

Crosswalk/Proof Docs Spreadsheet

****Please highlight within each document the program's policy & process that reflects alignment with each standard below****

Std. Ref.	Standard Text	Typical Proof Type	Name of Proof Document that standard is demonstrated in & Page #/Paragraph	Program Text Highlighted
<p><i>Standards highlighted in yellow may not fully apply to all programs</i></p> <p><i>Sentences including or preceding "must," "shall," "can," "are," "no," "will," "not," or "only" are considered part of the mandatory requirement.</i></p> <p><i>Sentences including "should" or "feasible" are considered a recommended requirement.</i></p>			(i.e. P&P page #14, section G, 1st paragraph)	<input checked="" type="checkbox"/>
Std. Ref.	Finance Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
1-5	Treatment court budgets shall consider the funding needed to support professional development needs, to whatever extent possible, of the following personnel: public defender, prosecution, treatment court coordinator, treatment staff, probation/parole, law enforcement, judge/special master, and court staff who support the treatment court (such as language access services). Please see Appendix L for Funding Standards.	Fiscal Audit/ Supplemental Fund		<input type="checkbox"/>
1-6	For internal court operations, each court shall prepare a separate budget for family treatment courts, juvenile drug courts, adult drug courts, veterans treatment courts, and any other treatment courts that may exist. a. Any New Mexico treatment court receiving funding, training, or technical assistance from a federal agency or national partner should inform the AOC and request a letter of support and/or commitment.	Treatment Court Operational Budget (OpBud) / Supplemental Fund / Fiscal Audit / MOU		<input type="checkbox"/>
6-19	Adult participants may be expected to pay fees (distinct from restitution owed) as part of their treatment court involvement. Fees may be reduced as an incentive for positive behavior or paid through community service credits. Treatment court fee requirements may be satisfied by community service at the federal minimum wage. Treatment courts must work with each individual to establish a payment plan and monitor progress to ensure lack of payment does not become a barrier to phase advancement or graduation. Subject to state law, a treatment court may assess fees on a flat fee basis. A treatment court may assess fees on a sliding scale basis only with statutory authority. Participants are encouraged to have paid all required program fees prior to graduation. The judge has authority to waive treatment court fee requirements (see Appendix H).	P&P and Program Application (P&P should address whether participants are charged treatment court specific fees)		<input type="checkbox"/>
6-20	Juvenile drug courts shall not collect program fees or financial fees as a sanction.	P&P and Program Application		<input type="checkbox"/>
6-21	Adult drug courts may assess, collect and expend program fees consistent with state law. All treatment courts that elect to assess fees shall submit that written fee policy to the AOC. Fees shall be expended to offset participant service costs of the treatment court (see Appendix H: Fees).	P&P and Fiscal Audit		<input type="checkbox"/>
8-15	The treatment court will work collaboratively with the state to conduct cost-benefit analysis of the treatment court.	P&P & Enhanced Fiscal Audit		<input type="checkbox"/>
E-11	The treatment provider shall maintain fiscal records in accordance with generally accepted accounting principles, State requirements and any contractual specifications.	Provider Contracts / Site Visit & Interview		
E-12	The treatment provider shall participate in fiscal, operational or other audits as required by the court or other authorized agency.	Provider Contracts / Site Visit & Interview		
H-1	Fees may only be charged in accordance with statutory authority. See 35-6-7 NMSA 1978 for magistrate court programs and 34-6-47 NMSA 1978 for district court programs.	P&P & Fiscal Audit / Supplemental Fund MOU		<input type="checkbox"/>
H-2	Fees can be expended for services, such as: a. Treatment costs b. Drug and alcohol testing c. Training for treatment court team members d. Childcare e. Monitoring and compliance services and equipment f. Psychological screening and assessments g. Medical screening and assessments h. Assistance with transportation costs to the treatment court i. Interpreter's fees j. Temporary housing assistance	P&P & Fiscal Audit / Supplemental Fund MOU		<input type="checkbox"/>
H-3	Any proposed expenditures not included on the above list (e.g., emergency living expenses; treatment court incentives for participants, such as medallions; or refreshments for graduation ceremonies) must first be approved by the AOC. If approved by the AOC, applicable Department of Finance Administration guidelines must be followed in relation to the proposed expenditure.	P&P & Fiscal Audit / Supplemental Fund MOU		<input type="checkbox"/>
H-4	If the program is collecting fees from participants for program operations, these fees should be expended on an annual basis. As a general business rule, account fund balances should not exceed \$20,000 without AOC approval.	P&P & Fiscal Audit / Supplemental Fund MOU		<input type="checkbox"/>
L-1	L-1 Scope - The Drug Court Fund Standards apply to all treatment courts operating under the auspices of a New Mexico Court receiving supplemental funding from the Administrative Office of the Courts.			
L-2	Authority - Section 7-1-6.40 NMSA 1978 (being Laws 1997, Chapter 182, Section 2) The "drug court fund" is created in the state treasury. The fund consists of appropriations, distributions, gifts, grants, donations, and bequests made to the fund and income from investment of the fund. The administrative office of the courts shall administer money in the fund to offset participant service costs of drug court programs, consistent with standards approved by the supreme court. Money in the fund shall be expended on warrants of the secretary of finance and administration pursuant to vouchers signed by the director of the administrative office of the courts. Balances in the fund shall not revert to the general fund at the end of a fiscal year.			
L-3	Funding provided by the AOC is supplemental to the treatment court base budget obligation of each judicial district. The AOC shall establish annual supplemental funding priorities and disbursement amounts. The drug court fund may be used to support all direct and ancillary participant service costs including personnel, equipment, training, contracts, etc., as approved by the AOC.			

L-4	Only drug courts, AKA treatment courts, as previously defined are eligible for supplemental funding from the drug court fund.		
L-5	As noted in Standard 8-17, treatment courts shall develop and demonstrate material alignment with the NM Treatment Court Standards by participating in quality engagement initiatives coordinated through the AOC, including but not limited to, program certification, training, and other technical assistance. Supplemental funding may be approved if a treatment court is currently certified, has enlisted for the certification process according to AOC guidelines, or was rescheduled for certification with AOC approval.		
L-6	As the drug court fund is a supplemental source of funding for treatment courts, the court's base budget commitment is expected to be expended as the primary funding source for the program.	Fiscal Audit	<input type="checkbox"/>
L-7	Base allocations of supplemental funding awards can generally be expected to be renewed annually as long as the program is viable, the funds are expended on approved program components, and funding is available for reimbursement.		
L-8	To renew established supplemental funding, each court will submit an Operating Budget (OpBud) for the upcoming fiscal year.	Fiscal Audit / Copy of OpBud	<input type="checkbox"/>
L-9	When out-of-cycle adjustments to the approved OpBud are required, the requests will be submitted using the approved form to the Administrative Office of the Courts (AOC) with a proposed revised OpBud and rationale for the proposed changes. The AOC will approve or deny the adjustment. In the event of a program closure, remaining funds will be considered uncommitted and will be distributed according to these standards.		
L-10	When supplemental funds above the recurring base allocations become available, special dates and forms for fund requests will be established and the AOC will review requests and make approval decisions.		
L-11	[Considerations for evaluation of requests for additional funding.]		
L-12	Applicable Department of Finance Administration and/or NM Supreme Court guidelines must be followed in relation to any proposed expenditure.	Fiscal Audit	<input type="checkbox"/>

Std. Ref.	Combo Miscellaneous Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
8-16	Treatment courts should participate in a peer review process.	Copy of Peer Review Report		<input type="checkbox"/>
8-17	Treatment courts shall develop and demonstrate material alignment with the NM Treatment Court Standards by participating in quality engagement initiatives coordinated through the AOC, including but not limited to, program certification, training, and other technical assistance.	Certification Team Training Log		<input type="checkbox"/>
9-8	Treatment court uses technical assistance to improve operations and ensure services are delivered effectively.	P&P and Program Application		<input type="checkbox"/>
10-4	Treatment courts shall cooperate with the Supreme Court and the AOC to ensure compliance with these standards. The Supreme Court will enforce compliance with these standards.	Based on the total participation with the anonymous team survey		

Std. Ref.	Surveillance Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
1-9	Each court shall adopt written policies and procedures for staff (either court or contract) responsible for supervision/probation/surveillance duties. Procedures must require staff and/or contractors conducting field visits to use AOC-approved safety and support applications and complete required minimum training. Nothing in this section, or in a court's policies and procedures created in response to this section, shall be construed to limit the statutorily allowed powers (e.g., ability to arrest and carry a firearm) of certified officers (i.e., certified law enforcement or adult probation officers) who are fulfilling probation/surveillance duties on behalf of a treatment court (see Appendix B).	Program P&P/ SO P&P and OSSA & DIMS data		<input type="checkbox"/>
4-26	Caseloads for probation officers or other professionals providing community supervision for the treatment court must permit sufficient opportunities to monitor participant performance, apply effective behavioral consequences, and report pertinent compliance information during pre-court staff meetings and status hearings. The caseloads typically should not exceed 30 active participants. (Caseloads should not exceed 50 if staff has a mix of low risk and no other caseloads or responsibilities.)	Program Application		
6-26	Monitoring and support of participants should occur during regular business hours and in the evening and weekends when participants face potential challenges to engage in noncompliant conduct and activities.	P&P and Program Application		<input type="checkbox"/>
A	Appendix A: Definitions			

B-1a	<p>The court's probation/surveillance/supervision officer policies and procedures will address, at a minimum:</p> <p>a. <i>Officer compliance monitoring responsibilities, including, but not limited to:</i></p> <ol style="list-style-type: none"> 1. Nature and scope of permissible and impermissible direct contact with participants; 2. Involvement with electronic monitoring devices; 3. Drug testing duties; 4. Verification of community service, employment, or educational components of the treatment court; 5. Nature, content, and periodicity of all reports required to document probation/surveillance/supervision activities (ALL field visits will be reported). The Policy must require reporting of observation of contraband (and any action taken regarding contraband) as well as any threat of physical confrontation; and 6. Whether their duties are to include field work and home visits (see part b, below), or will be conducted solely from the court setting via phone and computer workstation. 	P&P should address the program's procedures and the individual (PO/SO/CM) responsible for monitoring for #1-6		<input type="checkbox"/>
B-1b	<p>If such duties are to include <i>field work and home visits</i>, the following elements must be included in the court's policies and procedures:</p> <ol style="list-style-type: none"> 1. A clear definition of what is meant by "field work" and/or a "home visit" (e.g., field officers should never attempt to provide counseling, but should instead verify compliance with treatment court dictates by performing drug tests, verifying curfew, etc.); 2. A clear statement that field work should ideally be conducted in teams of two or more (see Practice 1 below) and the conditions, if any, wherein visits may be conducted alone; 3. The process by which field visits will be scheduled, approved, monitored, verified, and documented; 4. Any safety equipment (e.g., identification badge; body armor; mobile phone, hand-held radio, and/or other device for emergency communication; etc.) that will be provided by the court, and identify the circumstances in which it shall be used; 5. Safety procedures covering what the field officers should and should not do in all situations they may face in the field (e.g., what actions to take if a compliance or law violation is observed; when to suspend a field activity, such as a home visit, due to threatening or suspicious circumstances; what communication protocols to follow in all circumstances, such as when law enforcement should be immediately contacted; etc.). <ul style="list-style-type: none"> i. If any self-defense tools (such as pepper spray) are authorized, the Policy must provide for appropriate training in when and how to use, as well as first-aid steps taken upon use; ii. The Policy shall prohibit the carrying and use of weapons capable of inflicting deadly force or great bodily harm – Court Probation/Surveillance/Supervision Officers shall not be armed. Note: Nothing in this section, or in a court's policies and procedures created in response to this section, shall be construed to limit the statutorily allowed powers (e.g., ability to arrest and carry a firearm) of certified officers (i.e., certified law enforcement or New Mexico Corrections Division [NMCD] adult probation officers) who are fulfilling probation/surveillance/supervision duties on behalf of a treatment court 	If fieldwork and/or home visits are conducted, #1-5 of this standard P&P should address what the program's procedures are for each. (If fieldwork is not conducted by the program notate in column E)		<input type="checkbox"/>
B-1c	<p>Level of training or certification necessary for probation/surveillance/supervision officers, and mechanism by which such training or certification will be provided:</p> <ol style="list-style-type: none"> 1. All field work staff and/or contractors (Treatment Court Coordinators, Court Probation and Surveillance Officers, etc.) shall complete an approved training program (contact the AOC's Statewide Treatment Court Coordinator for approved trainings) before conducting field work in a home or bar check situation. A Probation/Surveillance Officer who has not yet been trained may accompany a trained officer for such activities, but must complete the training within 12 months of initial hire; 2. The Policy must make clear what restrictions the training or certification place on the court probation/surveillance officers. In all cases, the Policy shall provide: <ul style="list-style-type: none"> i. Court Probation/Surveillance/Supervision Officers shall not make an arrest; ii. Court Probation/Surveillance/Supervision Officers shall not seize evidence to be used in a new criminal prosecution; iii. Whether transportation and/or restraint of a participant is permitted by the Court Probation/Surveillance/Supervision Officer and, if so, under what circumstances. 	P&P		<input type="checkbox"/>
B-1d	<p>The court staff attorney or the General Counsel of the Administrative Office of the Courts shall review the Probation/Surveillance/Supervision Officer Policy of every judicial entity. A Policy shall not be put into effect until approved in writing after legal review. Upon adoption of a Policy, each court shall provide a copy to the Statewide Treatment Court Coordinator at the Administrative Office of the Courts.</p>	P&P		<input type="checkbox"/>
B-1p1	<p>When staffing resources make it difficult to perform field work in teams of two or more Court Probation/Surveillance/Supervision Officers who have completed the required training, the treatment court shall explore the possibility of collaborating with other probation/surveillance resources, such as through county compliance programs, the Juvenile Probation Parole Officer's or NMCD Adult Probation Officer's office, or local law enforcement, or the use of approved electronic means such as safety and support applications. The Policy must set forth what activities are permitted if field work is necessary but a partner is not available (e.g., no home visits or bar checks conducted alone, or what circumstances would justify such visits). How field work safety ratings are established and how those safety ratings correspond to conducting work alone.</p>	If fieldwork and/or home visits are conducted, P&P should address what the program's procedures are for each part of this standard. (If fieldwork is not conducted by the program notate in column E)		<input type="checkbox"/>
Std. Ref.	Equity & Eligibility Related Pending Items	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted

