

Georgia Accountability Courts

Data Collection Toolkit



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Council of Accountability Court Judges of Georgia

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Introduction

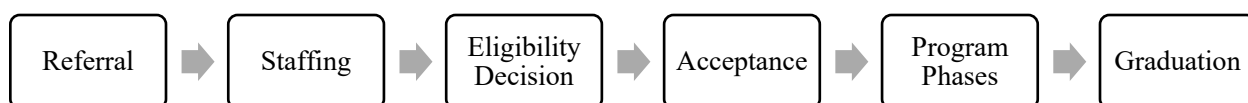
The purpose of this toolkit is to provide practical guidance about accountability court workflow at every stage, from referral to graduation. This toolkit contains Georgia's accountability court standards references, workflow guides, and data collection best practices to help inform daily operations in all accountability courts. The goal of this toolkit is to improve data collection integrity by providing a practical guide for data collected at each stage in a participant's accountability court journey. The toolkit is intended for use in conjunction with the data dictionary published annually by CACJ. The data dictionary provides details of the collected data points, while the toolkit provides guidance on the implementation of best practices to collect the data points listed in the data dictionary. Also, included in the toolkit are links to additional resources available on CACJ's website.

As stated in [CACJ Rules](#): Article 9. Data Collection (July, 2020), "Data collection is not only required by statute, but it is also a research-based best practice (p.42)." Good data collection practices are vital to both program and participant success, as they allow the courts to make data driven decisions. **State level data and analysis is only as good as the data submitted to the state.** CACJ relies heavily on participant data for resource allocation and funding decisions. As such, courts are expected to comply with CACJ Rules, grant conditions, and standards and certification requirements related to data collection. This toolkit, as a complement to the data collection manual, is intended to assist with this compliance.

For any questions related to data collection, please contact Rachel Meyer, Data & Research Program Manager, at (470)591-0091 or at rachel.meyer@georgiacourts.gov.

General Participant Flow through an Accountability Court

During a participant's journey through an accountability court program, they will travel through several stages that are similar across all programs throughout the state (e.g., drug court, mental health court). An individual may be referred to a program by a prosecutor, a defense attorney, social service agents, probation officers, a participant's family, and sometimes, participants themselves. After referral, the participant must be screened for eligibility, both legally and clinically, and the participant must be accepted into the program. Participation is voluntary. Once a participant is accepted into the program, they must engage with treatment throughout all phases, including but not limited to drug testing, supervision, treatment groups, individual treatment sessions, case management sessions, public service, and judicial status hearings. After completing all of the accountability court's requirements, a participant may graduate from the program.

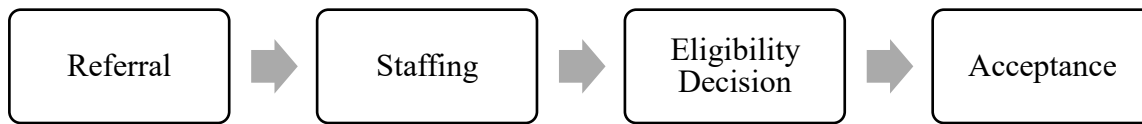


Statutorily Required Data Points (collected and reviewed quarterly):

1. Drug Screen Results
2. Drug Screen Failures (positive test results)
3. Positive Test Result Substance(s)
4. Risk Level
5. Employment Status at Graduation
6. Exit Status
7. Exit Date

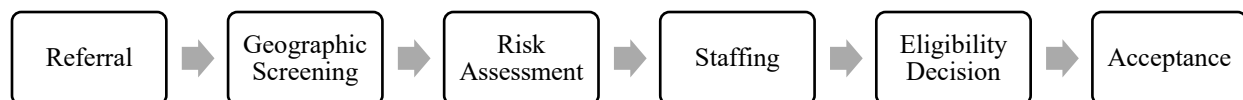
Each court may have a slightly different process, but the flow chart above may be used as a reference for the general milestones that a participant must cross throughout each discrete section of the accountability courts process. Throughout this toolkit, the data points that are collected at each milestone will be presented.

