program, e.g. attending weekly support  
153 meetings.  
154
- 155 (z) **“Psychotropic medication”** means a remedial or therapeutic substance affecting  
156 mental activity, behavior, or perception, e.g. a sedative.  
157
- 158 (aa) **“PTSD”** means Post-Traumatic Stress Disorder.  
159
- 160 (bb) **“Substance abuse”** or **“substance abuse disorder”** means a problematic pattern of  
161 drug use leading to severe problems or distress.  
162
- 163 (cc) **“Team”** means the group of individuals responsible for the day-to-day service  
164 delivery and activities of the treatment court.  
165
- 166 (dd) **“Treatment court”** means the Healing-to-Wellness Court.  
167
- 168 (ee) **“Treatment plan”** means a therapeutic strategy that may incorporate patient  
169 education, mental health services, dietary adjustment, an exercise program, drug  
170 therapy, and the participation of nursing and allied health professionals.  
171
- 172 (ff) **“Violent offender”** means an individual who:  
173
- 174 (1) Is currently charged with, or has been found guilty of:  
175
- 176 (i) an offense involving the death of, or serious bodily or psychological  
177 injury to, any individual; or  
178
- 179 (ii) an offense pertaining to the use, carrying, or possession of a firearm or  
180 other dangerous weapon; or

181 (iii) an offense for criminal sexual conduct of any degree; or

182  
183 (2) Has one or more prior convictions for a felony involving the use or attempted  
184 use of force against another individual with the intent to cause death or serious  
185 bodily or psychological harm.

186  
187  
188 **§ 203. Structure.**

189  
190 The treatment court shall be operated by a treatment court team and shall consist of four phases.

191  
192 (a) **Team.** The treatment court team shall, at a minimum, include a judge, prosecutor,  
193 defense counsel, coordinator, and case manager. Specific models may require additional  
194 team members such as a cultural advisor, a chemical dependency expert, a treatment  
195 provider, a school official, or a peer support provider.

196  
197 (b) **Phases.** The team is empowered to establish the required components of the four  
198 treatment court phases, which are:

- 199  
200 (1) Tobacco (New Beginnings);  
201  
202 (2) Cedar (Personal Responsibility);  
203  
204 (3) Sage (Cooperation and Accountability); and  
205  
206 (4) Sweetgrass (Completion and Sharing).  
207  
208

209 **§ 204. Eligibility.**

210  
211 To participate in the treatment court, an applicant must:

- 212  
213 (a) be the parent, guardian, or custodian of a minor child who is either a Band member or  
214 eligible to become a Band member in accordance with Band law;  
215  
216 (b) be the respondent in a child protection case pending before the Court;  
217  
218 (c) be chemically dependent on or diagnosed with a substance use disorder and willing to  
219 comply with treatment recommendations, or be the spouse of a person with a  
220 substance abuse disorder;  
221  
222 (d) have the mental and physical ability to comply with all treatment court requirements;  
223  
224 (e) never have been convicted of felony child abuse or any sex crime, or be found at any  
225 time to be a violent offender; and  
226

- 227 (f) be willing to execute a release of information allowing her or his information to be  
228 shared with the treatment court, the team, ancillary service providers, and, when  
229 appropriate, probation or parole officers or agents.  
230

231  
232 **§ 205. Admission.**  
233

234 Applicants must file a petition in order to be admitted into the treatment court. After the petition  
235 is filed with the treatment court, the team will review the petition according to a three-step  
236 process.  
237