1-15	The treatment court shall ensure that participants from groups that have historically experienced sustained discrimination or reduced social opportunities because of their race, ethnicity, gender, sexual orientation, sexual identity, physical or mental disability, religion, or socioeconomic status receive equal access, retention, treatment, dispositions and incentives/sanctions. All documents shall be translated into the native language of participants/families with limited English proficiency and/or language access services should be engaged to ensure participant comprehension.	P&P (process demonstrating how the program ensures equal access, retention, treatment, dispositions and incentives/sanctions), copies of Translated Docs, and DIMS Data Review	<input type="checkbox"/>
3-1	Programs should ensure that eligibility criteria result in equity of access for all genders, racial/ethnic groups, and youth who are LGBTQI-Gender Diverse and 2-Spirit.	P&P and Eligibility Info Sheet	<input type="checkbox"/>
3-2	Consideration for admission to the treatment court shall include potential participants who: a. Have been arrested or convicted of drug offenses or drug related crimes having to do with alcohol or other drugs as defined in New Mexico Criminal Code and New Mexico Children's Code; b. Have non-drug related offenses that were committed while under the influence, or committed to support addiction or dependency, or are substantially related to the use or abuse of alcohol or drugs; c. Committed distribution or trafficking of illegal substances to support participant's dependency or addiction to alcohol or drugs (AOD); d. Have been arrested for drug offenses or drug related crimes and have qualified for a pre-prosecution or court ordered AOD diversion program; e. Have violated probation by commission of a drug offense, drug related crime, or drug use; f. Have been arrested or convicted of a crime due to behavior that is a result of mental illness; g. Have substantiated child abuse and/or neglect findings where alcohol or other drug use is a factor; h. Have a severe alcohol or other drug abuse problem, which has put their children at risk of child abuse and/or neglect that could result in removal upon the filing of a petition; or i. Justice system or child protective services involvement due to untreated/unmanaged mental health disorders. j. Juvenile: 1. Diagnosed substance use and/or behavioral health disorder; 2. Age 14 or older; 3. Moderate to high risk u. Veteran Treatment Court (VTC): Determination of the participant's veteran status (e.g., DD Form 214 "certificate of release or discharge from active duty").	P&P and Eligibility Info Sheet	<input type="checkbox"/>
3-3	A potential participant with a prior misdemeanor conviction or adjudication of a delinquent act involving violence may be admitted to a treatment court. [Clarification only]		
3-4	Some federal funding includes restrictions against use for participants with violent histories; programs should maintain compliance with funding guidelines. Admission into treatment courts not directly receiving federal funds shall be governed by that organization's rules and regulations consistent with these standards. (For definitions and additional details, see Appendix D.)	P&P should address the program's procedure for providing services for individuals with violent histories should the program receive federal funding	<input type="checkbox"/>
3-5	Participant eligibility requirements/criteria and intake and referral standards shall be defined objectively, agreed upon by all members of the treatment court team, included in writing as part of the treatment court's policies and procedures, and communicated to potential referral sources. Referral sources should be actively educated in referral procedures and eligibility criteria.	P&P and Eligibility Info Sheet	<input type="checkbox"/>
3-6	Treatment courts may be designed to admit eligible participants pre-plea, post-plea, or may operate as a combination of both pre- and post-plea participants. [Clarification only]	P&P and Eligibility Info Sheet	<input type="checkbox"/>
3-7	When operating a treatment court, the program shall target individuals classified as moderate to high risk and high need. Treatment courts choosing to serve other risk levels in addition to high risk and high need as resources are available, shall develop separate service tracks and "phase" requirements for these offenders so that services for participants are appropriate for their assessed need and risk level (see 3-8). Low-risk low-need individuals shall be considered for diversion. a. Juvenile: Potential program participants who do not have a substance use disorder and/or mental health issue and are not moderate to high risk shall be diverted from the treatment court process. b. Family: Participants who are high criminogenic risk should be served separately from participants who are low criminogenic risk even if they are high risk for child maltreatment.	P&P and Eligibility Info Sheet	<input type="checkbox"/>
3-8	Treatment courts shall use standardized, objective, validated, and culturally responsive risk and need screening and assessment tools to determine eligibility and service needs. When working with individuals who have historically experienced sustained discrimination or reduced social opportunities, treatment courts have a responsibility to use tools validated for those members, where available. a. Juvenile: JDTCs will conduct comprehensive needs assessment that inform individualized case management. Assessment of youth and parent needs should include: use of alcohol or other drugs, criminogenic needs, mental health, history of abuse or other traumatic experiences, well-being needs and strengths, parental drug use, parental mental health needs, parenting skills. b. Adult: Participants are not excluded from participation in treatment court because they lack a stable place of residence.	P&P and DIMS data	<input type="checkbox"/>
3-9	Treatment courts choosing to serve a mixed population of low-risk and moderate- to high-risk offenders shall provide separate tracks, including separate group treatment services to ensure low-risk offenders are not attending group sessions with moderate and high-risk offenders, and that their specific needs are met.	P&P, Service Delivery Logs and/or DIMS usage data (if program serves a mixed population, P&P should include a break down of the requirements for each track & phase)	<input type="checkbox"/>
3-10	Participants are screened for treatment court eligibility as soon as possible by designated members of the treatment court team as identified by treatment court policies and procedures. When competency determination is necessary, it should be expedited (the time required to accept someone into the program should not exceed the length of the sentence that the defendant would have received had they pursued the traditional court process).	P&P	<input type="checkbox"/>
3-11	Participants being considered for treatment court shall be promptly advised about the program, including the requirements, scope and potential benefits and effects on their case.	P&P	<input type="checkbox"/>

3-12	Treatment courts should strive to have participants begin the program within 50 days of the arrest or incident that resulted in their being considered for entry into the treatment court. For the family dependency court, assessments should be done within 10 business days of initial interview with the family dependency court contact.	P&P and DIMS data		<input type="checkbox"/>
3-14	If appropriate services are available, treatment courts may accept individuals with serious mental health disorders/co-occurring disorders and medical conditions. Treatment courts gather information from trained medical professionals and may consider accepting individuals with valid prescriptions for addictive medication, including narcotics for pain. Applicants are not denied entry to treatment courts because they are receiving a lawfully prescribed medication for psychiatric, substance use, and/or other physical disorders and participants are not required to discontinue lawfully prescribed medication for psychiatric, substance use, and/or other physical disorders as a condition of graduating from the treatment court.	P&P (including the certified use of medical cannabis & the program's process for responding to the potential misuse, abuse, or contraindication with other medications or substances)		<input type="checkbox"/>
4-24	Treatment courts will not deny any eligible participant access to the treatment court program because of their use of FDA-approved medications for the treatment of substance abuse (e.g., methadone; buprenorphine products, including buprenorphine/naloxone combination formulations and buprenorphine mono-product formulations; naltrexone products, including extended-release and oral formulations; disulfiram; and acamprosate calcium). Further, methadone treatment rendered in accordance with current federal and state methadone dispensing regulations from an opioid treatment program and ordered by a physician who has evaluated the participant and determined that methadone is an appropriate MAT for the individual's opioid abuse must be permitted. Similarly, FDA-approved medications available by prescription must be permitted unless the judge determines the following conditions have not been met: a. The participant is receiving those medications as part of treatment for diagnosed substance abuse. b. A licensed clinician, acting within their scope of practice, has examined the participant and determined that the medication is an appropriate treatment for their substance abuse. c. The medication was appropriately authorized through prescription by a licensed prescriber. In all cases, MAT must be permitted to be continued for as long as the prescriber determines that the FDA-approved medication is clinically beneficial. Treatment courts must assure that a participant will not be compelled to suspend use of MAT as part of the conditions of the treatment court if such a mandate is inconsistent with a licensed prescriber's recommendation or valid prescription for FDA-approved medication. Under no circumstances may a treatment court judge, other judicial official, supervision officer, or any other staff connected to the treatment court deny the use of such FDA-approved medications when made available to the participant under the care of a properly authorized physician and pursuant to regulations within an opioid treatment program or through a valid prescription and under the conditions described above. A judge, however, retains judicial discretion to mitigate/reduce the risk of abuse, misuse, or diversion of these medications.	P&P (MAT for the treatment of substance use disorder) & Application		<input type="checkbox"/>
8-12	Monitoring of participant progress, success, and satisfaction should include a comparison of individuals who have historically experienced sustained discrimination or reduced social opportunities to the other participants, to identify—and work to address—any areas of inequity in treatment court access, retention, treatment and other services received, treatment progress, responses to behavior, outcomes achieved, and dispositions. The treatment court develops a remedial action plan and timetable to correct disparities and examines the success of the remedial actions.	P&P and Program Application		<input type="checkbox"/>
D-1	A violent offender is defined as a person: a. Currently charged with or convicted of an offense during the course of which 1. The person carried, possessed, or used a firearm or other dangerous weapon; 2. The person used force against another person; or 3. Death, or serious bodily injury, occurred to any person, without regard to whether any of the circumstances described above is an element of the offense or conduct of which or for which the person is charged or convicted. b. Has one or more prior convictions of a felony crime of violence involving the use or attempted use of force against a person with the intent to cause death or serious bodily harm. Practice 1: In the event there is no provision to the contrary, the following factors will be considered in determining if a potential participant with a prior conviction or adjudication involving an act of violence may be admitted to the treatment court. a. The nature and character of the prior conviction. 1. The nature, seriousness, and circumstances of the prior violent conduct. 2. Whether the prior crime was committed because of an unusual circumstance which is unlikely to recur. 3. The motivation for the prior criminal activity. 4. The extent of the potential participant's involvement in the prior criminal activity. 5. The age of the prior conviction. 6. The potential participant's acknowledgment of wrongdoing. 7. Any other circumstance which extenuates the gravity of the crime even though it is not a legal excuse for the crime. b. The potential participant's criminal history. c. The potential participant's background and life history. 1. The age of the potential participant. 2. The potential participant's mental or physical condition. 3. The family and/or community support available to the potential participant. 4. The effect of the prior conviction on the potential participant and his or her dependents. d. The potential participant's acknowledgment of a need for treatment. e. Any equities or circumstances in the potential participant's background that would encourage inclusion of the participant into a treatment court.	P&P (eligibility criteria)		<input type="checkbox"/>
0	High functioning treatment courts are critical during a public health emergency. Discontinuing services should be reserved for only the most extreme conditions and in most cases, program enhancements should be pursued. Treatment courts serve participants who tend to be particularly vulnerable due to the underlying condition(s) that brought them into the program, and the treatment court is often the best, or only, lifeline to community resources and credible information. [Section truncated.]	If not answered during application meeting, provide clarification as to how the program provided services during the pandemic.		<input type="checkbox"/>
Std. Ref.	Behavior Response Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
4-17	Participants are not incarcerated to achieve clinical or social service objectives such as obtaining access to detoxification services or sober living quarters, unless the participant is believed to be a danger to self or others.	P&P		<input type="checkbox"/>