Pre-Acceptance/Intake



The first stage in any participant's journey is a referral to an accountability court. Referrals may be a pre-adjudication referral, a post-adjudication referral, or a probation revocation. Additionally, referrals may come from several sources, including prosecutors, defense attorneys, family services, social services, probation officers, a participant, and/or a participant's family. In some cases, a referral, such as one from a prosecutor or defense attorney, may be considered to meet the legal eligibility requirements. Legal eligibility requirements may differ across each county and court, but should be based on written eligibility criteria.

The flow chart below depicts the intake process for a participant in a drug court in Georgia. This process may not apply to all courts; however, it may serve as a guide for data entry for several steps in the intake process. The chart above depicts a more general intake process.



Data points collected at Referral:

- State Identification Number¹ (SID)
- Referring Charge
- Referral Source
- Referral Date
- Review/Screening Legal Date
- Arrest Date
- Demographic data including: Name (first and last), Date of Birth, Race, Ethnicity, Gender Identity, Sex assigned at Birth (**NEW**)

Data points collected at Geographic Screening:

- County of Residence
- Address
- Housing Status Type and Date (**NEW**)
- DCA Funded (**NEW**)

Data points collected at Assessment:

¹ Family treatment court and juvenile participants may/will not have a SID. In this case, an alternative, unique identifying number should be entered.

- ASAM Level of Care Screening and Date²
- Risk Assessment Date, Results, and Type
- Risk Level
- Diagnosis/Diagnostic Impression
- Diagnosis Level
- Diagnosis Reason
- Substance Use Disorder Level
- Number of Overdoses
- Last Overdose Date (**NEW**)

Data points collected at Staffing and Eligibility Decision:

- Review/Screening Program Date
- Eligibility Determination Date
- Eligibility Denial Reason and Date (**NEW**)
- Staffing Approval Date

Data points collected at Acceptance:

- Plea Date
- Acceptance Date and Type
- Orientation Date
- Treatment Start Date
- Employment Status at Entry (**NEW**)
- Income Level at Entry (**NEW**)
- Education Level
- Any additional demographic data as needed (i.e., pregnant - **NEW**), Drug Free Newborn DOB (**NEW**)

During the Risk Assessment phase, courts may use any combination of risk assessment tools in addition to the LS-CMI, however, an **ASAM Level of Care score is required for any participant with a substance use disorder diagnosis. Risk Level must also be reported for every participant.** A sample intake form is linked as a reference for demographic and participant-specific data that must be collected. The intake form may be modified to suit individual program needs.

These data should be submitted to CACJ through the repository when an Acceptance decision is made. Without these complete data, the submission will not be successful and CACJ will not receive the failed participant record.

² Required to be entered for accepted participants in a drug, DUI, or juvenile drug court, or any court type when a substance use disorder diagnosis is entered.

Good data collection practices include gathering data at both entry and exit to determine program effectiveness. This includes but is not limited to employment status, income level, education level, and the dates associated with these data. CACJ recommends entering these data at intake and exit, at the least, but could be entered as needed, or as these statuses/levels change.

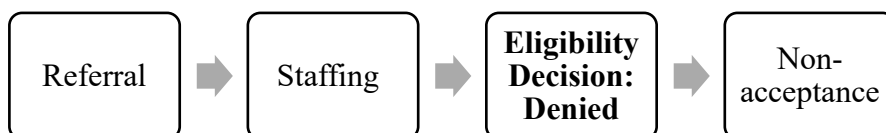
For a sample accountability court referral form, please visit CACJ's [Sample Templates page](#).

Intake Data Helpful Hints

- More information is always better!
- Risk Level is a statutorily required data point and must be reported each quarter. If your program reassesses a participant and the risk level changes, you should update the participant's Risk Level in the case management system.
- Juvenile and Family Treatment Court intakes may differ slightly than Drug, Mental Health, and DUI Court intake.
- Military Service is not exclusive to Veterans Treatment Courts; there may be veterans in other types of courts. However, Military Service is required for Veterans Treatment Court participants.
- Juvenile and Family Treatment Court participants may not have an arrest date.
 - For FTC participants, the date to be used in place of arrest date if there is no arrest is the date of a filing or a complaint to Department of Family and Children Services or a dependency filing in a juvenile court.
 - For Juvenile participants, the date to be used if there is no arrest is the complaint date, i.e. the date that a complaint was filed against a juvenile.

