



Judicial Council of California

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INVITATION TO COMMENT

W26-04

Title

Collaborative Justice: Guidelines for Adult
Collaborative Treatment Courts

Action Requested

Review and submit comments by January 7,
2026

Proposed Rules, Forms, Standards, or Statutes

Amend Cal. Stds. Jud. Admin., std. 4.10

Proposed Effective Date

July 1, 2026

Proposed by

Collaborative Justice Courts Advisory
Committee
Hon. Charles A. Smiley III, Chair

Contact

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Executive Summary and Origin

The Collaborative Justice Courts Advisory Committee proposes amending standard 4.10 of the California Standards of Judicial Administration to expand the scope of its application from diversion drug court programs to adult collaborative treatment courts.¹ This amendment is in response to Senate Bill 910 (Stats. 2024, ch. 641),² which expressly requires the Judicial Council to amend standards of judicial administration to reflect specified state and nationally recognized best practices and guidelines for collaborative programs.

Background

The Judicial Council originally developed standard 4.10³ to establish criteria to evaluate a grant program for courts to implement pre-plea drug diversion under Penal Code section 1000.5.

¹ Adult collaborative treatment courts include adult drug courts, impaired driving treatment courts, family treatment courts, and veterans treatment courts.

² See Link A.

³ Originally numbered section 36, this standard became effective on January 1, 1998, and was renumbered in 2006 as part of the reorganization of the California Rules of Court. See Judicial Council of Cal., Advisory Com. Rep., *Reorganization of the California Rules of Court* (June 30, 2006).

This proposal has not been approved by the Judicial Council and is not intended to represent the views of the council, its Rules Committee, or its Legislation Committee. It is circulated for comment purposes only.

Health and Safety Code section 11972⁴ originally provided the basis for these criteria. This statute included a requirement that the design and operation of drug court programs comply with the standards set forth in *Defining Drug Courts: The Key Components*, a guideline developed by the National Association of Drug Court Professionals and Drug Court Standards Committee. The statute also listed 10 key components for drug court programs. The grant program was permanently eliminated as part of the 2013–14 State Budget, and there have been no substantive changes to the standard since its adoption.

SB 910, effective January 1, 2025, amended section 11972 in three important ways. First, the statute now requires counties and courts with “treatment court programs” to design and operate these programs in accordance with state and national guidelines that incorporate the *Adult Treatment Court Best Practice Standards* and *Family Treatment Court Best Practice Standards*⁵ developed by All Rise.⁶ The statutory amendments also updated the list of key components for “criminal adult treatment court programs.”⁷ (§ 11972(a)(1)–(11).) Finally, newly added subdivision (b) requires the Judicial Council to revise the standards of judicial administration by January 1, 2026, to reflect these updated guidelines for “collaborative programs.”⁸

Collaborative treatment court programs in California⁹ have historically reflected standards developed by All Rise. However, the All Rise standards are not specific to California and are

⁴ All further statutory references are to the Health and Safety Code unless otherwise specified.

⁵ See Link B. All Rise, originally founded as the National Association of Drug Court Professionals, specifies the following treatment court models as falling within the scope of its *Adult Treatment Court Best Practice Standards* and *Family Treatment Court Best Practice Standards*: adult drug courts, impaired driving treatment courts, family treatment courts, and veterans treatment courts. See All Rise, “Treatment Court Models,” <https://allrise.org/about/treatment-courts>.

⁶ All Rise temporarily withdrew its standards to revise and align them with the policy priorities of the federal executive branch. On November 7, 2025, All Rise released the latest edition of the *Adult Treatment Court Best Practice Standards* and stated that these standards will be updated on an ongoing basis. See All Rise, “Adult Treatment Court Best Practice Standards,” <https://allrise.org/publications/standards>. The *Family Treatment Court Best Practice Standards* are currently unavailable.

⁷ The updated list of key components for criminal adult treatment court programs include: a focus on a high-risk and high-need target population; access to a continuum of care that incorporates treatment for substance use and other behavioral health treatment, as well as social services; a system of incentives, sanctions, and service adjustments; and equitable access to people of all sociodemographic and sociocultural groups.