4-18	Advancement within, and graduation from, the treatment court shall be determined by the treatment court judge in collaboration with the treatment court team and on the condition that the participant has satisfied the established minimum criteria.	P&P and Team Surveys	<input type="checkbox"/>
4-19	Discharge or termination from the treatment court shall occur with the approval of the treatment court judge in collaboration with the treatment court team. Participants should be terminated from the program only after the team has carefully deliberated and only as a last resort after full implementation of the treatment court's protocol on behavioral contingencies.	P&P and Team Surveys	<input type="checkbox"/>
5-1	Results of drug testing may be used in treatment court to determine: a. If the participant is progressing satisfactorily b. If the case plan needs modifying c. Appropriate treatment level of care d. Therapeutic responses or incentives e. Whether the individual should graduate from the treatment court f. Appropriate sanctions, if needed, to address behavior leading to the substance use [Clarification only]	P&P and Team Surveys	<input type="checkbox"/>
5-2	Drug test results shall not be used as evidence of a new crime or as the sole basis for probation violations.	P&P, Team Surveys, & MOU	<input type="checkbox"/>
6-1	The treatment court shall have a formal system of responses to participant behavior, including therapeutic responses, monitoring responses, incentives/rewards and sanctions, established in writing and included in the treatment court's policies and procedures manual. Please see Appendix G for the Team Response Decision Matrix. The treatment court provides these guidelines to team members for use in pre-court staff meetings. The team's responses support and, when applicable, promote improved parenting, healthy parent-child relationships, and family functioning. Responses to behavior do not have a detrimental effect on participants or their children or families and do not interfere with court hearings or requirements. a. Decisions about parenting and family time are based on the children's best interests, including safety, well-being, and permanency. The treatment court team never uses parenting or family time as an incentive or sanction.	P&P, Copy of Behavior Response Matrix used by team, and Team Surveys	<input type="checkbox"/>
6-2	Treatment court participants shall be required to comply with the standards, practices, and rules of the treatment court program.	P&P	<input type="checkbox"/>
6-3	For each participant, the application of incentives to encourage progress shall exceed the sanctions that the program applies. Incentives should be favored over sanctions. Criteria for phase advancement and graduation shall include objective evidence that participants are engaged in productive activities such as employment, education, or attendance in peer support groups. a. Juvenile: Ongoing monitoring and case management of youth participants should focus on addressing their needs in a holistic manner, including a strong focus on behavioral health treatment and family intervention, over the detection of violations of program requirements.	P&P, review of DIMS data, & Team Surveys	<input type="checkbox"/>
6-4	Phase promotion is predicated on the achievement of realistic and defined behavioral objectives, such as completing a treatment regimen and remaining drug-abstinent for a specified period of time. Incentives and sanctions may change over time as participants advance through the phases of the treatment court. The frequency of drug and alcohol testing is not reduced until after other treatment and supervisory services have been reduced without a resulting relapse.	Phase and/or Graduation Expectations documented in P&P and review of DIMS data	<input type="checkbox"/>
6-5	If a participant is terminated from the treatment court because adequate treatment is not available, the participant does not receive an augmented sentence or disposition for failing to complete the treatment court.	P&P	<input type="checkbox"/>
6-6	<i>Before entering the treatment court and throughout their involvement</i> , participants are informed in writing about the types of incentives and sanctions used in the treatment court and the types of behaviors that result in a range of incentives, sanctions, or therapeutic responses. Participants shall not be provided with a "grid" that specifies a particular response for each type of behavior. The treatment court will allow participants to communicate with defense attorney prior to the imposition of a jail sanction.	Participant Handbook and/or Agreements and P&P	<input type="checkbox"/>
6-7	The formal system of responses to participant behavior (incentives/rewards, sanctions, and therapeutic responses) shall be organized on a gradually escalating scale, offering a range of options, applied in a consistent and appropriate manner to match individual participants' conduct, level of compliance, and risk and need level. The team shall consider proximal and distal goals in determining the appropriate response to participant behavior.	P&P and Team Surveys	<input type="checkbox"/>
6-8	No single set of responses (incentives, sanctions, therapeutic responses) is effective for everyone. Incentives/rewards, sanctions, and therapeutic responses shall be tailored to the individual participant by obtaining information on the participant during the assessment process and through conversations in pre-court staff meetings, and with the participant in court and case management meetings.	P&P and Team Surveys	<input type="checkbox"/>
6-9	Information regarding incidents of participant noncompliance shall be communicated as soon as possible between court staffings to all members of the treatment court team to coordinate an appropriate response to the noncompliance incident.	P&P	<input type="checkbox"/>
6-10	Responses to participant noncompliance should come as close in time as possible to the targeted behavior, but at most within one week.	P&P	<input type="checkbox"/>
6-11	Responses to behavior (incentives, sanctions, and therapeutic responses) must be certain, fair, and of the appropriate intensity. All responses should focus on specific behaviors and be administered with a clear direction for the desired behavior change.	P&P and Team Surveys	<input type="checkbox"/>
6-12	The treatment court team responds to all nonmedically indicated use of intoxicating or addictive substances including alcohol, cannabis (marijuana), and prescription medications, regardless of the licit or illicit status of the substance. The treatment court team relies on medical input to determine whether a prescription for an addictive or intoxicating medication is medically indicated and whether nonaddictive, nonintoxicating, and medically safe alternative treatments are available.	P&P	<input type="checkbox"/>
6-13	Responses to noncompliance with drug testing should take into account potential trauma history, such as when testing triggers memories of sexual abuse.	P&P	<input type="checkbox"/>

6-14	A first dilute UA should be treated as an opportunity for education to ensure participants know what causes a dilute UA and what to expect if they deliver dilute UAs in the future. If continued dilute UAs, give participant opportunity to go to a doctor and confirm that there is no medical issue. If they choose not to see a doctor or if the doctor comes back with no medical issue, then treat as tampering – which should be treated like lying.	P&P and Program Application		<input type="checkbox"/>
6-15	A participant's failure to appear for a drug test and otherwise tampering with drug test results should be addressed with immediate, graduated sanctions.	P&P and Program Application		<input type="checkbox"/>
6-16	Therapeutic adjustments (NOT sanctions) are used when a participant is not responding to treatment interventions but is otherwise in compliance with treatment court requirements. Participants may be terminated from the treatment court if they no longer can be managed safely in the community or if they fail repeatedly to comply with treatment or supervision requirements. Participants shall not be terminated from the treatment court for continued substance use if they are otherwise compliant with their treatment and supervision conditions, unless they are nonamenable to the treatments that are reasonably available in their community. If a participant is terminated from the treatment court because adequate treatment is not available, that information is provided to the sentencing judge upon remand. a. Juvenile: The JDTC team should be prepared to respond to any return to substance use in ways that consider the youth's risk, needs, and responsivity.	P&P and Team Surveys		<input type="checkbox"/>
6-17	Sanctions should be implemented in a way for the participant to understand the consequence of noncompliance with treatment court rules without being viewed simply as punitive. Participants shall be told what behavior the team expects of them and offered help to accomplish it, rather than just being told the behavior they should not engage in. Sanctions shall be delivered without expression of anger, ridicule, foul or abusive language, or shame.	P&P and Team Surveys		<input type="checkbox"/>
6-18	Treatment court teams should come to a mutual agreement on incentives/rewards, sanctions, and therapeutic responses to prevent conflict between team members. Pre-court staff meetings can help the team coordinate on the appropriateness of a sanction based on the participant's resources and ability (proximal and distal considerations).	P&P and Team Surveys		<input type="checkbox"/>
6-22	Treatment courts must use jail/detention sanctions sparingly and with the intention of modifying participant behavior in a positive manner. Jail/detention sanctions longer than 5 continuous days are outside of best practices. a. Juvenile: Detention should be used as a sanction infrequently and only for short periods of time (2 days or less) when the youth is a danger to themselves or the community, or may abscond. b. Juvenile: Youth under 18 are not held in adult jails, prisons, detention centers, or correctional facilities.	P&P (responses to behavior) and DIMS Data		<input type="checkbox"/>
6-23	To graduate, participants must have a job, be in school or involved in some qualifying positive activity appropriate to the participant's individual circumstances.	Phase Expectations documented in P&P and/or Phase contracts & DIMS data		<input type="checkbox"/>
6-24	To graduate, participants should have a sober and sustainable housing environment that is conducive to recovery.	Phase Expectations documented in P&P and/or Phase contracts & DIMS data		<input type="checkbox"/>
6-25	A period greater than 90 continuous days of negative drug test results shall be expected before a participant is eligible to graduate from the treatment court.	Phase Expectations documented in P&P and/or Phase contracts & DIMS data		<input type="checkbox"/>
6-27	Least restrictive supervision conditions shall be considered for all participants according to assessed risk and need.	Phase Expectations within P&P		<input type="checkbox"/>
6-28	When a participant completes the terms of their participation in the program, there should be some positive legal outcome (such as reduction or dismissal of charges, early termination of supervision, vacated pleas, lifted fines/fees).	P&P		<input type="checkbox"/>
G-1	Treatment courts should utilize the Team Response Decision Matrix, ¹⁹ which considers the behavior, the participant's phase, and proximal and distal goals for selecting incentives, therapeutic responses, and sanctions. Training is recommended before use. Please ensure team members have been trained in behavior modification and have viewed the Matrix introductory video at https://pscourts.nmcourts.gov/training-opportunities.aspx . Contact the AOC for additional training resources in use of the Matrix. [NOTE: This section truncated.]	Certification Team Training Log, P&P, and Copy of the program's Behavior Response Team Matrix		<input type="checkbox"/>
Std. Ref.	Training Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
1-20	Treatment courts shall receive annual training on federal and New Mexico confidentiality requirements and how they affect treatment court practitioners and contractors.	Certification Team Training Log (available on DTJ website)		<input type="checkbox"/>
9-1	Each treatment court shall provide orientation and ongoing training for all team members. Treatment court team members' base budgets should include funding for training of treatment court staff. a. Each treatment court shall act as soon as practicable to provide appropriate orientation and onboarding training for new staff and team members. New treatment court team members shall receive formal orientation and training administered by previously trained treatment court team members within 60 days of joining the team. Formal training can be supplemented with online webinars, treatment court trainings and conferences. Orientation covers team member roles. Team members understand their own professional responsibilities and ethics and learn about the responsibilities and ethics of professionals from partner organizations.	Training expectations within P&P and Program Operational Budget (OpBud) / Fiscal Audit		<input type="checkbox"/>