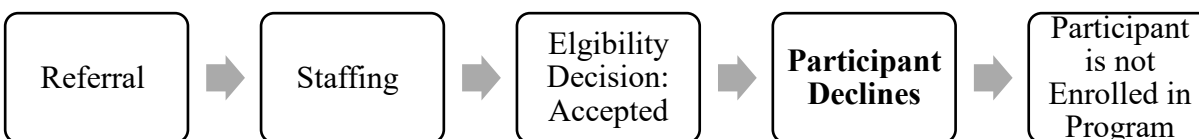
Eligibility Denials and Declines

While many participants are accepted into the program, some individuals who have been referred and screened will be denied by the program due to ineligibility. Additionally, some participants who have been accepted into the program may choose not to participate in an accountability court program. Data for those individuals is still necessary and must be reported to CACJ.



Data points collected at Eligibility Denial:

- Review/Screening Program Date
- Eligibility Determination Date
- Eligibility Denial Source
- Eligibility Denial Date and Reason



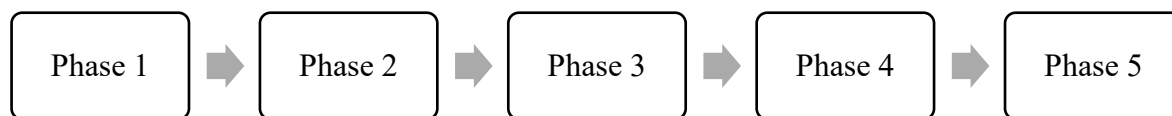
Data points collected at Participant Decline:

- Review/Screening Program Date
- Eligibility Determination Date
- Eligibility Denial Source
- Eligibility Denial Date and Reason

Denial/Decline Data Entry Helpful Hints

- If a participant declines or is denied acceptance, an exit status for that participant is not needed.
- Demographic data and screening data are still needed for decline/denied participants.
- Programs should enter all referrals, regardless of denial/decline status.

Phases



Data points collected for Phases:

- Participant Status and Participant Status Date
- Phase and Phase Change Date

After acceptance into an accountability court program, participants must complete defined stages of treatment, known as phases. Within each phase, participants must complete certain treatment, community and public service projects, and maintain a set numbers of days and months of negative drug test results. Once a participant completes all requirements of a phase, that participant transitions into the next phase, a process known as “phasing up.”

While most courts follow a five-phase model, some courts include a “phase zero” for acute stabilization and some courts follow a four-phase model. In those courts, a participant may graduate at the completion of phase four; in some instances in four-phase model courts, participants who have not met graduation requirements upon completing phase four may enter into a phase five/“aftercare” phase to complete graduation requirements.

Phase changes should be reported in the same quarter for which the phase up occurs. For example, if a participant is accepted into the program on October 15th (phase 1), and phases up to phase 2 on December 15th (phase 1 is 60 days in this program), then the program should change the participant’s phase in the case management before submitting their Q2 quarterly report. On the Quarterly Program Report, this participant will show as a phase 2 participant since the phase up occurred within the quarter.

Please see CACJ’s [Criteria for Phase Changes Competency Checklist](#) for guidance and examples of phase-specific requirements.

Current Participants’ Statuses and Participants’ Status Date(s) are important to good data collection practices. Additionally, participants’ statuses must be updated timely and accurately. Please review the definitions for Participant Statuses to ensure these are updated accordingly and submitted every quarter for every participant, regardless of Participant Status.

Phase Changes and Status Updates Helpful Hints

- If a participant changes a phase, enter this data immediately. This includes exits as well. Make sure you enter both the date and phase for every phase change.
- Participants reported in an Active status should be receiving some form of service from the program.
- If a participant is not receiving any services, and is not AWOL, the participant should be in an Inactive status. AWOL participant should be reported as Inactive-AWOL.
- Active – No Treatment Required (new in FY2022)
 - This status should be used only for participants who are in special circumstances where no treatment data is available but the participant is Active (receiving other services). Examples of this include participants who enter the program shortly before the end of the quarter, and participants who are in the last phase of the program, have completed required treatment, and are simply awaiting graduation.