⁸ The committee initially undertook work to revise the standard by January 1, 2026, as specified in § 11972(b). The committee postponed the work due to recent and pending changes in the law that could affect the scope of this work and the unavailability of best practice standards that were to be included in this work. See *supra* note 6. Despite the ongoing issues, the committee decided to move forward with this proposal to comply with the requirement in § 11972(b). The committee will continue to monitor any new developments that may impact this proposal or that may require future revisions to standard 4.10.

⁹ Section 11972 uses the terms “treatment court programs,” “criminal adult treatment court programs,” and “collaborative programs.” The statute also specifies key components and the All Rise standards for court programs that only serve adult populations. Moving forward, the term “adult collaborative treatment court programs” will refer to court programs covered under § 11972.

also informed by the United States Constitution, federal law, and laws from other states.¹⁰ As a result, some areas of these standards and guidance may differ from California laws and policies. The proposed changes to standard 4.10 provide flexible adaptation of the All Rise standards to California and also account for varying resources in different counties that may influence the design and operation of local programs.

The Proposal

The committee proposes expanding the application of standard 4.10 to adult collaborative treatment court programs.¹¹ This expansion is consistent with the treatment court models covered within the scope of the *Adult Treatment Court Best Practice Standards* and *Family Treatment Court Best Practice Standards* developed by All Rise, and consistent with the focus on “criminal adult treatment court programs” as specified in section 11972(a). The changes would also remove program requirements specific to the former pre-plea drug diversion grant program while retaining elements that apply to covered adult collaborative treatment court models.¹² Finally, the proposed revisions avoid creating a narrow standard to allow for greater adaptability across covered adult collaborative treatment court models.

The Collaborative Justice Courts Advisory Committee proposes, effective July 1, 2026, the following amendments to standard 4.10 of the California Standards of Judicial Administration to be consistent with the directive in Health and Safety Code section 11972(b):

- Expand the scope of the standard to apply to covered adult collaborative treatment court programs by:
 - Amending the title of standard 4.10;
 - Amending subdivision (a) to expand the scope under paragraph (1); and
 - Adding new paragraph (a)(2) to clarify the adult collaborative treatment court models that may be covered under the standard, based on treatment court models specified by All Rise.

¹⁰ See Link B, p. 1. See also All Rise, *A Practitioner’s Guide to Constitutional and Legal Issues in Adult Drug Courts* (2023), allrise.org/wp-content/uploads/2023/06/Constitutional-and-Legal-Issues.pdf.

¹¹ See the list of treatment court models falling within the scope of the All Rise standards, *supra* note 5.

¹² Pre-plea drug diversion and adult collaborative treatment court programs provide judicial monitoring and treatment in the community in lieu of incarceration; however, they differ in program design and operation. Adult collaborative treatment court programs serve a target population with more severe criminal risk and behavioral health needs compared to the population served by pre-plea drug diversion. Because of this difference, adult collaborative treatment court programs are designed and operated differently than pre-plea drug diversion to respond to the specific supervision, treatment and rehabilitative needs of its target population.

- Remove provisions relevant to pre-plea drug diversion that do not apply to covered adult collaborative treatment court programs.¹³
- Amend language to reflect the key components identified in section 11792 by:
 - Amending subdivision (b) to clarify the target population that may be eligible to participate in adult collaborative treatment court programs, as specified in section 1172(a)(3);
 - Amending subdivision (f) to clarify best practices for administering sanctions and incentives and for ordering service adjustments, consistent with Section 11792(a)(6);
 - Adding new subdivision (g) to identify best practices for complying with section 11792(a)(11), which directs covered adult collaborative treatment court programs to “ensure equitable access, services, and outcomes for all sociodemographic and sociocultural groups;” and
 - Adding new advisory committee comment to specify that section 11792(a) provides additional design and operational requirements for covered adult collaborative treatment court programs.
- Update language to reflect All Rise best practice standards by:
 - Adding new paragraph (b)(2) to provide guidance on serving more than one risk or need level, consistent with the All Rise standard on high-risk and high-need participants.
 - Renumbering current paragraphs (c)(3) and (4) as new paragraphs (c)(1) and (2) and clarifying best practices for establishing a treatment and social service phase structure, consistent with the All Rise standard on phase advancement;
 - Amending subdivision (d) to clarify best practices for the frequency of monitoring and testing for the use of controlled substances, consistent with the All Rise standard on frequency of drug and alcohol testing;
 - Amending subdivision (e) to clarify best practices for the frequency of judicial supervision, consistent with the All Rise standard on status hearings;
 - Adding new paragraph (f)(2) to provide guidance for ordering service adjustments, consistent with the All Rise standard on incentives, sanctions, and service adjustments;

¹³ The following provisions were removed: (b)(1)–(2); (c)(1)–(2); (c)(5); (d)(1)–(4); (e)(1)–(5); and (f)(2)–(3).