9-3	Treatment courts shall address <i>staff training requirements and continuing education</i> in their policy manual including the goals, policies, and procedures of its treatment court and the basic role and functions of each team member and their agency or program. Recommended training shall align with state and national standards and practices endorsed by the National Association of Drug Court Professionals (NADCP) and the National Drug Court Institute (NDCI). Treatment practices must be evidence-based practices endorsed by SAMHSA or culturally based practices deemed effective and appropriate. a. All court staff or contractors providing direct supervision and support services (treatment court coordinators, surveillance officers, court probation officers, etc.), must satisfactorily complete a preapproved Court Officer Basic Training (COBT) course within one year of hire when offered and, with the exceptions noted immediately below, before conducting field work. 1) The Corrections Department affirms in writing that the individual was formerly a certified probation and parole officer and left the employment of the Corrections Department within the previous 12 months in good standing, or 2) The individual was formerly a law enforcement officer and the agency for whom the person worked affirms in writing that they left its employment within the previous 12 months as an officer in good standing, b. An individual who has not yet been trained may accompany a trained officer for such activities, but still must complete the training within 12 months of initial hire; c. The online version of this COBT training must be completed within three weeks of hire and before providing services to program participants, but is not a substitute for the full COBT course.	P&P and Certification Team Training Log (available on DTJ website)		<input type="checkbox"/>
9-4	Treatment court staff members are educated across disciplines for professional development, cultural responsiveness, and team building. Training and education should include topics such as the treatment court model, team member roles, the purposes, processes, and limitations of each other's agencies, team member decision-making, constitutional and legal issues in treatment court, basic legal processes and terminology, treatment court best practices, substance abuse and addiction, drug and alcohol and mental health treatment, co-occurring disorders, development of treatment plans, case management, complementary treatment and social services, behavior modification, sanctions and incentives, drug testing standards and protocols, confidentiality and ethics, community supervision, recognizing implicit cultural biases and correcting disparate impacts for individuals who have historically experienced sustained discrimination or reduced social opportunities, and proficiency in dealing with participants' race, culture, ethnicity, gender and sexual orientation, strength-based philosophy and practices, trauma, and trauma informed approaches to working with participants/families. a. All operational team members receive formal training in trauma-responsive principles and practices. Trauma responsive strategies should acknowledge and normalize participants' reactions to trauma and provide support and access to needed care. Trauma-responsive practices and policies also reflect an understanding of differences between cultures. The treatment court and its partners should be aware of and sensitive to the historical, multigenerational, and cultural trauma experienced by certain populations, including American Indians and Alaska Natives, African Americans, Latinos/as or Hispanics, immigrants, and refugees. These past experiences can result in fear, mistrust, and misunderstanding of the treatment court and its partners. b. Juvenile: adolescent development, developmentally appropriate juvenile justice programming, family engagement c. Tribal Healing to Wellness Court (THWC): Community customs and traditions for addressing an individual's behavior when it is not in accordance with local standards. d. Mental Health Court (MHC): staff, including defense counsel, should receive special training in mental health issues [also Veterans Treatment Courts (VTCs)]	Certification Team Training Log (available on DTJ website)		
9-5	Treatment court teams, to the extent possible, should attend comprehensive training yearly or every other year as provided by state or national treatment court organizations, e.g., the National Association of Drug Court Professionals, National Drug Court Institute, New Mexico Association of Drug Court Professionals, etc. When feasible, training sessions should be attended as a team with special attention to treatment court type.	Certification Team Training Log, training expectation within MOUs, and team member training requirements within P&P		<input type="checkbox"/>
9-6	The judge shall receive specialized training related to treatment courts in legal and constitutional issues, judicial ethics, behavior modification, and community supervision. The judge obtains training on issues unique to the population served, such as mental health, substance use disorders, wellness services, child welfare, and any special legal and constitutional issues relative to court type.	Certification Team Training Log, Description of Judge within team member MOU and P&P team member training requirements <i>Role of PO = Community Sup.</i> ---- <i>Role of the Judge = Legal & Const. Issues and Judicial Ethics</i>		<input type="checkbox"/>
9-7	The treatment court team shall attend training conferences and workshops annually.	Certification Team Training Log, training expectation within Team Member MOU and team member training requirements within P&P		<input type="checkbox"/>
Std. Ref.	P&P and Handbook Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
1-12	The treatment court team shall collaboratively develop, review, and agree upon all aspects of treatment court operations (mission, goals, eligibility criteria, operating procedures, performance measures, orientation, drug testing, methods of shared decision-making, conflict resolution, and treatment court structure guidelines). The team shall create a policy manual and update it annually.	Team Member MOU and P&P		<input type="checkbox"/>

2-8	All participants shall receive a Participant Handbook upon accepting the terms of participation and entering the treatment court. Receipt of the Participant Handbook shall be acknowledged through a signed form and documented in the treatment court file. <i>Court and/or program rules should</i> be reviewed with participants at a minimum during phase advancement or every six months.	Participant Handbook & Acknowledgement Form, P&P and/or Phase Advancement Contracts, etc., and Survey <i>(Participant Handbook should be structured as a guide to assist participants in successfully completing the program, written at a 6th grade education level, & include program requirements/expectations)</i>		<input type="checkbox"/>
3-15	Treatment courts shall maintain an appropriate caseload/census based on its capacity to effectively serve all participants in compliance with these standards. Treatment courts serving more than 125 participants with a single judge shall ensure they have the capacity (both services and staff time available) to adhere to these standards. When the census reaches 125 active participants, program operations are monitored carefully to ensure they remain consistent with best practice standards. If evidence suggests some operations are drifting away from best practices, the team develops a remedial action plan and timetable to rectify the deficiencies and evaluates the success of the remedial actions.	P&P		<input type="checkbox"/>
3-16	Except as specifically authorized by court order, no treatment court may knowingly employ, or enroll as a participant, any undercover agent or informant.	P&P		<input type="checkbox"/>
3-17	No information obtained by an informant or undercover agent, whether or not that agent or informant is placed in a program pursuant to an authorizing court order, may be used to criminally investigate or prosecute any participant.	P&P		<input type="checkbox"/>
8-13	A program self-check related to treatment court best practices shall be conducted at least annually.	PDF copy of Self-Check Completed prior to beginning cert. process		<input type="checkbox"/>
1-1	At all times in the execution of all official duties, TCTMs shall act in a professional, respectful, and courteous manner. This duty extends to interactions with program participants and others with whom the TCTMs come into contact on official duty, such as participants' family, criminal justice and behavioral health partners, and other TCTMs.	P&P		<input type="checkbox"/>
1-2	Unlawful discrimination, retaliation, and harassment toward a participant or other person are unacceptable; nor shall retaliation against a person filing a complaint, participating in an investigation or reporting such discrimination or harassment be tolerated, even if there are no findings. Violations of these protections are grounds for disciplinary action, termination of employment/contract, and/or reporting to local law enforcement or other appropriate entities.	P&P		<input type="checkbox"/>
1-3	A TCTM, including a contractor or a judge who is aware of, or who is the subject of discrimination, retaliation, or harassment has an obligation to immediately report it to the Court.	P&P		<input type="checkbox"/>
1-4	TCTMs are prohibited from having any undue familiarity or relationship with any current or recently-discharged treatment court participant or their immediate family members, to include domestic partners or others who reside in the participant's home, agents or close friends. This prohibition includes and extends to any relationship that is outside of the professional staffing relationship, and includes any personal business or financial transactions. In communities where business relationships cannot be avoided during the term of program involvement, policy should include guidance on appropriate disclosures of the relationship, professional boundaries, and the process by which decisions will be made if concern over a conflict of interest evolves.	P&P		<input type="checkbox"/>
1-5	TCTMs are generally prohibited from giving or accepting gifts or gratuities from a current or former treatment court participant or their immediate family members, to include domestic partners or others who reside in the participants home, agents or close friends. Court policy and procedures should address how to handle potential exceptions to the general prohibition.	P&P		<input type="checkbox"/>
1-6	Court policy should address business and personal relationships with former supervisees or their immediate family members, to include domestic partners or others who reside in the probationer's home, agents or close friends. Policy should also define "former;" e.g., clarification between being out of the treatment court program versus being off probation altogether, and the amount of time post-program before a personal relationship is allowed, etc.	P&P		<input type="checkbox"/>
1-8	Treatment court participant handbooks should include a summary of the conduct expected of the TCTMs followed by this reporting statement: <i>"If you are aware of any of these violations, please report it to a treatment court team member as soon as possible, or to the Statewide Treatment Court Program Manager by phone at 505-827-4800."</i>	Participant Handbook		<input type="checkbox"/>
Std. Ref.	Data & DIMS Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
4-35	Treatment services and participant progress shall be documented in the AOC-approved information management system as soon as possible, but no later than 48 hours post service delivery.	P&P, Provider Contracts and review of DIMS usage data		<input type="checkbox"/>
8-1	Data needed for treatment court monitoring and management shall be kept in electronic data systems, and be easily obtainable and maintained in useful formats for regular review by treatment court teams and management.	Review of DIMS usage data and electronic data base used by program should be specified within P&P		<input type="checkbox"/>

8-2	Each treatment court shall use the electronic database specified by the AOC for collection of participant demographic and program activity data. Programs are responsible for collecting all information necessary to calculate the approved performance measures, along with all required data elements in the electronic database. Additional guidance regarding data collection is available from the AOC. Programs are encouraged to collect additional data to meet their specific needs and interest as local resources allow.	Review of DIMS usage data		<input type="checkbox"/>
8-4	An outcome evaluation should be conducted by an independent evaluator within 3 years of implementation of a treatment court, and in regular intervals of at least 5 years thereafter. The treatment court develops a remedial action plan and timetable to implement recommendations from the evaluator to improve the program's adherence to best practices. Outcomes are examined for all eligible participants who entered the treatment court, regardless of whether they graduated, withdrew, or were terminated from the program. Outcomes for treatment court participants are compared to those of an unbiased and equivalent comparison group with an equivalent opportunity to engage in substance use, criminal recidivism, or other behavior of interest.	Evaluations or Program-Specific Reports		<input type="checkbox"/>
8-5	Each treatment court shall collect in the court's treatment court automated database a minimum required set of data elements.	Review of DIMS usage data		<input type="checkbox"/>
8-6	Staff members and contractors (including treatment providers, surveillance officers, etc.) are required to record information concerning the provision of services and in-program outcomes within 48 hours of the respective events. Timely and reliable data entry is required of each staff member and is a basis for evaluating staff job performance.	P&P, expectation within Provider Contracts & program MOUs, and review of DIMS usage data		<input type="checkbox"/>
8-8	For every fiscal year, the treatment court program should provide to the local stakeholders, including elected and/or tribal officials, etc. treatment court information defined as performance measures for all New Mexico treatment courts.	P&P		<input type="checkbox"/>
8-9	The community should be educated about the treatment court program and how it is intended to contribute to family and community well-being.	Program Application		
8-10	Participant satisfaction shall be monitored on a regular basis (including at treatment court entry and graduation) through the use of surveys, including exit surveys at the time of graduation or termination.	P&P		<input type="checkbox"/>
8-11	The treatment court shall actively collect and analyze program and partner organization data to determine if disproportionality or disparities exist in the program.	P&P and Program Application		<input type="checkbox"/>
8-14	Feedback from participant surveys, review of participant data, and findings from evaluations should be used to make modifications to treatment court operations, procedures and practices.	P&P		<input type="checkbox"/>

Std. Ref.	Drug/Alcohol Testing Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
5-1	Results of drug testing may be used in treatment court to determine: a. If the participant is progressing satisfactorily b. If the case plan needs modifying c. Appropriate treatment level of care d. Therapeutic responses or incentives e. Whether the individual should graduate from the treatment court f. Appropriate sanctions, if needed, to address behavior leading to the substance use [Clarification only]			
5-3	Each treatment court shall adopt written policies and procedures that document its drug testing protocols and that follow the standards as described in this document and in Appendix F. This information is described in a participant contract or handbook and reviewed periodically with participants to ensure they remain cognizant of their obligations.	P&P, including language describing the process in which the information is provided and frequency it is reviewed with participants & Participant Contract or Handbook		<input type="checkbox"/>
5-4	The treatment court shall implement a standardized system in which participants will participate in drug testing. Testing shall be administered randomly/unpredictably, but occur no less than twice per week. Testing should occur on weekdays, weekends and holidays. As treatment dosage and supervision is reduced, drug testing should be maintained until the participant has shown significant progress in meeting target behaviors including relapse prevention skills. a. Participants are required to deliver a test specimen as soon as practicable after being notified that a test has been scheduled. Urine specimens are delivered no more than eight hours after being notified that a urine test has been scheduled. For tests with short detection windows, such as oral fluid tests, specimens are delivered no more than four hours after being notified that a test was scheduled.	P&P and Program & Provider Application		<input type="checkbox"/>
5-5	Treatment courts shall utilize urinalysis as the primary method of drug testing (to include EtG or breathalyzer for alcohol); a variety of alternative methods may be used to supplement urinalysis or serve as a temporary replacement when necessary, including breath, hair, and saliva testing, patch, and electronic monitoring.	P&P		<input type="checkbox"/>
5-6	Test specimens should be examined for all unauthorized substances that are suspected to be used by treatment court participants. Randomly selected specimens should be tested periodically for a broader range of substances to detect new substances that might be emerging in the treatment court population.	P&P		<input type="checkbox"/>
5-7	Tests that measure substance use over extended periods of time, such as ankle monitors, smartphone applications, sweat patches, or other evidence-based technologies, should be applied for at least 90 consecutive days. Tests that have short detection windows, such as breathalyzers or oral fluid tests, are administered when recent substance use is suspected or when substance use is more likely to occur, such as during weekends and holidays.	P&P (if program does not use the mentioned types of testing notate in column E)		<input type="checkbox"/>