- 238 (a) **Step 1.** The coordinator shall meet with the applicant to verify eligibility. If the  
239 coordinator determines that the applicant is eligible, the coordinator shall refer the  
240 applicant to a medical evaluator for a substance abuse evaluation. The applicant shall  
241 execute a release of information authorizing the results of the evaluation to be shared  
242 with the team.  
243
- 244 (b) **Step 2.** After completion of the evaluation and development of treatment  
245 recommendations, the medical evaluator shall send a report to the team. The team shall  
246 thereafter meet to determine whether to recommend the applicant for admission into the  
247 treatment court by assessing:
- 248 (1) the results of the chemical dependency assessment;
  - 249 (2) the contents of the petition for child need of protective services, if any such  
250 petition has been filed with the Court;
  - 251 (3) the applicant's history of criminal behavior and domestic violence, if any; and  
252
  - 253 (4) all other available information relevant to the applicant's fitness for the  
254 treatment court.  
255
- 256 (c) **Step 3.** After the applicant is informed of her or his admission into the treatment court,  
257 the applicant must meet with legal counsel to be informed of the case plan, possible  
258 consequences of non-compliance, and other treatment court requirements. Upon a  
259 showing that the applicant has knowingly and voluntarily agreed to the case plan and all  
260 treatment court requirements, the judge may issue an order admitting the applicant into  
261 the treatment court.  
262
- 263 (d) **Filing Deadline.** If the applicant is also the respondent in a child protection case pending  
264 before the Court, the treatment court petition must be filed within 120 calendar days from  
265 the date on which the child protection petition was filed.  
266  
267  
268  
269  
270  
271  
272

273 § 206. Monitoring.  
274

275 (a) **Case Plan Adherence.** After a participant is admitted into the treatment court, the  
276 coordinator will monitor the participant’s adherence to the case plan and all other  
277 treatment court requirements. Monitoring may include, but is not limited to:

- 278 (1) regular meetings between the coordinator and the participant;  
279  
280 (2) testing for controlled substances;  
281  
282 (3) home visits; and  
283  
284 (4) inquiries of treatment providers and probation officers to evaluate and assure  
285 the participant’s ongoing compliance.  
286

287  
288 (b) **Communication.** Team members and ancillary service providers shall engage in  
289 ongoing communication with one another, including frequent exchanges of timely  
290 and accurate information about the participant’s overall performance.  
291

292 (c) **Pre-Court Staff Meetings.** Team members shall consistently attend pre-court staff  
293 meetings to review participant progress, determine appropriate actions to improve  
294 outcomes, and prepare for status hearings. Pre-court staff meetings are presumptively  
295 closed to participants and the public, unless the treatment court has a good reason for  
296 a participant to attend discussions related to that participant’s case.  
297

298  
299 § 207. Information.  
300

301 (a) **Information Sharing.** Participants shall provide voluntary and informed consent about  
302 what information will be shared between team members through a written consent or  
303 release of information form. This form shall incorporate 42 C.F.R., Part 2 and HIPAA.  
304 The standard consent form shall be completed by all team members and observers to  
305 provide communication about confidentiality, treatment participation and progress, and  
306 compliance with the provisions of 42 C.F.R., Part 2 and HIPAA.  
307

308 (b) **Confidentiality.** Any evidence obtained about a participant while under the jurisdiction  
309 of the treatment court is inadmissible against the participant in any other proceeding  
310 before the Court. All records of the treatment court are confidential and shall not be  
311 disclosed except to the members of the team. The Clerk of Court shall maintain a separate  
312 confidential file for an applicant or participant’s treatment court records.  
313

314  
315  
316  
317  
318



319 § 208. Hearings.  
320

321 (a) **Status Hearings.** The judge shall preside over status hearings for each treatment  
322 court participant at least once every two weeks. Status hearings must be conducted in  
323 a strictly non-adversarial manner in order for the team to:

324  
325 (1) monitor whether the participant is attending her or his required treatment  
326 sessions and activities;

327  
328 (2) review the participant’s weekly random alcohol and drug test results; and

329  
330 (3) formally reward or impose consequences on the participant for progress, non-  
331 compliance, or relapse in adhering to her or his case plan.  
332

333 (b) **Judicial Decision-Making.** The judge shall make the final decisions concerning the  
334 imposition of incentives or sanctions that affect a participant’s legal status or liberty,  
335 after taking into consideration the input of the other team members, and discussing  
336 the matter in court with the participant or the participant’s legal representative. The  
337 judge shall rely on the expert input of trained treatment professionals when imposing  
338 treatment-related conditions.  
339

340 (c) **Progressive Sanctions.** Immediate, graduated, and individualized sanctions shall  
341 govern the responses of the treatment court to each participant’s noncompliance.  
342 Team members shall consider proximal and distal behaviors in conjunction with  
343 program status when responding to behavior. Sanctions should change over time as  
344 participants advance through the phases of the program.  
345