- Adding new paragraph (f)(3) to provide guidance on establishing additional responses, consistent with the All Rise standard on complementary services and recovery capital; and
- Amending paragraph (f)(4) to provide guidance on hearings to determine possible unsuccessful program discharge, consistent with the All Rise standard on program discharge.

Alternatives Considered

Section 11972(b) requires the Judicial Council to revise the standards of judicial administration to reflect state- and nationally recognized best practices and guidelines for collaborative programs, so the committee did not consider the alternative of not proposing revisions to the standards.

The committee considered recent and pending changes in the law that impacted the work to revise the standards. Instead of January 1, 2026, the proposed revision of this standard would be effective July 1, 2026. Several factors caused this six-month delay. In November 2024, voters passed Proposition 36, which included the Treatment-Mandated Felony Act. (§ 11395.) This act specifies certain required program components for drug treatment. (§ 11395(d).) Introduced in December 2024, Senate Bill 28 proposes amending section 11972 to add section 11395 cases into the required treatment court standards. This bill also proposes eliminating the current requirement that the Judicial Council revise the standards, set forth in section 11972(b). Meanwhile, in February 2025, All Rise temporarily withdrew its standards to revise and align them with the policy priorities of the federal executive branch. On November 7, 2025, All Rise released the latest edition of the *Adult Treatment Court Best Practice Standards*; however, the *Family Treatment Court Best Practice Standards* are currently unavailable, with no anticipated release date. And, as of this date, SB 28 remains pending in the legislature. Despite these ongoing issues, the committee decided to move forward with this proposal to comply with the requirement in section 11972(b). The committee will continue to monitor any new developments that may impact this proposal or that may necessitate future revisions to standard 4.10.

Fiscal and Operational Impacts

The fiscal and operational impacts of this proposal are attributable to the legislation that mandated it. Expected costs include training of court staff. Through the Budget Act of 2025, the Judicial Council received ongoing funding to implement training for adult collaborative treatment court staff on the guidelines of SB 910.¹⁴ Training developed through this funding can incorporate future changes to the All Rise standards. This funding allocation is anticipated to offset the costs of training court staff.

¹⁴ See Cal. Department of Finance, Enacted Budget Detail, 0250 Judicial Branch, California State Budget 2025–26 (June 27, 2025), p. 2, ebudget.ca.gov/2025-26/pdf/Enacted/GovernorsBudget/0010/0250.pdf.

The committee does not anticipate additional fiscal or operational impacts from the proposed amendments to the standard.

Request for Specific Comments

In addition to comments on the proposal as a whole, the advisory committee is interested in comments on the following:

- Does the proposal appropriately address the stated purpose?

The advisory committee also seeks comments from *courts* on the following cost and implementation matters:

- Would the proposal provide cost savings? If so, please quantify.
- What would the implementation requirements be for courts—for example, training staff (please identify position and expected hours of training), revising processes and procedures (please describe), changing docket codes in case management systems, or modifying case management systems?
- Would two months from Judicial Council approval of this proposal until its effective date provide sufficient time for implementation?
- How well would this proposal work in courts of different sizes?

Attachments and Links

1. Cal. Standards of Judicial Administration, std. 4.10, at pages 7–11
2. Link A: Sen. Bill 910 (Stats. 2024, ch. 641),
[leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB910](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202320240SB910)
3. Link B: All Rise, *Adult Treatment Court Best Practice Standards* (Nov. 7, 2025 edition),
allrise.org/publications/standards
4. Link C: Proposition 36, Homelessness, Drug Addiction, and Theft Reduction Act (passed by voters Nov. 5, 2024), vig.cdn.sos.ca.gov/2024/general/pdf/prop36-text-proposed-laws.pdf
5. Link D: Sen. Bill 28 (2025–26),
leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202520260SB28

Standard 4.10 of the California Standards of Judicial Administration would be amended, effective July 1, 2026, to read:

Title 4. Standards for Criminal Cases

Standard 4.10. Guidelines for adult collaborative treatment courts ~~diversion drug court programs~~

(a) Minimum components

(1) The components specified in this standard should be included as minimum requirements in ~~any pre-plea diversion drug program developed under Penal Code section 1000.5.~~ adult collaborative treatment courts.