5-8	Drug testing sample collection shall be directly observed by an authorized, trained same sex member of the treatment court team or other approved official of the same sex as the participant (Transgender participants should be given the opportunity to choose the gender of the official collecting the samples). In rare cases, if the program is unable to observe sample collection, the unobserved test shall be conducted and the participant asked to return for another (observed) test when the observer is available, within 24 hours.	P&P		<input type="checkbox"/>
5-9	Participants should be treated respectfully and professionally during sample collection.	P&P		<input type="checkbox"/>
5-10	Alternative specimen collection methods or sample types shall be considered as an accommodation for participants whose trauma histories make observed urine drug testing contraindicated or where in-person observation and/or collection is not advisable due to illness, distance, etc.	P&P		<input type="checkbox"/>
5-11	When a participant has tested positive, failed to submit to testing, submitted the sample of another, or adulterated a sample the team should be notified within 24 hours, but shall be notified within 48 hours.	P&P		<input type="checkbox"/>
5-12	All urine test samples should be examined for dilution and adulteration.	P&P		<input type="checkbox"/>
5-13	The treatment court shall use scientifically valid and reliable testing procedures and establish a chain of custody for each specimen. Staff that collect drug testing specimens are trained in appropriate collection protocols.	P&P and Program & Provider Application		<input type="checkbox"/>
5-14	The treatment court shall establish a process to dispute the results of drug testing and a method to confirm disputed results of positive drug screens through either gas chromatography-mass spectrometry, liquid chromatography-mass spectrometry, or some other equivalent protocol.	P&P		<input type="checkbox"/>
F-1	Each treatment court shall adopt written policies and procedures that document its drug testing protocols. The program's drug testing policies and procedures will address, at a minimum:	P&P		<input type="checkbox"/>
F-1a	The types of drug testing to be performed (e.g., breathalyzer, UA drug screen, oral swabs, etc.);	P&P		<input type="checkbox"/>
F-1b	Drug testing frequency, including description of random drug-test component;	P&P		<input type="checkbox"/>
F-1c	What if any steps will be taken in handling disputed results;	P&P		<input type="checkbox"/>
F-1d	If the court's drug testing procedures necessitate preservation of the drug testing samples, the court's drug testing policies should document the steps necessary to maintain proper chain of custody of test specimens and results;	P&P and Program & Provider Application		<input type="checkbox"/>
F-1e	Means and speed with which test results are communicated to the treatment court coordinator;	P&P		<input type="checkbox"/>
F-1f	Descriptions of what will be considered a "positive" test result (e.g., abnormal pH levels, flushing, etc.).	P&P		<input type="checkbox"/>
F-2a	In addition, each treatment court shall document its UA collection protocols in keeping with the following guidelines: a. All urine collection shall be observed except as described in subsection c;	P&P		<input type="checkbox"/>
F-2b	Collectors must have an unobstructed view of the specimen flow and must be of the same sex as the defendant/participant providing the specimen (with the exception noted in 5-8);	P&P		<input type="checkbox"/>
F-2c	Take unobserved specimens only when the defendant/participant and the collector are not of the same gender or it is virtually impossible to collect an observed specimen (i.e., where circumstances beyond the control of the collector preclude the collection of an observed specimen); 1. In the rare case of unobserved urine specimens, procedures must be documented that would minimize ability of defendant/participant to adulterate the specimen (e.g., verifying appropriate temperature of specimen through the use of temperature strips), and call the participant to be tested again (and observed) within 24 hours.	P&P		<input type="checkbox"/>
F-2d	Collectors shall be trained in collection and testing (and chain of custody procedures if appropriate for that treatment court);	P&P		<input type="checkbox"/>
F-2e	Training, staffing levels, and testing location must minimize risk of sexual or physical harassment between collector and defendant/participant. 1. Maintain a clinical, professional demeanor that is detached and impersonal 2. Conduct the testing the same way every time for every participant 3. Remember that some participants are fragile or have been through trauma (be sensitive to the reality that the testing process may be embarrassing to the participant) 4. There is a risk that participants in this population will accuse you of mistreatment 5. There is a legal need for a chain of evidence, so it is crucial to follow protocols 6. Always ask three questions (to give the participant an opportunity to admit to use): i. Have you used since the last time you were tested? ii. Is there anything I should know about this sample? iii. Will your test come back clean?	P&P		<input type="checkbox"/>
F-2p1	When staffing resources (either of the treatment court or its treatment provider) make it difficult to collect urine specimens observed by a collector of the same sex as the defendant, the treatment court should explore the possibility of collaborating with other community resources, such as county compliance programs or local law enforcement. Testing can also be scheduled in such a way to ensure that appropriate staff are available for the defendants/participants who require testing (i.e., female defendants can be scheduled for drug testing at times to coincide with the availability of a female collector).	P&P and Program & Provider Application		<input type="checkbox"/>
F-2p2	Collectors should have undergone a criminal background check before being allowed to collect or test specimens.	P&P and Program & Provider Application		<input type="checkbox"/>

Std. Ref.	Treatment Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
3-13	Assessment for substance abuse and other treatment needs shall be conducted by appropriately trained and qualified professional staff.	Copies of Tx Provider License(s) providing services to participants and Provider Application		<input type="checkbox"/>
4-1	Treatment court participants shall be required to participate in a comprehensive and integrated program of alcohol, drug and other related treatment and rehabilitation services as approved by the treatment court.	P&P and Participant Handbook		<input type="checkbox"/>

4-2	Case management and treatment services must address participant needs and be responsive to family needs as determined through use of valid, reliable, and developmentally appropriate screening and assessment tools. In family treatment court programs, the assessment should be family-centered and the children's needs must be both assessed and addressed. Screening/assessment for traumatic brain injury should be part of clinical assessment for all treatment courts, but especially for Veterans Treatment Courts (VTCs).	Program & Provider P&P and Application	<input type="checkbox"/>
4-3	The primary goal of the program must be abstinence from alcohol, drugs, and other non-prescribed or non-medically indicated mind-altering substances consistent with the judicial requirements of the program.	P&P and clarification from program	<input type="checkbox"/>
4-3a	a. Any prescribed or medically indicated use of a mind-altering substance should be predicated upon evaluation and recommendation by a medical professional with expertise in addiction medicine.	P&P	<input type="checkbox"/>
4-4	The treatment court services shall be provided in a gender appropriate and culturally competent manner.	Program & Provider P&P and Application	<input type="checkbox"/>
4-5	Treatment courts should coordinate a continuum of services through partnership with a primary treatment provider, including detoxification, outpatient, intensive outpatient, day treatment, and residential services . The treatment court team will clearly identify the team member overseeing case management services to ensure coordination of other ancillary services and pro-social connections, and make referrals as necessary .	Program & Provider P&P indicating the types of services available within the community the program makes referrals to & Applications	<input type="checkbox"/>
4-6	A single treatment agency shall provide the primary treatment services and/or oversee and coordinate the treatment provided from other agencies, unless local circumstances prevent this.	Program P&P and Provider Contracts	<input type="checkbox"/>
4-7	Treatment courts shall coordinate a comprehensive range of participant and family centered evidence-based interventions/treatment services. The treatment court shall adopt guidelines directing the frequency of each service that a participant must receive based on assessed need. The treatment court provides or refers participants for treatment and social services to address conditions that are likely to interfere with their response to substance use disorder treatment or other treatment court services (responsivity needs), to increase recidivism (criminogenic needs), or to diminish long-term treatment gains (maintenance needs). Legal criteria for treatment providers are listed in Appendix E. The standards for the treatment program are provided in Key Component #4. Treatment courts should include, at a minimum, the following services or referrals to these services: a. Gender-specific b. Family centered c. Developmentally appropriate d. Trauma-informed e. Skills based f. Mental health treatment g. Parenting classes h. Family/domestic relations counseling i. Residential treatment j. Health care k. Dental care l. Housing assistance m. Criminal thinking intervention n. Vocational or educational services o. Brief evidence-based educational curriculum to prevent health-risk behavior (e.g., STIs and other diseases) p. Brief evidence-based educational curriculum to prevent or reverse drug overdose q. Medication to treat substance use disorder, also known as medication-assisted treatment (MAT)	Program & Tx Provider P&P (treatment services provided to participants and the process of coordination & guidelines for delivery of services)	<input type="checkbox"/>
4-8	When possible, treatment courts should implement treatment readiness programs for participants who are on waiting lists for comprehensive treatment services (e.g., Curriculum-Based Motivational Group, Motivational Enhancement Therapy, Motivational Interviewing, etc.).	Applications and P&P	<input type="checkbox"/>
4-9	Overall duration and dosage of substance use disorder treatment for participants shall be based on the individual's risk and needs as determined from validated standardized assessments, which for high need adult participants is likely to be 6-10 hours per week during the initial phase and 200 hours of counseling over 9-12 months. The minimal length of the treatment court for successful completion shall be approved by the treatment court judge in collaboration with the treatment court team and incorporated in writing in the treatment court policies and procedures.	Program P&P (phase expectations/treatment dosage), Provider Contracts, review of DIMS data, & Site Visit/Interview	<input type="checkbox"/>
4-10	Treatment courts shall incorporate a phase/level system including, ideally, 5 phases, with aftercare being emphasized as the last phase/level. Services are provided according to appropriate sequencing: In the first phase, participants receive services designed primarily to address responsivity needs (e.g., housing, mental health, substance-related cravings, withdrawal, anhedonia, pain). In interim phases, participants receive services designed to resolve criminogenic needs (e.g., criminal thinking, delinquent peers, family conflict). In later phases, participants receive services designed to maintain treatment gains (e.g., vocational, educational counseling).	P&P (Phase Expectations), Participant Contracts, & DIMS data	<input type="checkbox"/>
4-11	Treatment courts shall include a focus on relapse prevention and continuing care services . This should include establishment of alumni groups, peer mentors, and/or peer support groups , that encourage participation in other community supports. Continued involvement in work, education, or comparable prosocial activity is a component of each participant's continuing-care plan. a. Mental Health Court (MHC): Team works with participant to develop transition plans.	P&P	<input type="checkbox"/>
4-12	The treatment court shall use standardized, manualized, behavioral or cognitive-behavioral, evidence-based treatment programming, [AND] implemented with fidelity, to ensure quality and effectiveness of services and to guide practice . Treatment courts serving high-risk/high-need participants should strive for treatment groups of no more than 12 participants and at least 2 facilitators/leaders. Examples of evidence-based treatment programming can be found at the SAMHSA's Evidence-based Practices Resource Center website and Pew Charitable Trust website. a. Juvenile: Providers shall administer evidence-based treatment services/modalities that have been shown to address risks and needs identified as priorities in the case plan (such as trauma, mental health, quality of life, educational challenges, and criminal thinking) and improve outcomes for youth with substance use issues. These modalities include, but are not limited to, the following: Assertive continuing care, behavioral therapy, cognitive behavioral therapy, family therapy, motivational enhancement therapy, motivational enhancement therapy/cognitive behavioral therapy, multiservice packages.	Program P&P and Tx Provider Contracts and Application	<input type="checkbox"/>
4-13	Treatment court participants shall be matched to services according to their specific needs. Guidelines for placement at various levels (e.g., residential, detoxification, day treatment, outpatient, sober living residences, etc.) should be developed by the treatment court team incorporating the expertise of the treatment provider.	Provider Contracts, Application, and Tx Provider & Program P&P	<input type="checkbox"/>
4-14	Treatment court participants shall meet weekly with a clinical case manager or treatment provider during the first phase.	Phase Expectations documented in P&P and/or Phase Contracts	<input type="checkbox"/>