Case Management

Case management is time spent with participants by a case manager (clinical or non-clinical), and/or a coordinator. In case management sessions, the case manager/coordinator engages with the participant to track progress, ensure accuracy of already-collected information, provide support to the participant, and address participant concerns. Most importantly, a case manager should be knowledgeable about resources available to a participant such as housing services, clothing sources, vocational training programs, government benefits and services, and shelters. New for FY2023, case management sessions should be marked as either virtual (via Zoom, for example, or phone call) or not.

Data points collected during Case Management:

- Case Management Session Date and Type
- Case Management Virtual

For more information on case management, please see What is Case Management slides available on CACJ's website under Resources → CACJ Manuals & Handbooks.

Case Management Helpful Hints

- Knowledge of resources for participants is crucial.
- Case management is important for building trust with participants.
- As per Georgia standards (e.g., AFDC Standard 1.12), participants must meet with case managers at least once per week in the first 12 months of the program.

Monitoring

Participant monitoring generates the bulk of data collected by CACJ. Monitoring may include drug testing, electronic monitoring, judicial status hearings, and tracking participant substance preferences. Because monitoring generates the bulk of the data collected, precision in collecting these data is crucial. Accurate monitoring data allows coordinators, case managers, and CACJ to determine if participants are in compliance with their individual treatment plans, establish substance use trends across the state, and determine the effectiveness of treatment.

Data points collected in Monitoring:

- Crisis Intervention Episodes
- Drug Test Comments
- Drug Test Date
- Drug Test Method
- Drug Test Observed
- Drug Test Results and Date
- Drug Test Random (**NEW**)
- Drug Test Substances
- Drug Test Type
- Electronic Monitoring Start and End Dates (**NEW**)
- Hospital—Emergency Room Visits (Date)
- Hospital—Psychiatric Hospitalizations (Date)
- Judicial Status Hearing Date and Attendance
- Medical Session Date and Type
- Primary, Secondary, and/or Tertiary Drug(s) of Choice
- Community service (hours) and date

Monitoring Data Collection Helpful Hints

- Not all data points will apply to a participant. The court should collect and report all applicable data points for each participant.
- Positive drug test results must be reported each quarter. The positive substance must be reported as well.
- Behavioral drug test failures (i.e. dilute sample, not showing up, refusing to produce a sample, not producing a sample) are positive drug screens.
- Status hearing attendance requirements may be based on a participant's phase.
- Drug testing data should be reported for each drug testing occurrence.

Standards/Certification Crosswalk

As per Georgia standards (e.g., AFDC Standard 7.7), participants shall attend **a minimum of two status hearings per month** in the first phase of felony drug court programs, and no less than once per month in the last phase of the program.

As per Georgia standards (e.g., AFDC Standard 5.1), participants shall be administered a randomized drug test a **minimum of twice per week** until the final phase of the program. CACJ monitors frequency of test results for participants, so programs should enter ALL drug tests performed.

Staffing

Staffing is the meeting where all stakeholders, including judges, prosecutors, defense attorneys, treatment providers, probation/law enforcement, coordinators, case managers, and others discuss participant progress, recommendations, and potential participants. These meetings are fluid and may be different across programs. Regardless, the case management system, if utilized sufficiently, can be a great resource for communication in preparation for and during staffing sessions. Staffing notes/court calendars can be generated by the case management system and customized based on your needs. Please contact your case management system vendor for more information.

Standards/Certification Crosswalk

As per Georgia standards (e.g., AFDC Standard 1.7), all members of the drug court team are expected to attend and participate in a minimum of **two formal staffings per month**.

Supervision

Supervision is the monitoring of participants outside of program activities, usually conducted by probation, or local law enforcement. Supervision is an opportunity to develop trust with participants, family members, roommates, employers, etc.

Data points collected in Supervision:

- Supervision Services Contact Date and Duration
- Supervision Virtual (NEW)

Supervision Data Collection Helpful Hints

- Supervision helps ensure participant program compliance, including curfews.
- Supervision may act upon visualization of items or actions prohibited by the program, weapons, and illegal substances (not an exhaustive list)
- Supervision data should be reported for each supervision occurrence.

Standards/Certification Crosswalk

As per Georgia standards (e.g. AFDC Standard 6.4), courts shall implement a system for a minimum level of field supervision for each participant based on their respective level of risk. Field supervision may include unannounced visits to home or workplace and curfew checks. The level of field supervision may be adjusted throughout the program based on participant progress and any reassessment process.