346 (d) **Opportunity to Respond.** The judge shall allow participants a reasonable  
347 opportunity to explain their perspectives concerning factual controversies and the  
348 imposition of sanctions, incentives, and therapeutic adjustments. Participants shall  
349 receive a clear justification for why a particular consequence is or is not being  
350 imposed. If a participant has difficulty expressing herself or himself because of such  
351 factors as a language barrier, nervousness, or cognitive limitation, the judge shall  
352 permit the participant’s legal counsel or representative to assist in providing such  
353 explanations.  
354

355 (e) **Non-Medical Use of Substances.** Consequences shall be imposed for the non-  
356 medically indicated use of intoxicating or addictive substances, including alcohol,  
357 cannabis (marijuana), and prescription medications, regardless of the licit or illicit  
358 status of the substance. The treatment court team shall rely on medical input to  
359 determine whether a prescription for an addictive or intoxicating medication is  
360 medically indicated and whether non-addictive, non-intoxicating, and medically safe  
361 alternative treatments are available.  
362

363 (f) **Incentives.** The treatment court shall place as much emphasis on incentivizing  
364 productive behaviors as it does on substance abuse and other infractions. Criteria for



365 phase advancement and graduation shall include objective evidence that participants  
366 are engaged in productive or prosocial activities such as employment, education,  
367 volunteering, or attendance in peer support groups.  
368

369  
370 **§ 209. Drug and Alcohol Testing.**  
371

- 372 (a) **Written Testing Procedures.** The treatment court shall have written policies and  
373 procedures for sample collection, sample analysis, and result reporting. The testing  
374 policies and procedures shall address elements that contribute to the reliability and  
375 validity of the testing process. Urine specimens shall be routinely tested for evidence  
376 of dilution and adulteration.  
377
- 378 (b) **Notice of Testing.** Upon entering the treatment court, participants shall receive a  
379 clear and comprehensive explanation of their rights and responsibilities related to  
380 drug and alcohol testing.  
381
- 382 (c) **Random Testing.** All testing shall be random, frequent, and observed. Participants  
383 shall not receive more than an eight-hour notice of when a sample will be collected.  
384 For tests with short detection windows, such as oral fluid tests, specimens shall be  
385 provided within four (4) hours after being notified.  
386
- 387 (d) **Confirmation Tests.** If a participant denies substance use in response to a positive  
388 screening test, a portion of the same specimen shall be subjected to confirmatory  
389 analysis using an instrumented test, such as GC/MS or LC/MS. Barring staff expertise  
390 in toxicology, pharmacology, or a related discipline, drug or metabolite  
391 concentrations falling below industry-recommended or manufacturer-recommended  
392 cutoff levels shall not be interpreted as evidence of new substance use or a change in  
393 a participant's substance use patterns.  
394
- 395 (e) **Availability of Results.** Drug test results shall be available to the team and to the  
396 treatment court within 48 hours of test administration.  
397
- 398 (f) **Failure to Provide a Sample.** Failure to submit to testing, submitting the sample test  
399 of another, and adulterated samples shall be treated as non-compliant behavior and  
400 receive an immediate response.  
401
- 402 (g) **Scope of Testing.** Drug or alcohol testing shall not be limited to a single drug of  
403 choice but shall regularly include a panel of drugs to detect a broad array of known  
404 drugs of use in the treatment court.  
405
- 406 (h) **Frequency of Testing.** Participants with substance abuse disorders shall be tested at a  
407 minimum of twice per week until the final phase of the program.  
408  
409  
410