4-15	When feasible, at least one reliable and prosocial family member, friend, or daily acquaintance should be enlisted to provide firsthand observations to staff about participants' conduct outside of the treatment court, to help participants arrive on time for appointments, and to help participants satisfy other reporting obligations in the treatment court.	P&P	<input type="checkbox"/>
4-16	Treatment/case management plans shall be individualized and culturally appropriate for each participant based on the results of the initial assessment and ongoing assessments. Participants shall be reassessed at minimum every three months, upon a significant event, or at a frequency determined by the treatment court, and treatment plans shall be modified or adjusted based on results.	Tx Provider Contracts & Application, Program P&P, and Site Visit & Interview	<input type="checkbox"/>
4-20	To ensure adequate participant safety and care, every treatment provider shall have a quality assurance program designed to evaluate the quality of care provided and promote efficient and effective services.	Tx Provider Contracts, P&P, and Application	<input type="checkbox"/>
4-21	Treatment courts should ensure, to the greatest extent possible through contracts, MOUs, participant evaluations, etc., the accountability of the treatment provider to incorporate services and training consistent with the treatment court model and treatment best practices (such as using evidence-based practices, culturally appropriate approaches, cognitive behavioral therapy, manualized treatment, and trained/licensed professionals; maintaining fidelity to their treatment models, and appropriately matching individuals to services based on assessed needs).	Tx Provider Contracts & MOUs/ Certification Team Training Log	<input type="checkbox"/>
4-22	Treatment providers are licensed or certified to deliver substance abuse treatment, have substantial experience working with criminal justice populations, and are supervised regularly to ensure fidelity to treatment models. a. The treatment court shall only utilize providers in accordance with the State of New Mexico Substance Abuse Counselor Act, chapter 61, Laws of 1996, HB 790: Article 9 of the New Mexico Counseling Therapy Practice Board: section 61-9A-14.I. Substance Abuse Counselors, Requirements for Licensure; and section 61-9A-21.I, Licensure without Examination. b. All other clinical providers must be appropriately licensed. c. Providers shall provide the treatment court with copies of all clinical staff licenses.	Copies of Tx Provider licenses & Application (for supervision protocol)	<input type="checkbox"/>
4-23	Participants may be prescribed psychotropic medicine and/or medication for substance use disorder as needed but only by an appropriately licensed and trained medical professional.	P&P and Team Survey	<input type="checkbox"/>
4-25	Participants attend self-help or peer support groups as indicated based on treatment provider assessment and court approval. Treatment court should check the quality of the groups when possible.	P&P & Participant Handbook	<input type="checkbox"/>
4-27	Caseloads for clinicians providing case management and treatment must permit sufficient opportunities to assess participant needs and deliver adequate and effective dosages of substance use disorder treatment and indicated complementary services. The caseloads typically should not exceed 30 active participants. (Caseloads should not exceed 50 if providing counseling OR case management but not both, AND if the clinician has no other responsibilities, including assessments.)	Tx Provider Application & Contract	<input type="checkbox"/>
4-28	Treatment providers shall comply with all treatment court and treatment standards. This requirement shall be included in provider contracts.	Provider Contracts	<input type="checkbox"/>
4-29	Judicial agencies providing treatment services internally with their own staff members shall meet the requirements of the treatment standards through their own policies, procedures and practices.	P&P	<input type="checkbox"/>
4-30	The treatment provider shall provide services in accordance with the established scope of services and standards of the treatment court.	Tx Provider Contracts	<input type="checkbox"/>
4-31	The treatment provider shall maintain for each participant documentation including but not limited to assessments and treatment plans, progress notes, services provided, attendance records and drug test results (if the treatment provider, as part of their scope of work, performs drug tests on the treatment court participants).	Tx Provider Contracts and P&P and Site Visit & Interview / review of DIMS data	<input type="checkbox"/>
4-32	When testing is provided by the treatment provider, it shall develop and implement a plan for random alcohol and drug testing of participants in accordance with the established scope of services and standards of the treatment court, as described in these standards.	Tx Provider Drug Testing Standards in P&P	<input type="checkbox"/>
4-33	The treatment provider shall designate a staff member(s) who shall be present at all treatment court sessions to report on participants' progress, compliance, etc. The staff member shall be adequately aware of the participants' status to report accurately to the treatment court judge.	Provider Contract, Agency MOU, Team Surveys & Site Visit/Interview	<input type="checkbox"/>
4-34	The treatment provider shall provide written reports of participants' assessments, attendance at treatment sessions, progress on a weekly basis, incident reports, treatment plans, and a discharge summary at a minimum.	Program P&P, Provider Contracts, and DIMS usage data	<input type="checkbox"/>
10-1	Treatment courts are encouraged to utilize other community-based services and treatment providers who may be able to augment treatment court services.	P&P	<input type="checkbox"/>
E-1	The treatment provider must provide the treatment court with copies of all applicable business licenses and their State of New Mexico Taxation and Revenue Department Certificate.	Provider License Copies	
E-2	The treatment provider shall maintain in force general and professional liability insurance coverage in an amount determined by the treatment court. Evidence of coverage or verification of immunities and limitations of the New Mexico Tort Claims Act Section 41-4-1, et. Seq, 1978, must be provided by the treatment provider.	Provider Liability Insurance Policy Copy	
E-3	The treatment provider's facilities shall comply with the applicable fire and safety standards established by the State Fire Marshal and health, safety and occupational codes enforced at the local level.	Tx Business Lic.	
E-4	The treatment provider's services and facilities must meet all requirements of the Americans with Disabilities Act of 1990, and all applicable state and local rules and regulations.	Treatment Provider App	
E-5	The treatment provider shall develop written policies and procedures that will ensure compliance with these standards, the treatment court requirements and the scope of services. The treatment provider shall provide services in accordance with the written policies and procedures.	Tx Provider P&P	

E-6	The treatment provider shall establish written rules governing the rights and conduct of participants. The participant, and significant others, if applicable, shall be informed of the rules regarding admission, discharge, expulsion, and program expectation for participants admitted to treatment. Each participant, and where required significant other, parent and/or legal guardian shall sign these rules prior to or at the time of admission.	Tx Provider written rules governing the rights and conduct of participants document	
E-7	The treatment provider shall maintain a record on each participant, maintain participant records and participant identifying information in a confidential manner, maintain an up-to-date consent for release of participant information in accordance with State and Federal Regulations (Title 42, Code of Federal Regulations, Part 2), and these standards. Participant records shall be kept secure from unauthorized access.	Provider Contract / Site Visit & Interview	
E-8	The treatment provider shall obtain and have on file a consent for treatment signed by each individual and where required by the parent or legal guardian.	Provider Contract and Site Visit & Interview	
E-9	The treatment provider shall assure that participants meet the clinical criteria for admission to the program as established in conjunction with the treatment court.	Provider Contracts and Application	
E-10	In support of comprehensive treatment for treatment court participants, the treatment provider may establish a localized network of public and private agencies through memoranda of understanding or other formal agreements to provide supportive services as appropriate.		

Std. Ref.	Alumni Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
J-1	[Alumni services description & activities lists.]			
J-2	J-2 Alumni/peer recovery support or coaching is different than "mutual aid" recovery support like AA which is informal, does not require training, and provides a single path for recovery according to the specific group model. Also, peer recovery support is not treatment, but it may be conducted in parallel with formal treatment, and can occur across the full continuum of recovery, from pretreatment to maintenance.			
J-3	[Alumni core competencies as defined by SAMHSA.]			
J-4a	Alumni groups shall be established with judicial approval and operate according to policies and procedures established by the treatment court policy committee.	Alumni P&P		<input type="checkbox"/>
J-4b	At least one treatment court team member must be designated to oversee the alumni program and must receive approved training in the supervision of peer workers in addition to the minimum training required of alumni coordinators.	Alumni P&P		<input type="checkbox"/>
J-4c	Alumni groups are recovery and/or program support meetings facilitated under the guidance of the treatment court program coordinator or other team member, an alumni coordinator, or an approved Certified Peer Support Worker. Attendees may include current or former treatment court participants. For clarity of roles and expectations, the following designations are used: 1. Mentors are program participants who volunteer to assist other participants who are at least one phase or step behind them in the treatment court program. 2. Alumni are treatment court program graduates who attend treatment court events to assist and support program participants and other alumni. 3. Alumni coordinators are nonprofessional team members who meet appropriate conditions as noted in section d below. 4. Certified Peer Support Workers (CPSWs) are team members who meet the qualifications as established by the NM Behavioral Health Services Division Office of Peer Recovery and Engagement (OPRE).	Alumni P&P		<input type="checkbox"/>
J-4d1i	Policy and procedures must address, at a minimum: 1. Qualifications for formal alumni/peer group leadership, i.e., alumni coordinator(s) i. Length of time in treatment court or other program	Alumni P&P		<input type="checkbox"/>
J-4d1ii	Progress toward recovery goals • Sobriety duration (minimum of 1 year) • Self-selection: interest, investment • Rationale for team selection/approval of the alumni program leader • Ability or capacity to articulate where they are on their journey, their goals, what changes they have made and what they have achieved • Ability to articulate how they can be of service to others	Alumni P&P		<input type="checkbox"/>
J-4d1iii	Experience volunteering	Alumni P&P		<input type="checkbox"/>
J-4d1iv	Application and selection process	Alumni P&P		<input type="checkbox"/>
J-4d1v	Ability for the candidate to articulate interest and skills	Alumni P&P		<input type="checkbox"/>
J-4d1vi	Support/protection of the alumni/peer leader candidate • Required training to include, at minimum, a thorough explanation of the program policies and procedures respective to alumni/peer services, ethics, peer engagement, SAMHSA's Core Competencies of Peer Support, and confidentiality.	Alumni P&P		<input type="checkbox"/>
J-4d2i	Scope of alumni activities i. Roles and responsibilities at graduations and other court-sponsored events such as support and recovery groups	Alumni P&P		<input type="checkbox"/>
J-4d2ii	Whether attendance at staffing is allowed and under what conditions	Alumni P&P		<input type="checkbox"/>
J-4d2iii	Types of functions and responsibilities the alumni/peer volunteer(s) will assume (for example, clarify the position is not surveillance and not treatment, and what the position will accomplish).	Alumni P&P		<input type="checkbox"/>
J-5	It is strongly recommended that programs coordinate with the NM Office of Peer Recovery and Engagement (OPRE) for training and alumni/peer support.			