Treatment

Treatment data is crucial. It informs the services that a participant receives, data about the efficacy of treatment modalities used, and how well the participant is responding to the treatments and services provided. Treatment data includes group sessions, individual sessions, diagnosis data, medical appointments, and medication-assisted treatment.

Data points collected in Treatment:

- Diagnosis Level
- Treatment Session Date, Attendance, Duration, Type
- Treatment Session Virtual (NEW)
- Treatment Type is Evidence-Based
- Medical Appointment
- Medication-assisted Treatment Screened
- Medication-assisted Treatment Start and End Dates
- Medication-assisted Treatment Completion
- Medication-assisted Treatment Denial Reason
- Medication-assisted Treatment Prescribed
- Medication-assisted Treatment Referral Date
- Medication-assisted Treatment Level of Compliance
- MAT Delivery Method (NEW)
- Ancillary Services (NEW)
- Ancillary Service Date (NEW)
- Psychotropic Medication (NEW)

Treatment data (session attendance, date, duration, type) are required for all active participants. CACJ monitors frequency of treatment sessions received by participants every quarter.

Programs should provide or connect participants with **ancillary services** to overcome common barriers to success, such as transportation, employment, and education.

Sanctions and Incentives – New for FY2023

Please see the enclosed resources.

Graduation

When a participant completes all program requirements, that participant is eligible for graduation. Each program has different requirements that a participant must meet prior to graduation eligibility. **It is extremely important that participant's exit information is entered in the quarter the exit occurs and that this information is submitted to the CACJ every quarter.**

Data points collected at Graduation:

- Exit Status and Date
- Employment Status at Exit (**NEW**)
- Income Level at Exit (**NEW**)
- Education Level at Exit (**NEW**)
- Housing status

Standards/Certification Crosswalk

In addition to electronic data collection, programs should employ the use of surveys to capture qualitative data to be used “to make any necessary modifications to program operations, procedures, and practices” (Georgia AFDC Standard 8.5, p.10). As per Georgia standards (AFDC Standard 8.1), participant progress, success, and satisfaction should be monitored on a regular basis through the use of surveys and participant feedback, most importantly at the program entry point and graduation.

Program Separation

In some instances, a participant may not graduate from or complete³ an accountability court program. When a participant fails to graduate or complete a program, the participant is separated from the program. Separation types vary, and include termination-withdrawal, discharge-dismissal, discharge-administrative discharge, termination-noncompliance, and discharge-transfer. **When a participant is separated from the program, the participant's exit status and the exit date must be reported.**

Data points collected at Separation:

- Exit Status and Date
- Employment Status and Date
- Income Level and Date
- Education Level and Date

³ A participant is deemed to have completed an accountability court program when a participant has spent the same amount of time in the program and treatment than the participant would have spent under a traditional sentence but has not yet met all graduation requirements.

Tips for Measuring Outcomes

CACJ recommends capturing the following data at both entry and exit in effort to show program effectiveness:

- Employment Status
- Income Level
- Education Level
- Risk Assessment Results, Level, and Date⁴

Additionally, if all drug tests (with results), treatment and case management sessions, and other monitoring data elements are entered, the program can compare units of service both across a participant's journey in the program, and across participants.

⁴ As per Georgia standards (e.g., AFDC Standard 4.8), "Ongoing assessment shall be provided according to a program schedule, and treatment plans should be modified or adjusted based on results" (p. 5).

Frequently Asked Questions

What data do I need to collect if a potential participant is denied entry or declines to participate?

If a potential participant is denied or declines participation, demographic data, denial or decline reason, and denial/decline date should be entered. If a participant is screened but declines to participate or is denied entry, the following data points should be entered: all demographic data, assessment data, such as ASAM screening results and date, risk level screening results and date, arrest date (or dependency filing date/juvenile complaint date), eligibility determination and date, eligibility denial date, eligibility denial reason, and decline/denial date and reason. Additionally, referral information should be reported. Referral information includes referral date and source, referring charge, legal review/screening date, and program review/screening date.

The guidelines say to report every participant every quarter, does that include participants that have already exited the program?