411 § 210. Treatment Services.  
412

- 413 (a) **Continuum of Care.** The treatment court shall provide prompt access to a continuum  
414 of approved substance abuse and mental health services based on a standardized  
415 assessment of the participants' treatment needs.  
416
- 417 (b) **Proximal and Distal Goals.** The treatment court shall address the appropriate  
418 proximal and distal goals of the participant based on the participant's phase in the  
419 program. Progression by participants through the treatment court shall be based upon  
420 the individual's progress with the treatment plan and compliance with treatment court  
421 requirements. Treatment court phases and an individual's progress through those  
422 phases shall not be based solely upon pre-set court timelines.  
423
- 424 (c) **Adjustments to the Level of Care.** The level of care for chemical dependency  
425 treatment shall follow standardized placement criteria. Adjustments to the level of  
426 care shall be predicated on each participant's response to treatment and shall not be  
427 tied to the programmatic phase structure. Substance abuse treatment shall be reduced  
428 only if it is clinically determined that a reduction in treatment is unlikely to  
429 precipitate a relapse to substance use. For those with substance abuse disorders, the  
430 frequency of drug and alcohol testing shall not be reduced until after other treatment  
431 and supervisory services have been reduced and relapse has not occurred. If a  
432 participant is returned temporarily to the preceding phase of the program because of a  
433 relapse or related setback, the team shall develop a remedial plan together with the  
434 participant to prepare for a successful phase transition.  
435
- 436 (d) **Individualized Treatment.** Treatment court participants shall be matched to services  
437 according to their specific needs. Treatment plans shall be individualized for each  
438 participant based on the results of the initial assessment and ongoing assessments.  
439 Participants shall be reassessed at a frequency determined by the program and  
440 treatment plans may be modified or adjusted based on results.  
441
- 442 (e) **Provider Training and Credentials.** All chemical dependency and mental health  
443 treatment services shall be provided by programs or individuals who are appropriately  
444 licensed and trained to deliver evidence-based interventions according to the  
445 standards of their profession.  
446
- 447 (f) **Medically Assisted Recovery.** The treatment court shall have a mechanism in place  
448 for accepting participants taking medications determined to be medically necessary  
449 and prescribed by a trained and authorized addiction physician to treat their drug  
450 dependence. The treatment court shall have policies specific to MAR and  
451 memorandums of understanding in place to ensure proper coordination with treatment  
452 and medical providers. The treatment court shall not force any participant to  
453 discontinue MAR unless clinical and medical assessment indicates that it is not  
454 appropriate for the participant or is no longer needed.  
455

456 (g) **Trauma-Informed Services.** Service shall be trauma-informed when appropriate and  
457 clinically necessary to the degree that available resources allow this. Participants shall  
458 be screened and assessed, as needed, for trauma history, trauma-related symptoms,  
459 and PTSD. Participants with PTSD or severe trauma-related symptoms shall be  
460 evaluated for their suitability for group interventions and shall be treated on an  
461 individual basis or in small groups when necessary. All participants shall receive  
462 trauma-related services in gender-specific groups.  
463

464 (h) **Concurrent Mental Health and Substance Abuse Treatment.** Mental illness and  
465 substance abuse shall be treated concurrently using an evidence-based curriculum that  
466 focuses on mutually aggravating effects of the two conditions, whenever possible.  
467

468  
469 **§ 211. Complementary Services.**  
470

471 (a) **Ancillary Services.** The treatment court shall provide or refer participants for  
472 treatment and social services to address conditions that are likely to interfere with  
473 their response to substance abuse or mental health treatment (responsivity needs), to  
474 increase criminal recidivism (criminogenic needs), or to diminish long-term treatment  
475 gains (maintenance needs). Depending upon participant needs, complementary  
476 services may include housing assistance, trauma-informed services, criminal-thinking  
477 interventions, family or interpersonal counseling, vocational or educational services,  
478 and medical or dental treatment. Participants shall only be required to receive services  
479 for which they have an assessed need.  
480

481 (b) **Psychotropic Medications.** Participants shall receive psychiatric medication based  
482 on a determination of medical necessity or medical indication by a qualified medical  
483 provider. Applicants shall not be denied entry because they are receiving a lawfully  
484 prescribed psychiatric medication and participants shall not be required to discontinue  
485 lawfully prescribed psychiatric medication as a condition of graduating from  
486 treatment court.  
487

488 (c) **Family Participation.** When feasible, at least one reliable and prosocial family  
489 member, friend, or daily acquaintance shall be enlisted to provide firsthand  
490 observations to staff about participants' conduct outside of treatment court, to help  
491 participants arrive on time for appointments, and to help participants satisfy other  
492 reporting obligations in the program.  
493

494 (d) **Overdose Prevention and Referral.** Participants with an opioid use disorder shall  
495 complete a brief evidence-based educational curriculum describing concrete measures  
496 they can take to prevent or reverse drug overdose.  
497

498 (e) **Peer Support.** Where appropriate and feasible, the treatment court should incorporate  
499 peer support services which may include the establishment of alumni groups, peer  
500 mentors, and peer support groups.  
501

502 § 212. Termination.