Std. Ref.	Team & MOU Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
1-1	All participating agencies shall cooperate with efforts to establish treatment courts which meet the minimum standards of the judicial branch. New treatment court programs must follow the guidelines provided in Appendix K.	Agency MOUs & Implementation Records		<input type="checkbox"/>
1-2	Courts recognize the treatment court calendar as a priority and will establish a dedicated, separate treatment court, on a part or full-time basis, dedicated to the evaluation, diagnosis, treatment and supervision of eligible treatment court participants as defined later in this document.	P&P, Tx Court Docket Schedule, Participant Handbook, DIMS Data, & Site Visit/Interview		<input type="checkbox"/>
1-3	Each participating agency shall , <i>if funding is available</i> , assign staff, and alternates, to be designated to the treatment court based on personal interest in the treatment court, interpersonal skills, motivation and professional abilities, within their job description. Please see Appendix I for the Code of Conduct for Treatment Court Team Members.	Agency MOU (should apply to all agencies)		<input type="checkbox"/>
1-4	Wherever feasible , agencies will make full or part-time staff assignments to the treatment court for a minimum of 2 years to ensure stability and continuity of day-to-day operations and to strengthen collaborative relationships between the key professionals.	Agency MOU (should apply to all agencies)		<input type="checkbox"/>
1-7	The treatment court team shall include the following roles/agencies : judge, prosecuting and defense attorneys, treatment provider, treatment court coordinator, case manager, probation/surveillance, and law enforcement. Depending on type of treatment court, other appropriate key stakeholders should be added to the team (e.g. child welfare, CASA, guardians ad litem, housing providers, etc.). Each role has a written position description . a. Juvenile: Team should include representation from local school systems with the goal of overcoming the educational barriers participants face. b. Tribal Healing to Wellness Court (THWC): Some tribes do not have the roles analogous to the prosecutor, defense counsel, and probation. In these cases, look to see that there is someone serving the role of community advocate (ensuring public safety), participant advocate, and supervision/support for completing program requirements. c. Veterans Treatment Court (VTC): Forge partnerships with Veterans Affairs, the local Veterans Service Organization (VSO), and other local organizations that support veterans. Include a representative on the team from the US Department of Veterans Affairs, such as the local veterans justice outreach specialist (VJO), and a mentor coordinator.	MOUs, P&P (should also include a description of each team member role), and Letter of Intent (Stakeholder only recommended if a program is one of the listed types mentioned in A-C)		<input type="checkbox"/>
1-8	Each treatment court shall designate a treatment court coordinator.	Coordinator description in MOUs & P&P		<input type="checkbox"/>
1-10	The sponsoring court and participating agencies shall support treatment courts by making appropriate adjustments to internal policies, practices and procedures to ensure successful day-to-day operation of the treatment court.	Agency MOU (should apply to all agencies)		<input type="checkbox"/>
1-11	The sponsoring court and participating agencies shall : a. Expect agency-wide communication and cooperation among dedicated treatment court personnel b. Cooperate with the collection and maintenance of statistical and evaluation information based on statewide c. Establish Memoranda of Understanding (MOU). All participating agencies and associated team members must sign a MOU annually describing team member roles and duties; committing to the treatment court philosophy and practices, ongoing system improvement, and collaboration with the team; and specifying what information will be shared among team members to ensure the continuity of care and all legal policies, including confidentiality and other standards necessary to the operation of each treatment court. d. Engage in cross-training and interdisciplinary education e. Utilize a family-centered approach. f. Juvenile: Deliberately engage and work collaboratively with parents/guardians/caregivers throughout the court process (court hearings, supervision/discipline of child, and treatment programs), including addressing the specific barriers to their full engagement.	Team Member and Agency MOUs		<input type="checkbox"/>
1-13	All treatment court team members are expected to attend and participate at each scheduled pre-court staff meeting (to review participant progress, determine appropriate actions to improve outcomes, and prepare for status hearings in court) and status hearing. At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled status hearings. Pre-court staff meetings are presumptively closed to participants and the public unless the court has a good reason for a participant to attend discussions related to that participant's case. Team members contribute relevant information, insights, observations, and recommendations based on their professional knowledge, training, and experience.	Agency & Team Member MOUs (overall team member expectations); P&P, & Team Member Surveys (Participant Handbook should also include court hearing information)		<input type="checkbox"/>
1-14	Treatment providers, case managers and supervision officers shall communicate in advance of status hearings and via the statewide information management system between status hearings with the treatment court team and report on participant progress and/or concerns in treatment or other service areas.	P&P		<input type="checkbox"/>
2-1	Attorneys (which include prosecution and defense counsel for criminal courts and, child protective services attorney, parent's attorney, and child's attorney for civil cases) shall be members of the treatment court team and shall participate in the design, implementation and enforcement of the treatment court's screening, eligibility, and case-processing policies and procedures.	Expectation of attorney roles within MOUs		<input type="checkbox"/>
2-2	The attorneys shall work to create a sense of stability, cooperation, and collaboration in pursuit of the treatment court's goals. The pursuit of justice, due process and protection of public safety, as well as the preservation of the constitutional rights of treatment court participants will be ensured by both attorneys.	Expectation of attorney roles within MOUs		<input type="checkbox"/>
2-3	The attorneys should consistently attend team meetings (pre-court staff meetings and status hearings).	Expectation of attorney roles within MOUs		<input type="checkbox"/>
2-4	<i>The prosecutor/ child protective services attorney/child's attorney, or other qualified team member shall</i> be designated and trained to: screen cases and determine whether a defendant is legally eligible for entry to the treatment court; file all required legal documents; agree that a positive drug test or open court admission of drug use will not result in the filing of additional drug charges based on that drug test or admission; and work collaboratively with the team to decide on a team response to participant behavior, including incentives, sanctions, and when or whether termination from the treatment court is warranted.	Expectation of attorney roles within MOUs (agreement to drug testing results & working collaboratively); DIMS usage data & Site Visit		<input type="checkbox"/>

2-5	The defense counsel/parent's attorney should review the police reports, arrest warrant, charging document, child protective services allegation and case documents, all treatment court documents, and other relevant information; advise the defendant as to the nature and purpose of the treatment court, the rules governing participation, the merits of the treatment court including the potential long-term benefits of sobriety and a drug-free life, the consequences of failing to abide by the treatment court rules, and how participation or non-participation will affect their interests including participant the coordinated strategy for responding to positive alcohol and other drug tests and other instances of noncompliance, including how sanctions are utilized and applied; provide a list of and explain all of the rights that the defendant will temporarily or permanently relinquish; advise the participants on alternative options; explain that the prosecution/ child protective services attorney has agreed that a positive drug test or admission to drug use in open court will not lead to additional charges, and therefore encourage truthfulness with the judge and treatment staff; and, inform the participant that they will be expected to take an active role in status hearings, including speaking directly to the judge as opposed to doing so through an attorney, and work collaboratively with the team to decide on team response to participant behavior including incentives, sanctions and when or whether termination from the treatment court is warranted.	Expectation within the defense attorney role in MOUs		<input type="checkbox"/>
2-6	The treatment court <i>coordinator or a designated team member</i> should ensure that the participant's file is complete and includes all admission documents, program acceptance, and enrollment forms (for example, waivers, contracts, consent forms, and written agreements).	MOU (within designated team member role) & P&P and Site Visit / Interview		<input type="checkbox"/>
2-7	Team attorneys shall perform their tasks as part of the treatment court eligibility and admission process as swiftly as possible, including working with stakeholders in the legal system to shorten the time to entry into the treatment court.	Expectation of attorney roles within MOUs		<input type="checkbox"/>
6-29	During pre-court staff meetings, the team shall receive information about participant attendance, progress, engagement in treatment, complementary services received, children's needs and services, and compliance with court and supervision requirements. During the pre-court staffing, the judge and the rest of the operational team shall thoroughly discuss the recommended responses for each participant. The judge makes the final decision about the court-ordered response to be delivered.	Team Surveys		
7-1	The judge convenes the necessary representatives from treatment systems, community partners, and stakeholders to collaboratively develop, implement, and manage the treatment court's ongoing operations and achieve the treatment court's mission and vision. The judge holds meetings of the operational team, guides the team, and ensures that all members' contributions are considered in reaching important decisions. Other appropriate system representatives, such as child welfare, Veteran's Affairs, peer services, schools, etc., should be included as appropriate.	Team Surveys		
7-2	The focus and direction of a treatment court are provided through effective leadership of treatment court judges in partnership with the treatment court team. The judge is in a unique position to exert effective leadership in the promotion of coordinated drug control efforts. To encourage full commitment to the success of a treatment court, the treatment court judge should allow the treatment court team to participate fully in the design and implementation of the treatment court. The judge is responsible for maintaining a non-adversarial atmosphere in the treatment court. All staff must see their job as the facilitation of the participant's rehabilitation. The judge is one of the key motivational factors for the participant to seek rehabilitation. Less formal and more frequent court appearances must be scheduled to allow the judge to motivate and monitor the participants.	Team Surveys		
7-3	The treatment court judge and the treatment court team serve as treatment court advocates. They represent the treatment court in the community, before the federal, state, and local governments, criminal justice agencies, and other public forums.	Team MOUs		<input type="checkbox"/>
7-4	The treatment court judge should serve a term of at least 2 years. Longer terms are better. Consistency of the judge for participants correlates with better outcomes. Rotating/alternating judges should be avoided. The treatment court team should include one primary judge and a second judge trained in the treatment court philosophy and protocols to cover any status hearings during the absence of the primary judge. It is recommended the second judge also serve a term of at least 2 years to ensure better outcomes.	Judge Survey		
7-5	The treatment court judge shall be knowledgeable about the treatment court model, addiction, treatment methods, drug screening, and other related issues.	Team Surveys		
7-6	The judge should interact with the participants in a nonjudgmental and procedurally fair manner. The treatment court judge offers supportive comments to participants, stresses the importance of their commitment to treatment and other treatment court requirements and expresses optimism about their abilities to improve their health and behavior. The judge shall not humiliate participants or subject them to foul or abusive language. The judge allows participants a reasonable opportunity to explain their perspectives concerning factual controversies and the imposition of incentives, sanctions, and therapeutic adjustments.	Team Surveys		
7-7	The judge should conduct court so all participants benefit by observation of others as they progress (or fail to progress) in treatment (see treatment standards).	Team Surveys		
7-8	The treatment court judge makes final decisions concerning the imposition of incentives or sanctions that affect a participant's legal status or liberty, after taking into consideration the input of the other treatment court team members and discussing the matter in court with the participant or the participant's legal representative. The judge relies on the expert input of trained treatment professionals when imposing treatment-related conditions.	Team Surveys		
7-9	The treatment court judge shall conduct all pre-court staff meetings. At a minimum, pre-court staff meetings shall occur at the same frequency as, and in advance of, scheduled status hearings. a. Juvenile: The JDTC team should meet weekly to review progress for participants and consider incentives and sanctions, based on reports of each participant's progress across all aspects of the treatment plan.	P&P		<input type="checkbox"/>
7-10	A regular schedule of status hearings shall be used to monitor participant progress.	P&P		<input type="checkbox"/>

7-11	Participants shall attend weekly or every other week status hearings while in the first phase of the treatment court depending on the participant's risk and need. This schedule may continue through additional phases. Frequency of status hearings may vary based on participant needs and/or judicial resources.	P&P (phase expectations)		<input type="checkbox"/>
7-12	Status hearings should be held no less than once per month during the last phase of the treatment court.	P&P (phase expectations)		<input type="checkbox"/>
7-13	At status hearings, the judge shall speak with each participant individually.	Team Surveys		
7-14	The treatment court judge shall strive to spend at least 3 minutes with each participant during status hearings, especially those participants who are doing well. For effective behavior modification, the judge explains to the participant the rationale behind the responses being delivered and reinforces any treatment adjustments based on clinical need as well as any safety interventions imposed. By being engaging, supportive, and encouraging, the judge works to build rapport with the participant. He or she emphasizes the participant's strengths and the importance of continued engagement in treatment and services. The judge encourages the participant to discuss his or her progress, as well as challenges or unmet needs.	Team Surveys		
7-15	The treatment court judge should be assigned to the treatment court on a voluntary basis.	Judge Survey		
10-2	The treatment court shall establish a Policy Committee (see definition in Appendix A) to oversee the operations of the court and to establish a written plan. The plan should address sustainability of the court's operation, resources, information management, and evaluation needs. The written plan shall include implementation tasks and timeframes to ensure compliance with the Treatment Court Standards. The plan should incorporate the goals of participant abstinence from alcohol and illicit drugs and the promotion of law-abiding behavior in the interest of public safety. The Policy Committee should meet quarterly. Members of the Policy Committee are to be drawn from the participating agencies. Recommended membership includes: prosecuting attorney, defense attorney, community corrections agency or juvenile probation department, the court, law enforcement, child welfare, and treatment. The treatment court shall define roles and responsibilities of the Policy Committee in writing (typical policy committee responsibilities include developing policy, providing guidance, and advocating for reforms).	P&P and Application		<input type="checkbox"/>
10-3	The treatment court should organize an Advisory Committee (see definition in Appendix A) consisting of representatives from the court, community organizations, law enforcement, treatment providers, health providers, social service agencies, the business community, media, faith community and other community groups. The Advisory Committee should meet at least yearly to provide guidance to the Policy Committee and treatment court team. Advisory Committees should be looked to for program guidance, fundraising, resource development to meet unmet needs of participants and other program challenges. Treatment courts should consider whether the Advisory Committee members might form an independent 501(c)(3) organization for fundraising purposes. The Advisory Committee should provide opportunities for community involvement and informing interested community members, including the holding of informational meetings, community forums, and other outreach so they can contribute to and support the treatment court. The use of local media for community education, program announcements, and to recruit funds and resources is recommended.	P&P		<input type="checkbox"/>
A-1	Acknowledgment of and agreement with the Code of Conduct for Treatment Court Team Members (Appendix I of the NM Treatment Court Standards)	Team MOUs		<input type="checkbox"/>
C-2p2	Treatment courts should establish <i>two</i> Memoranda of Understanding on confidentiality. The <i>first type of MOU will be at the agency level</i> for all partner agencies and will specify interagency information-sharing expectations and procedures. If the treatment court works with a Tribe(s) or will serve Tribal members, the court should establish an MOU with the Tribe(s). The <i>second type of MOU will be at the team member level</i> , which all team members will sign and agree to follow confidentiality procedures. These MOU's should be re-signed by replacement team members and reviewed annually. This agreement shall include the roles and responsibilities of all parties, as well as what information will be shared.	MOUs		<input type="checkbox"/>
I-7	It is strongly recommended that the court require all TCTMs to cooperate fully with any inquiry or investigation in the event of an allegation of unlawful discrimination, retaliation, drug or alcohol use, and/or harassment, or any perceived violation of the code of conduct, professional decorum, policy, and/or procedure. The court should also require <i>contracted TCTMs to submit to drug or alcohol testing, upon reasonable suspicion of on-duty drug or alcohol use if the court has a reasonable suspicion drug or alcohol testing policy in place for its employees.</i>	P&P or MOUs		<input type="checkbox"/>