No. You only need to submit current participants. This includes all participant statuses, though. Just because someone is inactive does not mean they do not need to be reported. Also, you should wait to submit referrals until the required information is known.

What if I do not see my risk assessment tool in the data menu?

If you do not see your exact risk assessment tool, please use “Other.”

How do I enter the status of a participant that is currently in an in-patient treatment setting and receiving no services from the court? Alternatively, how should I report a participant who is still receiving services from the court, but is also in a residential treatment program?

That participant should be listed as “Inactive” during in-patient treatment and then marked “Active” once that individual returns to treatment and is receiving services from the court. If a participant is still receiving services from the court, but is in a residential treatment program, that participant should be reported as “Active—Residential” under the Participant Status Tab.

What if a participant enters the programs right before the end of the quarter and has not yet started treatment sessions? What if a participant in the last phase of the program completes all required treatment is simply awaiting graduation?

In both of these scenarios, the correct Participant Status is Active – No Treatment.

What status should I report for a participant whose status changed multiple times throughout the quarter?

You should report the status that was applicable on the last day of the quarter.

How should I report a participant that has absconded?

If a participant has absconded, that participant should be reported as “Inactive-AWOL” under the Participant Status tab.

Are drug test comments required data entry points?

Drug test comments are very helpful and should be reported if applicable to a participant’s drug screening event. But, drug test results should be reported separately and not part of the comment field.

What should I track for incentive data?

Incentive data is varied and may include grab bag draws, verbal commendations, gift cards, early release from court, skip a case management session, etc. All of those should be tracked and entered by date and type.

Who should I call if I have a substantive data question or need clarification on a data point or requirement?

Please call Rachel Meyer at 470-591-0091 or email at rachel.meyer@georgiacourts.gov

Who should I call if I have a technical data question or issue?

For technical data questions or support, please call your case management system vendor.

Commonly Used Terms

Commonly used terms help to clarify understanding of certain data elements. These terms assist all courts with consistent and efficient collection.

Active participant: New or existing participant who is receiving services from the program. Examples of services include, but are not limited to, treatment, drug testing, and judicial status hearing attendance.

Admission: Official enrollment of a participant into an accountability court program by formal agreement to all terms and conditions, generally by signing a participant agreement and related forms, in front of a judge.

Arrest: Participant is taken into custody by a legal authority for a new criminal offense.

ASAM levels of care:

- 0.5: Early Intervention
- 1.0: Outpatient Services
- 2.1: Intensive Outpatient
- 2.5: Partial Hospitalization
- 3.1: Clinically Managed Low Intensity Residential
- 3.3: Clinically Managed Population Specific High Intensity Residential
- 3.5: *Clinically Managed Medium Intensity Residential—Adolescents Only*
- 3.7: Medically Monitored Intensive Inpatient
- 3.7: *Medically Managed High Intensity Inpatient—Adolescents Only*
- 4.0: Medically Managed Inpatient Treatment
- OTP (Level 1): Opioid Treatment Program (Level 1)

AWOL: Absconded but not yet removed.

Behavioral positive drug screen: A drug screen that is positive based on best practices, but a substance may not be determined. Examples of a behavioral positive drug screen include a dilute sample, the participant refuses to be screened, the participant does not produce a sample in time, and/or the participant does not appear to be screened.

Completed: A participant who has been released from the program without finishing all program requirements (not graduated) and whose sentence term or maximum time has expired.

Co-occurring substance use disorder: Per the DSM-V, a condition of suffering from a mental illness and substance abuse simultaneously.

Conviction: A formal sentence by a judge.

Dependency: A hearing in juvenile court to protect a child who may be at risk of harm due to abuse, neglect, or exploitation. A dependency filing may precipitate entry into a Family Treatment Court program for some participants.

Discharge: Non-behavioral removal of a participant from a program due to *Administrative Discharge, Dismissal, or Transfer*.

Administrative discharge: Removal from the program due to mental health, medical or other circumstances outside the participant's control, that cannot be managed by court and community resources, and that prevent the participant from being able to successfully complete the program.

Dismissal: Removal from a program due to death or incapacity.

Transfer: Reassignment to another jurisdiction or another program type within the same jurisdiction (i.e. from drug court to mental health court or to different jurisdiction).