(2) Adult collaborative treatment courts are evidence-based, post-adjudication courts that provide an alternative to traditional criminal justice case processing. Adult collaborative treatment courts may include adult drug courts, impaired driving treatment courts, family treatment courts, and veterans treatment courts.

(b) ~~Early entry~~ Adult collaborative treatment court participants

(1) Adult collaborative treatment courts should serve a high-risk and high-need target population.

(2) Adult collaborative treatment courts may serve participants with lower risk or need levels. Adult collaborative treatment courts that serve more than one risk or need level should develop alternative treatment and service tracks.

(3) Adult collaborative treatment court candidates ~~Eligible participants~~ should be identified early. Those determined eligible for participation should be accepted and enter placed into a supervision and an adult collaborative treatment court program promptly.

(1) ~~A declaration of eligibility should be filed by the district attorney no later than the date of the defendant's first appearance in court.~~

(2) ~~Participants designated as eligible by the district attorney should be ordered by the assigned drug court judge to report for assessment and treatment supervision within five days of the first court appearance.~~

(c) Treatment and social services

Participants should be given access to a continuum of treatment and ~~rehabilitative~~ social services that are responsive to their individual needs.

- (1) ~~The county drug program administrator should specify and certify appropriate drug treatment programs under Penal Code section 1211.~~
- (2) ~~The certified treatment programs should provide a minimum of two levels of treatment services to match participants to programs according to their needs for treatment, recognizing that some divertees may be at the stage of experimenting with illicit drugs while others may be further along in the addiction's progression.~~
- (3)(1) Each Treatment levels should be divided into phases in order a phase structure to provide periodic reviews of treatment progress and address participant needs in an effective sequence. Each phase may vary in length. It should be recognized that a participant is expected to progress in treatment but may relapse. ~~Most participants, however, should be able to successfully complete the treatment program within 12 months.~~
- (4)(2) ~~Each pre-plea diversion drug court program~~ Adult collaborative treatment courts should have an assessment component to ensure that participants are initially screened and then periodically assessed ~~by treatment personnel~~ to ensure that appropriate treatment and social services are provided and to monitor the participants' progress ~~through the phases.~~
- (5) ~~Treatment services should include educational and group outpatient treatment. Individual counseling, however, should be made available in special circumstances if an assessment based on acceptable professional standards indicates that individual counseling is the only appropriate form of treatment. Referrals should be made for educational and vocational counseling if it is determined to be appropriate by the judge.~~

(d) Monitoring

Abstinence from and use of ~~drugs~~ controlled substances should be monitored by frequent drug testing and tested at the frequency determined necessary by the adult collaborative treatment court based on each participant's behavior and needs.

- (1) ~~Alcohol and other drug (AOD) testing is essential and should be mandatory in each pre-plea diversion drug court program to monitor participant compliance.~~
- (2) ~~Testing may be administered randomly or at scheduled intervals, but should occur no less frequently than one time per week during the first 90 days of treatment.~~

1
2 (3) ~~The probation officer and court should be immediately notified when a~~
3 ~~participant has tested positive, has failed to submit to AOD testing, or has~~
4 ~~submitted an adulterated sample. In such cases, an interim hearing should be~~
5 ~~calendared and required as outlined in (e)(4).~~

6
7 (4) ~~Participants should not be considered to have successfully completed the~~
8 ~~treatment program unless they have consistently had negative test results for~~
9 ~~a period of four months.~~

10
11 (e) **Judicial supervision**

12
13 ~~There should be early and frequent judicial supervision of each diversion drug~~
14 ~~court participant. Adult collaborative treatment courts should provide early and~~
15 ~~ongoing judicial supervision, at a frequency consistent with the needs of each~~
16 ~~participant.~~

17
18 (1) ~~Each participant should appear in court before a specifically assigned~~
19 ~~diversion drug court judge within 30 days after the first court appearance. At~~
20 ~~this time the participant should provide proof of registration, proof of~~
21 ~~completion of assessment, proof of entry into a specific treatment program,~~
22 ~~and initial drug test results.~~