Std. Ref.	Confidentiality & Consent Related Standards	Typical Proof Type	Page#/Paragraph/Comment Ref. Changes Made/Add. Guidance from Program	Highlighted
1-16	Treatment courts will follow confidentiality laws and practices as described in Appendix C.	P&P		<input type="checkbox"/>
1-17	The treatment court shall have a written consent or release of information form; participants provide voluntary and informed consent about what information will be shared between team members (specifically including progress in treatment and adherence to program requirements).	Copy of ROI and P&P		<input type="checkbox"/>
1-18	Treatment court information and records shall remain confidential, except as authorized for disclosure under these standards or by state law, or authorized for the purposes of research or evaluation, as allowed for in federal law including HIPAA and CFR 42 Part 2.	P&P & MOUs		<input type="checkbox"/>
1-19	Recognizing that as a practical matter most, if not all, treatment courts or related agencies or treatment providers receive direct or indirect federal funding or assistance, treatment courts shall comply with federal confidentiality laws. (See, Public Health Service Act, 42 U.S.C. 290dd-2 and 290ee-3; and federal regulations at 42 C.F.R. Part 2). The treatment court judge, in conjunction with the treatment court coordinator, shall supervise the application of confidentiality laws and standards in the treatment court.	P&P and Provider Contracts		<input type="checkbox"/>
1-21	Rules of professional conduct and evidentiary privileges shall still apply unless expressly waived by the participant.	P&P		<input type="checkbox"/>

C-1	Treatment courts should make sure they are following all applicable standards and laws related to confidentiality. New Mexico state law requires that all health information remain confidential and that providers comply with federal regulations (in particular, the Health Insurance Portability and Accountability Act of 1996 or HIPAA and the Health Information Technology for Economic and Clinical Health Act or HITECH Act).	P&P	<input type="checkbox"/>
C-2	Confidential treatment court information and records include the participant's identity, diagnosis, evaluation, prognosis, and treatment.		
C-2p1	For purposes of evaluation, audit, and reporting, treatment court participants should be assigned and identified by a participant number.	Review DIMS Data	
C-2p3	Confidential treatment court information and records do not include standard court orders and those documents critical to court functions, including, but not limited to the following: Judgment and Sentence, Order Deferring Sentence, Judgment and Final Disposition, Report on Treatment Court Violations, Remand Order, referrals and reference to referrals in any of the above mentioned documents.		
C-2p4	To avoid prohibited disclosure in court proceedings and court documents of confidential information covered by the federal law or these standards, treatment courts are encouraged to provide language in the participant's release of information consent form that information as to the participant's identity, entry into the treatment court or non-compliance with the treatment court (e.g., positive urinalysis, failure to attend therapeutic sessions) may be disclosed—and become a part of the public record—to the extent necessary and pertinent in a probation revocation, initial disposition or sentencing proceeding.	Copy of translate ROI and P&P (if program does not have translated docs indicate the process for how the program will provide ROI in the participants language when needed)	<input type="checkbox"/>
C-3	Confidentiality continues to apply to treatment court information and records even when the participant has voluntarily or involuntarily left the treatment court.		
C-4	Except as authorized by court order, confidential treatment court information and records may not be used to initiate or to substantiate any criminal charges against a participant or to conduct any investigation of a participant.		
C-5	Written records which are subject to these standards must be maintained in a secure location and access to these records limited to authorized individuals. The treatment court judge, in consultation with the treatment court team members, should determine access authorization to secure written records.	P&P and Site Visit & Interview	<input type="checkbox"/>
C-6	Electronic data which are subject to these standards must be protected by security walls and security codes. Access shall be limited and disclosure/re-disclosure shall be subject to approval by the treatment court judge and team. (See Key Component #8.)	P&P and Site Visit & Interview	<input type="checkbox"/>
C-7	Treatment courts shall adopt written procedures and/or policies which regulate and control access to and use of written and electronic records which are subject to these standards. Practice 1: These standards apply to written and electronic records that may be in the possession of or accessible to the court and court staff, designated team members, treatment court contractors, and any other entity identified by the treatment court team.	P&P and Site Visit & Interview	<input type="checkbox"/>
C-8	Once authorized access is obtained and initial disclosure permitted, the redistribution of confidential information and records is not permitted, unless it, too, is authorized on a limited, known basis. Practice 1: Treatment courts must not only limit disclosure to authorized parties, but they must also limit the re-disclosure of confidential information and records.	P&P and Site Visit & Interview	<input type="checkbox"/>
C-9	Retention of and destruction of treatment court records following graduation or exclusion from a treatment court should follow the record retention and destruction schedules defined by Judicial Rules (NM Code R. § 16.10.17.10). Medical records must be retained for at least 10 years after the date of last treatment or the time frame set by state or federal insurance laws or by Medicare or Medicaid regulation. Medical records for minors must be retained until the patient is 21 years old. Treatment court team members who are contractors must return any participant records to the treatment court coordinator or designated authority at the time of participant completion or team member departure from the program.	P&P and Site Visit & Interview	<input type="checkbox"/>
C-10	Disclosure by Written Consent of Participant		
C-10a1	A treatment court participant may consent to the disclosure and re-disclosure of confidential records and information. Such consent must be in written form and it must contain the following elements: 1. Specific name or general designation of the program or person permitted to make the disclosure.	Copy of ROI / Consent	<input type="checkbox"/>
C-10a2	Name of the participant permitting disclosure; if a minor, add parent/guardian/custodian.	Copy of ROI / Consent	<input type="checkbox"/>
C-10a3	Name or title of the individual(s) or the name of the organization to which (re)disclosure is to be made.	Copy of ROI / Consent	<input type="checkbox"/>
C-10a4	The purpose of the (re)disclosure.	Copy of ROI / Consent	<input type="checkbox"/>
C-10a5	How much and what kind of information is to be disclosed.	Copy of ROI / Consent	<input type="checkbox"/>
C-10a6	Signature of participant; if a minor, the parent, guardian, or custodian must also sign.	Copy of ROI / Consent	<input type="checkbox"/>
C-10a7	Date on which consent signed.	Copy of ROI / Consent	<input type="checkbox"/>
C-10a8	Date, event, or condition upon which the consent will expire. The date, event, or condition must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.	Copy of ROI / Consent	<input type="checkbox"/>
C-10p1	The consent form should list the treatment court team members to whom disclosure is authorized.	Copy of ROI / Consent	<input type="checkbox"/>
C-10p2	The written consent for disclosure should be knowing and voluntary, and the participant should have ample opportunity to review the consent form prior to signing.	P&P and Application	<input type="checkbox"/>
C-10p3	If a participant cannot understand or read the English language, the consent form shall be translated to assist the participant with language and/or comprehension.	Application and Copy of Translated ROI	<input type="checkbox"/>
C-10p4	Any treatment court participant may revoke a written consent to disclose confidential information and/or records, but, in doing so, may face expulsion from the treatment court.		

C-10p5	Treatment court team members and contractors may use and disclose confidential information and records only to the extent necessary to carry out their treatment court duties and job assignments.		
C-10p6	At the time of admission, or as soon thereafter as the participant is capable of rational communication, the participant shall be given a summary orally and in writing of the federal confidentiality laws and regulations.	P&P and Application	<input type="checkbox"/>
C-11	Disclosure Without Prior Participant Consent a. Confidential participant information and records may be disclosed without the participant's prior written consent under the following circumstances: 1. To report under state law an incident(s) of suspected child abuse and neglect to appropriate state or local authorities. To report to law enforcement the participant's commission of a crime on the premises of the treatment court or against treatment court personnel or of a threat to commit such a crime. Communications are limited to the circumstances of the incident, including the participant's status, as the individual committing or threatening the crime, the name, address, and last known whereabouts. 2. To convey information to medical personnel to the extent necessary to meet a bona fide medical emergency. 3. To convey information related to the cause of death. 4. To qualified personnel for the purposes of conducting scientific research, management audits, financial audits, treatment court oversights, program evaluations, and reporting to the AOC's Statewide Treatment Court Coordinator. 5. To protect against the threat to life or serious bodily injury. Practice 1: Such personnel as identified above should not identify, directly or indirectly, any individual participant in any report of such research, audit, oversight, evaluations or report. b. Disclosure by Court Order. Treatment court judges may issue a court order for (re)disclosure or use of confidential information and records but must do so in accordance with the due process and procedures established under 42 C.F.R., Part 2, Subpart E, of the federal regulations.		
C-12	Treatment courts should include in their policy and procedures information about steps it will take, and who will take them, in the event of a known or possible breach of confidentiality. Programs should consider various scenarios and conditions in preparing these policies, including unintentional loss or theft of information (such as the misplacing of a flash drive, theft of a laptop, or break-in to an office) as well as intentional inappropriate or unlawful sharing of information (such as a team member talking with a friend or family member about the details of a case). Consequences of a breach may depend on whether the act was intentional, a result of negligence, or out of the breaching party's control. The consequence of breaching confidentiality could range from upset program participants to fines or a lawsuit and the party responsible could face disciplinary action or loss of employment.	P&P	<input type="checkbox"/>
C-13	Confidentiality disclosure violations, problems, concerns and issues should be brought to the immediate attention of the treatment court judge, or other designated authority who oversees the operation of treatment court, who shall resolve these matters in a manner that protects the integrity of the treatment court and privacy rights of the participant. If the breach involves the judge, notification shall be made to the chief judge of the district and the Statewide Treatment Court Program Manager. Practice 1: Whenever possible, the treatment court team members should participate with the judge in mutually resolving issues of confidentiality, disclosure and re-disclosure.		
C-14	Federal regulations involving protected health information include the HIPAA breach notification rule (42 CFR part 2, 164.400-414), which provides for training, a process for making complaints, sanctions for workers who do not comply, and other policies and procedures related to this topic. Individuals whose information has been accessed or disclosed as a result of a breach must be notified as soon as possible and no later than 60 days after the discovery of the breach. Breaches that involve information of more than 500 residents of a state or jurisdiction must also notify media outlets serving the state or jurisdiction. Individuals who are concerned about a breach of confidentiality (if they feel their privacy of their health information has been compromised) can be directed to the federal Office of Civil Rights, which handles complaints related to HIPAA. Complaints can be filed online at: https://www.hhs.gov/hipaa/filing-a-complaint/index.html , through email at OCRMail@hhs.gov, or over the phone at 1-800-368-1019. Any breach that involves team member negligence or intentional disclosure shall be reported to the AOC/State Treatment Court Coordinator so they are aware of the issue and the program's response in case they contacted about it.	Copy of Participant ROI and P&P	