Drug test/drug screen: A single drug or alcohol testing event (not the number of panels being assessed).

Graduate: A participant who has successfully completed all program requirements and officially been released.

Homeless: A participant who lives in an emergency shelter, transitional housing for homeless persons, or a hotel or motel with the stay being paid for by an organization; lives in a car, park, abandoned building, encampment, dilapidated building, on the sidewalk, or similar location; is facing loss of housing within two weeks, has no subsequent residence identified, and lacks the resources or support networks needed to obtain other permanent housing; is in jail, a hospital, or a detox program, but would otherwise have been homeless.

Inactive participant: New or existing participant that did not receive ANY services during the reported period. Possible reasons include: incarceration and inpatient psychiatric, substance use, or medical treatment. If the participant is receiving services of any type, they are considered Active.

Inpatient treatment: Substance Abuse and/or Mental Health treatment characterized by a participant that resides at the treatment facility 24-hours a day; typical treatment can involve supervised detoxification, administration of medication if appropriate, and/or group and individual therapy.

Jail admission: Sentence of a participant into a jail facility (less than 12 months).

Positive drug test/screen: A single testing event that shows positive for one or more prohibited substances.

Pre-adjudication: Participant entry into the program before an entry of judgment in the case; often completion of an accountability court program will be part of the court order.

Post-adjudication: Participant entry into the program after an entry of judgment in the case; often completion of an accountability court program will be part of the adjudication of guilt.

Primary diagnosis: Diagnosis that determines the majority of the care and/or resources used.

Prison admission: Sentence to a Department of Corrections prison facility (more than 12 months).

Probation revocation: Termination of a probation sentence for violation of conditions, often resulting in the activation of a suspended sentence.

Probation/parole violation: Failure to adhere to rules and conditions of release resulting in a disposition.

Referral: Either (a) Submission of candidate to accountability court program for consideration of acceptance, or (b) Connection of a participant to an outside social service program and/or partner (e.g., dental).

Removal: Withdrawal of a child from the home by voluntary placement, temporary protective order, or entry into foster care.

Residential treatment: A treatment program where the participant lives in a designated facility with other recovering individuals, typically with less intensive medical supervision.

Reunification: The process of reconnecting children in foster or substitute care with their families, characterized by the physical return of the child and a termination of the state's legal authority.

Review: Consideration of eligibility of referred candidates to enter a program.

Risk level (LS/CMI):

Very High Risk: As indicated by a risk assessment and/or by a LS/CMI score higher than 30.

High Risk: As indicated by a risk assessment, and/or by a LS/CMI score between 19 and 29.

Medium Risk: As indicated by a risk assessment, and/or by a LS/CMI score between 10 and 18.

Low Risk: As indicated by a risk assessment, and/or by a LS/CMI score between 5 and 9.

Very Low Risk: As indicated by a risk assessment, and/or by a LS/CMI score between 0 and 4.

Risk level (LSI/R):

High Risk: As indicated by a risk assessment, and/or by an LSI/R score of 29 or higher.

Low Risk: As indicated by a risk assessment, and/or by an LSI/R score between 0 and 18.

Moderate Risk: As indicated by a risk assessment, and/or by an LSI/R score between 19 and 29.

Risk level (DUI Rant)⁵: *Low Risk/Low Need, Low Risk/High Need, High Risk/Low Need, High Risk/High Need*

⁵ The DUI Rant screening tool is an alternative assessment for DUI Courts and was implemented in FY20.

Substance Use Disorder: A cluster of cognitive, behavioral, and physiological symptoms indicating that an individual continues using substances despite significant substance related problems.

Mild: Indicates that a participant only presents 2-3 symptoms from a list of 11 symptoms in the DSM-V; symptoms must occur or be present within the past 12 months.

Moderate: Indicates that a participant only presents 4-5 symptoms from a list of 11 symptoms in the DSM-V; symptoms must occur or be present within the past 12 months.

Severe: Indicates that a participant presents 6 or more symptoms from a list of 11 symptoms in the DSM-V; symptoms must occur or be present within the past 12 months.

Termination: Removal of a participant from a program due to Non-Compliance or Withdrawal.

Non-compliance: Removal from a program for failure to comply with program rules/regulations.

Withdrawal: Voluntary withdrawal from the program.