23
24 (2) ~~The second drug court appearance should be held no later than 30 days after~~
25 ~~the first drug court appearance. The third drug court appearance should be~~
26 ~~held no later than 60 days after the second drug court appearance.~~

27
28 (3) ~~A final drug court appearance should be required no sooner than 12 months~~
29 ~~from entry into treatment unless continued treatment is found to be~~
30 ~~appropriate and necessary.~~

31
32 (4) ~~Interim drug court appearances should be required within one week of the~~
33 ~~following: positive drug test results, failure to test, adulterated test, or failure~~
34 ~~to appear or participate in treatment.~~

35
36 (5) ~~At each drug court appearance, the judge should receive a report of the~~
37 ~~participant's progress in treatment and drug test results and should review,~~
38 ~~monitor, and impose rewards and sanctions based on the participant's~~
39 ~~progress or lack of progress.~~

40
41 (f) **Sanctions, and incentives, and service adjustments**

1 ~~The drug court~~ Adult collaborative treatment courts should responds directly to
2 each participant's ~~compliance or noncompliance~~ behavior with ~~graduated~~ sanctions,
3 ~~or incentives, or service adjustments.~~

4
5 (1) A clear regimen of incentives and sanctions should be established and
6 implemented ~~at each court hearing~~ to support each participant's adherence to
7 adult collaborative treatment court goals and conditions.

8
9 (2) ~~The suggested range of incentives should be as follows:~~

10
11 (A) ~~Encouragement;~~

12
13 (B) ~~Advancement to next treatment phase;~~

14
15 (C) ~~Reduction in diversion program fees (other than state-mandated fees);~~

16
17 (D) ~~Completion of treatment and required court appearances and shortening~~
18 ~~of the term of diversion; and~~

19
20 (E) ~~Other incentives the court may deem necessary or appropriate.~~

21
22 (3) ~~The suggested range of sanctions should be as follows:~~

23
24 (A) ~~Demotion to earlier treatment phase;~~

25
26 (B) ~~Increased frequency of testing, supervision, or treatment requirements;~~

27
28 (C) ~~Graduated length of incarceration for violating diversion order to~~
29 ~~abstain from use of illegal drugs and for nonparticipation in treatment;~~
30 ~~and~~

31
32 (D) ~~Reinstatement of criminal proceedings.~~

33
34 (2) Service adjustments should be provided when necessary to support a
35 participant in achieving program goals and conditions. Service adjustments
36 should not be used as incentives or sanctions. Service adjustments may
37 include but are not limited to supervision adjustments, treatment adjustments,
38 and learning adjustments.

39
40 (3) Adult collaborative treatment courts may establish additional responses to
41 behaviors to address participant and court needs.
42

(4) ~~A participant~~ Adult collaborative treatment courts should hold a hearing to determine whether a participant facing possible unsuccessful discharge should be terminated from the adult collaborative treatment court pre-plea diversion drug court, and criminal proceedings should be reinstated, if the drug court judge, after a hearing, makes a final and specific finding and determination at any time during the period of diversion that the participant has:

(A) ~~Not performed satisfactorily in treatment;~~

(B) ~~Failed to benefit from education, treatment, or rehabilitation;~~

(C) ~~Been convicted of a misdemeanor that reflects the participant's propensity for violence; or~~

(D) ~~Engaged in criminal conduct rendering him or her unsuitable for continued treatment.~~

(g) Diversity, equity, and inclusion

(1) Adult collaborative treatment courts should ensure equitable access, services, and outcomes for all sociodemographic and sociocultural groups.

(2) Adult collaborative treatment court staff and service providers should reasonably reflect the sociodemographic characteristics or sociocultural identities of adult collaborative treatment court candidates and participants.

(g) National standards

~~In addition to meeting the minimum guidelines provided in this standard, courts are encouraged to look to the nationally accepted guidelines, *Defining Drug Courts: The Key Components*, developed by the National Association of Drug Court Professionals in cooperation with the Department of Justice, for further and detailed guidance in developing an effective diversion drug court program.~~

Advisory Committee Comment

Subdivision (a). In addition to the components identified in this standard, Health and Safety Code section 11972(a) specifies requirements and components for the design and operation of an adult collaborative treatment court.