503  
504  
505  
506  
507  
508  
509  
510  
511  
512  
513  
514  
515  
516  
517  
518  
519  
520  
521  
522  
523  
524  
525  
526  
527  
528  
529  
530  
531  
532  
533  
534  
535  
536  
537  
538  
539  
540  
541  
542  
543  
544  
545  
546  
547

- (a) **Grounds for Termination.** A participant may be terminated from the treatment court for any of the following reasons:
  - (1) persistent non-compliance with the case plan or treatment court requirements, drug test tampering, or lack of progress in treatment;
  - (2) commission of a violent crime;
  - (3) abandonment of the treatment court;
  - (4) evidence indicating that the participant is involved with the dealing of controlled substances or driving while under the influence of an intoxicant;
  - (5) any threatening, abusive, or violent behavior;
  - (6) hostile, threatening, or disrespectful conduct towards the treatment court, the team, or other participants; or
  - (7) any other conduct for which the team deems termination to be an appropriate remedy.
- (b) **Recommendation to Terminate.** If the team believes that a participant’s conduct is grounds for termination from the treatment court, the team shall:
  - (1) deliberate and obtain consensus on whether the participant should be terminated;
  - (2) make a written recommendation to the judge to terminate the participant from the treatment court; and
  - (3) provide a courtesy copy of the written recommendation to the coordinator.
- (c) **Termination Hearing.** Upon receipt of the team’s written recommendation to terminate the participant from the treatment court, the judge shall:
  - (1) schedule the matter for a hearing and provide the participant with notice of the hearing; and
  - (2) after conducting the hearing, issue a written order that either terminates the participant from the treatment court or denies the team’s recommendation to terminate.
- (d) **Evidentiary Hearing.** If the judge finds that an evidentiary hearing is necessary to determine whether to terminate a participant from the treatment court, the Office of

548 the Solicitor General shall serve as the prosecutor. In the event that the participant has  
549 not retained legal counsel, the judge may appoint an attorney from Band Member  
550 Legal Services to represent the participant.

551  
552

553 **§ 213. Graduation.**

554

555 Upon a participant’s successful completion of all four phases of the treatment court, the  
556 participant shall be praised by the team at the final status hearing and the judge shall issue a  
557 graduation certificate to both the participant and the Office of the Solicitor General. If the  
558 graduating participant is the respondent in a child protection case pending before the Court, the  
559 Office of the Solicitor General must file a motion to dismiss.

560

561

562 **§ 214. Continuing Education.**

563

564 Team members shall attend continuing education workshops at least every other year to gain up-  
565 to-date knowledge about best practices on topics, including substance abuse and mental health  
566 treatment, complementary treatment and social services, behavior modification, community  
567 supervision, drug and alcohol testing, team decision-making, and legal issues in treatment court.

568

569

570 **§ 215. Program Evaluation.**

571

572 The treatment court shall submit a comprehensive report to the Band Assembly no later than  
573 December 31 of each year, detailing the number of participants during the calendar year, the  
574 respective outcomes, and any other information that is reasonably necessary to assess the  
575 treatment court’s impact on Band communities.

**Ordinance XX-XX**  
**(Band Assembly Bill XX-XX-XX-XX)**

Introduced to the Band Assembly on this  
XXX day of MONTH in the year  
Two thousand twenty-one.

Passed by the Band Assembly on this  
XXX day of MONTH in the year  
Two thousand twenty-one.

\_\_\_\_\_  
Sheldon Boyd, Speaker of the Assembly

APPROVED

Date: \_\_\_\_\_  
Melanie Benjamin, Chief Executive

**OFFICIAL SEAL OF THE BAND**